

**THE LIVED-EXPERIENCES OF OLDER PERSONS RECEIVING SOCIAL
SUPPORT SERVICES IN “*HABESHA AREGAWUYAN ENA MISKIN
MERJA MAEKEL*” IN DEBREBERHAN, ETHIOPIA**

By: - LAMROT TADESSE

**A THESIS SUBMITTED TO THE SCHOOL OF SOCIAL WORK IN PARTIAL
FULFILLMENTS OF THE REQUIREMENTS FOR THE DEGREE OF MASTERS OF
SOCIAL WORK WITH COMMUNITY AND SOCIAL DEVELOPMENT
CONCENTRATION**

OCTOBER, 2021

ADDIS ABABA, ETHIOPIA

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ADVISOR: ADAMNESH ATNAFU (PHD)

OCTOBER, 2021

ADDIS ABABA, ETHIOPIA

Declaration

I declare that the thesis has been done by myself and that the work is not to be submitted for any other degree or professional's qualification. I confirm that the work submitted is my own. And this thesis titled "the Lived-experiences of older persons receiving social support services in "Habesha Aregawuyan Ena Miskinoch Merja Maekel" in Debreberhan, Ethiopia" is my original work, and that all referenced materials used for this thesis have been properly acknowledged and ethically cited.

Researcher's name: Lamrot Tadesse

Signature _____

Date _____

Name of Advisor: Adamnesh Atnafu

Signature _____

Date _____

Thesis approval form

The undersigned certifies that we have read and hereby recommended to the Addis Ababa University to accept the thesis submitted by Lamrot Tadesse entitled the "Lived-experiences of older persons receiving social support services in “Habesha Aregawuyan Ena Miskinoch Merja Maekel” in Debreberhan, Ethiopia” in partial fulfillment of the requirements for the award of a Master Degree in Social Work.

Approved by the examining committee

Name of internal examiner _____ Signature _____

Date _____

Name of external examiner _____ Signature _____

Date _____

Name of Advisor _____ Signature _____

Date _____

Chair of Department or Graduate Program Coordinator

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Abbreviations and Acronyms

HENDA	Habesha Aregawuyanena Miskinoch Merja Maekel
NGOs	Non-governmental Organizations
SNPP	Southern Nations, Nationalities, and Peoples' Region
TV	Television
WHO	World Health Organization

Abstract

Social support is vital for the wellbeing of persons especially for the older persons because those group of peoples are highly in need of it, absence of support for the older persons is pushing elders to live in uncomfortable way of life. Thus, unless supporting practice and challenges for older persons are carefully handled and studied, it could result in socio, economic, political and socio-psychological problem. The main objective of this descriptive cross sectional study is to describe the lived-experiences of older persons receiving social support services in “Habesha Aregawuyan ena Miskinoch Merja Maekel” in Debre Berhan, Ethiopia. The research employed a qualitative research method with a phenomenology design. Data was gathered through in depth interview and key informant interview. Using purposive sampling, the study participants in this research were seven old persons who are receiving social support in the organization in an in-depth interview and two management staffs as a key informant interview selected. The data were analyzed through thematically analysis method. The major findings of this study shows that elders immediate life before they enroll into the organization was characterized by unavailability of support and savior life, but after enrolling into the organization they get supports what they need including tangible support such as shelter, food, drink, clothing, hygiene and health care services and emotional supports including affection and counselling services., in fact there are some challenges faced but they used different mechanisms to cope up with the problems. This study implies that it is better to allocate social workers in such organizations as both practitioner and professional to improve the performance of organization’s services and older persons and support for them needs community, government, and non-government organizational support and participations to alleviate the current challenges and to help others older persons who are not accessing these opportunities.

Keywords: *Lived Experience, Old persons, Social support, phenomenological study, HENDA*

CHAPTER ONE

1.1. Background of the study

Social support can be broadly defined as a multi-dimensional set of resources and functions exchanged between networks of individuals or groups that affect their life in general and health in particular (Edmons, Paul, and Sibley, 2011). Individuals in society usually share different resources and support each other to make their life easier, these informal interactions and supports exchanged with each other can be recognized as social support systems within a given community.

Social support also refers to useful exchanges which are characterized by giving and receiving between members of a network that is helpful for being healthy or to cope up with bad experiences, revealed in the form of showing supportive behavior, instrumental assistance, care, emotions and or in giving advices and guidance (Dykstra, 2015).

According to Birhanu and Abebaw (2019), social support can be defined as essential form of human interaction central to human experience. At various times of people's life, individuals engage in either receiving or providing social support. Social support can include inter personal communication, love and affiliation, caring, and understanding, respect and acceptance and also assisting in material or financial aid. Social support has its own effects on wellbeing of individuals both physically and mentally and the importance of social support becomes more important when peoples getting older. But social support is not important only for old person rather it is important for all individuals. Social support is also complex and changes over time through life span of individuals. Social support can be sourced from different social networks

including parenthood, marriage, friendship, neighborhood and also other relationships and ties at work or school.

Perceived social support among social supports is related with the perception that a person has about being cared, loved, and appreciated or it is about the belongingness of a person in network of people that individuals can rely in case of need (Iglesa, Stover, and Liporace, 2014).

Social support received from different supporting groups have its own positive effects on the lives of people who receive it, the support may be from family, friends or other significant sources. Teshome, Dutu, Teshager and Zeleke (2015) indicated the importance of informal social protection on the lives of poor and social support is used to address the needs of poor and vulnerable groups in our country Ethiopia.

Social support especially for older persons is very important since these groups of people are highly in need of it. Those old persons defined by the United Nations as a person who is over 60 years of age, and approximately 3.3 percent of population are elder people who are 65 and above from the total population of Ethiopia (Tsedeniya, 2020) and the sources of support can be gained from multiple sources, family members including children, spouses and siblings are the main providers while neighbors and friends are also important sources (Dykstra, 2015). But according to Sarah et al. (2019), older people with chronic conditions may be recipients of informal support providers like unpaid care givers which cannot be reliable support providers. Abadi (2012) also conducted a research on who takes care of the older people in Ethiopia and the result shows that the non-existence of formal social security, and also the non-formal traditional social security provision by family members is degrading due to different reasons especially problems related with poverty and due to this the old people are not getting enough supports. These problems

show that older persons are forced to leave their home place and be enroll in institutions that give care and support.

The longer the life span of the older persons represents both challenges and opportunities. Longer life means older persons are able to continue new interests and activities, enjoy time with their families and contribute to people through sustained working life or acts of humanity. These are however possible only if they are healthy and fit. If old age is controlled by poor health, old people could bring negative effects on the individuals, families and societies, especially on the continuity of the systems and organizations that plan and work to protect and preserve people's security such as allowances, social safety, and healthcare provision. Therefore, healthy old person life is the key to confront the problems of the late life span of the old person. In addition to genetics the normal aging of people depends on various environmental (physical and social) and behavioral factors such as family support, neighborhood and community link, socioeconomic status and public policies. According to Emily YY and Chan (2017) Policy brief; The World Health Organization (WHO) in 2016 issued the Global Strategy and Action Plan on Ageing and Health to guide global and national public health policies, highlighting five priority areas: (a) formulate policies to empower old people; (b) establish health centers considering the old population; (c) develop sustainable health care systems; (d) create age-friendly environments through policies at all levels of government; and (e) improve measurement, monitoring and understanding of healthy ageing issues. Thus, the WHO suggestion on creating sustainable health care systems shall target the old person as a core value. Empowering old people economically will also reduce the impact of loss of older persons at large. Mostly when the older persons have poor economic advantages, they get exposed to numerous challenges. This is much worse when the older persons have lack of people to look after them in different aspects.

This study is conducted on older persons receiving social support services in “Habesha Aregawuyan ena Miskinoch Merja Maekel” which is a nonprofit non-governmental organization found on April 2016 G.C located in *kebele07*, Debre Berhan, Ethiopia, the organization serves old and needy people and it is contributing its part for the service delivery for that specific group of people through volunteer workers and formal care givers. The study focuses on describing the lived experiences of the old person in the organization in detailed way.

1.2. Statement of the problem

Social support and protection issues and social support related with old age attracted the interest of researchers abroad and here in Ethiopia. Various researches are being conducted on social support in its different dimensions. For instance, Bofah and Ntow, (2017), had conducted a research on identifying the empirical link between perceived social support from parents and teachers and students’ mathematics self-beliefs in Ghana, the result shows that social relations and supports have positive influence on the student’s self-belief. The reverse might have negative influences on them.

Amdisa, Adanech, Kasa and Teshager (2015) done a research on characteristics and relevance of non-state social protection or social support in *Addis Ketema* sub-city and Dire Dawa, Ethiopia and found that non state social supports are perceived to address the needs of vulnerable groups.

Oluwagbemiga (2016) did a research on effect of social support systems on the psychosocial wellbeing of the old person in old people’s home in Ibadan and The finding shows that social supports including emotional financial support has significant effect on the psychosocial wellbeing of the old person.

According to Help Age International's (2013) study on vulnerability of Older People in Ethiopia, the Case of Oromia, Amhara and SNNP Regional States the following in relation to care and support. Families are still believed to be the main source of care for older people. Older people without family support end up begging in the streets or living in destitute condition around places of worship. Care and support is received by 71.1% in Oromia, 66.1% in Amhara and 57% in SNNP. Overall, family members and relatives, community members, government institutions, and NGOs are the main sources of care and support, including food, shelter, clothes, cash, and medication. Still, in all the regions, a good number of older people feel lonely though optimistic about the future (Help Age International, 2013).

There are plenty number of old people vulnerable to life challenges in their later ages. The study has also showed the level of food security, nutrition, and coping mechanisms of old people in the three regions. In all the sample regions (Oromia, Amhara and SNNP), food shortage is the most serious problem in urban and rural areas. Reasons include: lack of family and community support, little or no income, inflation in prices of food and other basic necessities, ill health and inability to pay medical expenses, lack of access to employment or income generating activities and absence of organizations that assist older people to engage in income earning activities. In Oromia, Amhara, and SNPP Regions, the majority of the study participants revealed that they had experienced food shortage for themselves or their families. Their coping mechanisms during food shortage include reducing food consumption or staying the whole or night without food or opting for poorer quality food or even substituting food item with wild plants and sending children to live with others (HelpAge International, 2013).

Ashenafi (2017) conducted a research on activities performed by volunteers in the case of *Mekedoniya* humanitarian association and the findings disclosed that there are many factors that

motivate volunteers to engage in volunteer service providing and getting mental satisfaction getting blessing from God, serving community and getting opportunities to develop skills are the main factors. Here again the research didn't show the relation between volunteers' activities and the need and satisfaction of the older persons who got support from those volunteer support providers.

Meriem (2018) did a research on the experience of formal care givers of older persons in two selected institutions in Addis Ababa. She examined the formal care givers of older persons' experience and the study shows that formal care givers face different problems including behavior of the old person, health, social & economic challenges. But this research didn't include the informal care givers experience and didn't cover the schemes of care and support provided in line with the need of the old person.

Segniwork (2014) also conducted a research on experiences and practices of old age home care and support to the old person living in the institutions on three selected institutions in Addis Ababa. The finding revealed that the life of old persons before they came in to the organization was mostly life on the streets, provided services are important and life changing for the older persons and have good effect on the wellbeing of the older adults.

A study done by Abrham, Messay and Adamek (2021) on unmet expectations for care and support in rural Ethiopia, shows that old persons accept ageing as a honor, but there are some unpleasant challenges the older persons face due to they are getting old including desertion from their children and youths, undermining communication and abuses towards them. In order to safeguard them, community care and support are needed.

According to a study by Belay and Teshome (2014) which is on the subjective quality of life and perceived adequacy of social support among the older persons in Arbaminch Town, assesses the subjective quality of life and perceived adequacy of social support. The finding show that most of the older persons are not living high quality of life rather the majority of them had low and moderate quality of life. Perceived adequacy of social support is also found low, which is in contrary to the expectation that social support supposed to be adequate in developing nations, hence it is important to conduct other researches regarding the subject matter.

According to Fekadu and Haweletie's (2019) study on older adult care and social support systems including socio cultural contexts, forms, dynamics and challenges among the Gedio, southern Ethiopia, due to cases including poverty, diffusion of urban values and degrading of rural values the capacity of community members provision of informal care for the older adults is degrading and the older adults left helpless. The productive safety net program applied in the area which helps the older adults have also some problems that should be fixed, the study states.

Though researches on the subject of social support are done before, the researcher comes across that there is a research gap in terms of studying the lived-experiences of older persons receiving social support services in care and support providing centers in relation with their past experience and the organization's extent , more since the past studies are not representative of the specific area, more over it is important to describe the lived experiences of the older persons who are receiving supports from their point of view in relation to the strength perspective of the older persons themselves. The aim of this study is describing the lived-experiences of older persons receiving social support services in "Habesha Aregawuyanena Miskinoch Merja Maekel" in DebreBerhan, Ethiopia.

1.3. Objectives of the study

1.3.1. General objective

The main objective of the study is to describe the lived-experiences of older persons receiving social support services in “Habesha Aregawuyanena Miskinoch Merja Maekel” in Debre Berhan, Ethiopia.

1.3.2. Specific objectives

This study has the following specific objectives

- To describe the past experiences of the older persons before coming to “Habesha Aregawuyanena Miskinoch Merja Maekel”.
- To identify experiential contexts that forced the older persons to live in “Habesha Aregawuyanena Miskinoch MerjaMaekel”.
- To describe the lived-experiences of older persons in receiving social support services in “Habesha Aregawuyanena Miskinoch Merja Maekel”.
- To identify challenges the older persons face in living at “Habesha Aregawuyanena Miskinoch Merja Maekel”.
- To identify the older persons’s coping strategy at “Habesha Aregawuyanena Miskinoch MerjaMaekel”.
- To identify the organization’s challenges and strengths related to the older persons’ life experiences in it.

1.4. Significance of the study

This study generates empirical data to describe the lived-experiences of older persons receiving social support services in the organization which contributes something to the

existing knowledge base regarding the issue. It is a clue to recommend solutions to some problems that the people under support are facing. Moreover, the information obtained will be useful for the organization itself, social workers, policy formulators and practitioners, governmental and non-governmental organizations and volunteers who are aiming in engaging in the arena. Besides it will produce introductory data and evidence to those who want to conduct further research in the area.

1.5. Scope of the study

Geographical scope: The scope of the study is limited to only the lived experiences of older persons receiving social support services in “Habesha Aregawuyanena Miskinoch Merja Maekel” in Debre Berhan, Ethiopia.

Time scope: This study only focused the data collected within 2021. However, the older persons’s history and pre-causes that forced them to the organization data gathered through interviewing.

Thematic scope of the study: This study focused only older persons who are receiving social service under Habesha Aregawuyanena Miskinoch Merja Maekel in Debre Berhan, Ethiopia. Thus, the past experiences of the older persons, experiential contexts that forced them, lived-experiences of older persons, challenges the older persons face in Habesha Aregawuyanena Miskinoch Merja Maekel, organization’s challenges, and strengths are the thematic scope of this study. Issues out of these theme is not concerned under this study.

1.6. Limitation of the study

The educational background of the older persons in the organization is that almost all are illiterate. This has limited the awareness of the participants towards that objectives of the study

and there were some reluctances in providing information to the researcher. The researcher had to try to convince and get the interest of the people to collect credible information. Time and financial constraints had some contribution in the process which were handled by budgeting additional time. Using one research method is also the limitations of this research too.

1.7. Operational definition of key terms

Social support services: social support services are supports given to the old person by the institution which includes care and support in material and non-material aid and affections too.

Receiving social support: receiving social support is getting gains from the supporters.

Older persons: older persons are older personslies' who are enrolled in that given institution.

Lived experience: lived experience is the way of life the old person pass through and they are living in practice.

CHAPTER TWO: LITERATURE REVIEW

2.1. Conceptualization of social support

Social support is a complex and multi-faceted concept, which has been conceptualized and operationalized in a range of different ways. This lack of consistency is one of the most common criticisms of social support researches (Bigner, 2012). Nevertheless, there is a consensus among researchers that social support has positive and health promoting effects. According to Okunola (2002), social support is an exchange of resources between at least two individuals which is perceived by the provider or the recipient to be intended to enhance the well-being of the recipient. Sjaak, (2014) also defined it as a process whereby health and well-being is promoted. Some scholars have considered social support as a basic human need and defined it as a way that a person's basic social needs—for affection, esteem, approval, sense of belonging, identity and security—are satisfied through interactions with others (Skidmore et al, 1997). However, others have suggested that the benefits of social support arise only because it acts as a buffer to stress, and have thus conceptualized it as social interactions that are perceived by the recipient to facilitate coping and assist in responding to stress (Staelin, 2005). A third group views social support as a multiple construct which operates both as a means of meeting basic needs and a means of buffering stress (Bigner, 2012).

In our country context there are studies which are related with social support, Asaminew and Jace (2018) conducted research which examines the relation between perceived parent child communication and wellbeing among Ethiopian adolescents. The findings indicate that perceived maternal and paternal communications highly forecast children's wellbeing in relation with wellbeing measurements in the study which are depression, self-esteem, school adjustment and

substance use. The study also shows the open parent-child communication is important for adolescent's wellbeing.

Ashine (2014) has conducted a research with the objective of identifying psycho social needs and supports offered to first year students of AAU, *Sidst Killo* campus and conclude that there are many challenges faced by the students but that can be addressed by social support systems. But despite mentioning the importance of social support and the relation between the needed and provided support, it doesn't show the extent of the supports effect on the recipients and supposed support providers.

2.2. The concept of old age

Old age means reduced physical ability, declining mental ability, the gradual giving up of role playing in socio-economic activities, and a shift in economic status moving from economic independence to economic dependence upon others for support. Old age is called "dark" not because the light fails to shine but because people refuse to see it. In the same way old age is also manifested with changes in physical appearance, such as wrinkles appearing on the face; the greying of hair, slowing down of reactions, followed by restriction of movement and sense organs, and proneness to chronic illnesses (González, 2003).

Old age has been divided into different groups: biological, physiological, emotional and functional. Biological aging is concerned with changes occurring in the structure and functions of the human body; physiological aging is concerned with individual and behavioral changes; emotional aging describes changes in one's attitude and lifestyle dependent on one's self-perception of being old; and finally functional aging is the comparison of individuals of the same

age group in terms of those within the group being unable to maintain their functions in society (Nicholson, 2012).

Old age can be called as the near end of the life cycle of any human beings. This is the time of (human) life at which corrosion and fall of physical abilities including sight, hearing, walking (stick required), etc. begin. This age is considered as the dependent age and also non-economic age due to deterioration of physical abilities. This is the time at which a person gives up work as age does not allow him to do as much work as he was able to do in his young life. In general, the ages 65 years and above are considered old age in present times (Anderberg, 2010).

According to Anderberg (2010), Old person on the other hand is defined with the following three major perspectives; Chronological perspective: a person is said to be aged if he/she is 55 years and above (in developing countries) and 60-65 years and above (in developed countries). The older persons are further categorized into young old (55-69), old (70-79), and old (80 years and above). Health perspective: a person is considered an older person if aged 60 and above. Those between 45 and 60 are considered pre-senile, while those who are 70 and above are older people at risk. Economic perspective: all older persons above 55 are grouped under (a) productive persons, namely those who are healthy physically and/or mentally and (b) non-productive older persons who are not healthy physically and/or mentally.

2.3. Empirical evidences

2.3.1. Lived experience of older persons in social support

Previous studies have identified a number of factors contributing to the negative emotions in several types of old person care institutions, which include: (i) Inability to help each other to dissipate certain negative emotions due to compromised communicative abilities. Compromised

communication between the nursing personnel and the old person and limited help from the old person care departments personnel due to possible shortages in personnel (ii) Reduced communication with others and obstructed activities of the old person due to deteriorating health); and (iii) Limitations in environmental space, medical equipment and medical personnel also limited the provision of high-quality cares. To most Chinese old person, the old person care departments were still “institutions”, not real homes (Cacioppo, 2006).

Furthermore, for most old person Chinese, spending later life away from their home is certainly not their first choice and living in the old person care departments still means to live away from home. The development of certain negative emotions among the residents thus seems inevitable. Most of the residents we interviewed at old person care departments still felt the boredom and emptiness of life as the duration of their stay in the old person care departments increased, which is largely in line with the findings from other types of old person care institutions (Cacioppo, 2006).

For instance, the expression of “low life expectancy” by some of our old person care departments residents was largely similar to the theme of “Giving up on oneself” expressed by a group of nursing home residents in South Korea. On the other hand, due to the nature of structured life and administration, certain old person care department residents found that it was difficult for them to adapt to the group environment, the boarding system and the highly structured life, which were also seen in many other old person care institutions. Another prevalent negative emotion our interviewees often expressed was that they felt the psychological support from the society was inadequate that their individual needs were not being satisfactorily met (Cacioppo, 2006).

A study conducted on the lived experiences of older adults in aged care during COVID-19 reported that Participants expressed feeling trapped, confined and vulnerable; all of which are depicted with negative feelings because of the measures being enacted to protect them from COVID-19. The experience described here indicates that older adults may view this COVID-19 pandemic as potentially ‘the end’. Even though the factors associated with the participants’ decision of moving into aged care are not discussed, the result demonstrates that the participants have thought a lot about future changes and shared similar sentiments with their families; being in the final stage of their life. Aged care home providers should be mindful that older adults are particularly vulnerable as a consequence of being socially isolated, financial hardship, complications in acquiring the needed care and supplies and anxiety about avoiding COVID-19 (Chee & Thomas 2021).

Regarding the dimensions of vulnerability, Yates and Chiwaka (2004) has presented the following in detail. Dimensions of vulnerability: social, generational, geographic, economic and political processes that influence how hazards affect people in varying ways and with different intensities. Some groups are more prone to damage, loss and suffering in the context of differing hazards. Key variables explaining variations of impact include class, occupation, ethnicity, gender, disability and health status, age and immigration status and the nature and extent of social networks. Changing the social, economic and political factors usually means altering the way that power operates in society. Vulnerability can be increased through entitlements, political powerlessness or social exploitation and discrimination. The interactions of the different factors of vulnerability will determine people’s capacities, access to resources and ability to realize their rights. Some groups of people tend to be more vulnerable than others.

Here in it can be realized that old people are among such groups of people who are highly vulnerable to problems. The fact is that the decision making processes will exclude them from participation due to their age, functionality, alertness etc. however, when wrong decisions bring crises in life, they are the first sections of the family, community, or the nation to be affected.

2.3.2 Past experience of older persons and experiential contexts that lead old persons to live their present life

A study aimed at gaining more knowledge about the lived experience and perceived quality of life in older adult residential facility in Chennai, India. There were 350 participants whose age ranged from 60 years and more (82 Male and 268 Female) from 7 older adult residences in Chennai city of Tamilnadu. The author found that there was a significant association between the form of older adult homes and lived experience and perceived quality of life of residents. Factors including age, marital status, condition of the spouse, level of educational attainment, sources and level of income, number of roommates, as well as how long one has lived in an older adult facility, had an impact on the lived experience and perceived quality of life on inmates in old age homes. On physical grounds and psychological well-being factors, male had high quality of life points than female residents. However, females had higher quality of life scores in social relationship, environment, and living condition factors than males. Although embraced as desirable by most, living into very old age is largely unexplored as a distinct season of life, with increased, varied, and cumulative changes during a unique time of vulnerability and frailty. The lived experience of the oldest-old is that of a parallel movement of loss and gain, negative and positive with the acknowledgement that the change toward decline is

inevitable. While sharing common experiences, each individual is situated in a particular life world that offers possibilities and constraints for their unique way of being in the world. Most of research has focused on quantitative assessment of quality of life and therefore are less likely to capture the lived experience of these participants (Marty, 2010).

Palinkas et al. (2015) conducted a study to compare the health status, lived experience related to quality of life, and perceived quality of life of older adults residing in older adult homes and with families. Palinkas et al. (2015) reported that the basic perception of family in India to offer support to older adult was changing and leading to disintegrated families in the sense that oldest adults have left their primary families and are living in older adult facilities. The idea of old age homes is becoming rampant, and the rate at which older adult need old age home is alarming. The security system in an old age home offers them protection from intruders and helps them live a safe and secure life.

Morales et al. (2008) explored the availability of health promotion efforts by conducting structured interviews with key members of Transylvania community in Romania. Questionnaire were used for 226 communes sampled from a total of 758 communes. Of 226 interviewed subjects, 94 (42. 3%) responded no health promotion activity in their commune. Also, 56.3% of the sample had not been involved in any health promotion activity. However, when the participants were interviewed about their interest in health promotion activities, 77% expressed interest. The findings could mean that health promotion activities are required in Transylvania. Health promotion targeted to older people differs significantly from that addressing younger generations. This partly stems from the fact that the health of older people is generally less than perfect. Health promotion strategies for the old person generally have three basic aims: maintaining and increasing functional capacity, maintaining or improving self-care, and

stimulating one's social network. Health promotion helps an individual to increase control over their health (WHO, 2016). It covers a wide range of social and environmental interventions that are designed to benefit and protect individual people's health and quality of life by addressing and preventing the root causes of ill health, not just focusing on treatment and cure. This can be achieved through good governance for health, health literacy, and healthy communities (Morales et al, 2008).

Zach et al. (2012) studied the dyadic approach to health, cognitive ability, and quality of life in aging adults in Europe. The purpose of the study was to investigate the impacts of an individual's physical health and cognition on quality of life of a partner. Close relationship offers an important context for human wellbeing. The study interviewed 86,000 romantic couples aged fifty and older from nineteen European Union countries and one country from Asia. These countries are Austria, Belgium, Czech Republic, Denmark, Estonia, France, Germany, Greece, Hungary, Ireland, Italy, Netherlands, Poland, Portugal, Sweden, Slovenia, Spain, and Switzerland and Israel. All the participants were non-incarcerated and non-hospitalized individuals. When married or partnered couples age together, changes in a partner's functioning may have an impact the other partner's wellbeing.

2.3.3. Challenges older persons face when living in social supports

The older persons, who live in nursing homes, faced different challenges associated with living in nursing home like lack of autonomy, environmental factors, negative relation and lack of purpose in life (Yiranbon, 2014).

Lack of Autonomy

Lack of autonomy is one of the major factors that negatively affects residents living in nursing home. Lack of autonomy by old person residents' resulted to loss of independence, control, dignity and integrity, residents were not included in decision making therefore they had to fit in the institution routine. Residents were denied making choices in matters concerning their care and living arrangement (Weber, 2014).

Environmental mystery factors

For older persons living in institutions privacy is extremely important, personal space or territory is a key aspect of privacy. However, studies have identified lack of privacy as one of the major issues affecting residents living in nursing homes. When older persons become permanent and often dependent residents and need more help with every personal activity, loss of privacy is felt (Yiranbon, 2014).

Environmental mastery is a dimension of well-being and this includes lacked flexibility in running institution, residents were denied doing things they were capable of doing, resident's wishes were not granted, lacked privacy or lacked personal space, had roommates and shared bathrooms, old person felt powerless when they saw co-inhabitants health deteriorate, lacked meaningful activities within the institution (Yiranbon, 2014).

Negative relation

Psychological abuse from employees is the most frequent form of abuse experienced by residents of nursing homes. These may be in the form of experienced physical and psychological abuse, staff bossiness, they were authoritative towards old person residents, poor communication and failure to give information which led to residents feeling abandoned by nurses. Residents

were treated in rude and angry manner by care givers. Residents felt that they could not trust employees (Weber et al., 2014).

Lack of purpose in life in nursing homes has been described as inactive and lonely and most of time lacking of social activities. Older people's experiences of belonging and capability are important for the meaning of life in nursing homes. Having a purpose in life is a dimension of well-being, this occurs when an individual has beliefs that give life purpose, one feels that there is meaning in present and past life and when one has goals in life and sense of direction. Lack of purpose in life is as a result of felt idle and lonely. Residents felt that they had no one to talk to. Long days and felt bored. Residents felt isolated thus lacked life's purpose. Felt bored and were not interested in participating in activities, due to feeling of helplessness when residents saw their co-inhabitants' health deteriorates (Weber et al., 2014).

2.3.4. Coping strategies used by older persons

A study on common coping strategies used by old person includes active solitude, social contact, sad passivity, increased activity distancing and denial. Another study showed that emotion focused coping such as acceptance and passivity are commonly used coping strategies in them. Active coping which is an adaptive and healthy coping style was the most common coping method used in non-depressed group while self-distraction a maladaptive coping mechanism was more commonly used by depressed group. Previous studies have shown that common coping strategies used by old person include active solitude, social contact, sad passivity, increased activity and distancing and denial. Avoidant coping is positively associated with depressive symptoms in a ten-year longitudinal study. This is supported by previous studies, which showed that active coping produced less or no depressive symptoms and less distress, whilst passive coping strategies produced more symptoms in depressed as well as non-depressed

old person. Also previous studies have shown that instead of responding with optimism and active engagement, lonely people tend to respond with pessimism and avoidance which are passive coping strategies. Similarly, the greater the loneliness, the less the individual sought out emotional support, as well as instrumental (practical) support (Smith, 1999).

Authors such as Gonzalez and Padilla (2006), have pointed out that the old person tend to cope with stressing situations, mainly with answers focus in the problem, promoting a reality centralize approach. However, it is interesting that in the second and third place we found coping mechanism centered in the desire to change reality and to self-criticize. The findings indicate that the old person that referred to use “emotional expression” as a Coping Strategy, presented better scores of quality of life in the dimensions “emotional wellbeing”, “self-determination” and for the general index. This strategy is categorized as an adaptive answer center in the emotion, relating to the need to release the emotions generated by the stressful situation. Despite the more frequently used Coping Strategies are centered in the problem (problem resolution and desiderative thinking), the cope mechanism that seems to promote better levels of Quality of Life is centered in emotion. This can be explained because, it is probable that older persons adults that have more opportunities to express feelings and emotions, get access to more social support.

As the world faces the COVID-19 crisis, older adults are among the most vulnerable populations because the pandemic has severely tested their resources and capacities for adaptation and resilience. The individual coping strategies in this population are significantly affected by financial problems. These events may be attributed to the imposition of community quarantines and lockdowns in most areas, in which public and private establishments, including businesses, public transit, workplaces, and other essential operations, were halted for months, causing vulnerable communities (e.g., older adults and people living in poverty) to struggle in

terms of day-to-day survival. These preventive community strategies have made it impossible for older persons to leave their homes, even to obtain basic necessities, without making other arrangements for food and social security (Finlay, 2021).

During the COVID-19 pandemic, older adults created a sense of internal resiliency by embracing reality to adapt or cope with the current crisis. Religion, spirituality, and belief systems have always played a variety of roles in the daily lives of older adults, including providing strength, hope, and comfort in challenging situations, such as the COVID-19 crisis. With age, these beliefs become even more important as they serve as a foundational source of strength for achieving positive health outcomes and fostering coping mechanisms, particularly in times of adversity owing to various life crises (Finlay, 2021).

The older adult participants in this study were prompted to engage in enjoyable activities, referred to as internal resiliency, to better adapt and cope with their situations. The vulnerability to the COVID-19 crisis, which has resulted in social isolation, has greatly increased the likelihood of certain psychosocial health problems in this group. Religious and spiritual activities during times of crisis are important for assisting individuals, especially older persons, to adapt and cope with such situations. The results of this study are consistent with researchers who found that three out of four older adults recognized how religious and spiritual activities (e.g., prayers, reading holy books) have improved the ability of these individuals to cope with the current crisis, especially in terms of their mental and social well-being. Moreover, the participants in this study engaged in recreational activities such as gardening in their small backyards and watching television with their family members to distract themselves. These activities provided them time to do things they would not normally do and taught them to appreciate small things, which has helped ease their concerns and feelings of uncertainty, as well as adjust to their circumstances.

This may also explain why the older adults in this study built a sense of internal control and adaptation in response to the perceived threat of this crisis as physical activity in older age is closely linked to higher resilience and the absence or fewer psychosocial issues in times of crisis (Radwan, 2021).

The final theme, health consciousness, describes how older adults became more health-conscious during the COVID-19 crisis, particularly when danger was perceived, which motivated them to cope with the situation. This internal resiliency in response to the circumstances allowed them to maintain their individual well-being, integrity, and quality of life. During the COVID-19 pandemic, public activities were suspended in many locations, including recreational facilities, senior daycare centers, and places of worship, to minimize the risk of virus transmission within the population. This proactive strategy negatively affected the everyday lives of older people, making it difficult for them to adapt to new situations, as demonstrated by the study participants. The participants in our study strictly followed preventive measures to minimize COVID-19 exposure, such as proper hand washing, social distancing, and wearing a mask and face shield. They used these behaviors as coping mechanisms to protect themselves, their family members, and others. As expressed by the participants, such practices helped them manage stress, limit their fears of infection, and keep busy during the pandemic, allowing them to adapt and live normally throughout the crisis. This finding is consistent with that reported by Finlay et al. who found that older adults often used and identified coping strategies to be resilient amidst the COVID-19 crisis, including changing habits, following public health recommendations, and avoiding health-restricting behaviors (e.g., overeating), all of which encouraged them to have positive adjustments as individuals. Furthermore, Igarashi et al.

reported increased self-awareness as a coping mechanism that was unique to older adults (Radwan, 2021).

Economic Marginalization

Older person's poverty is very common in developing countries and due to severe poverty these groups of people are vulnerable to sufferings and health problems.

According to the World Health Organization (2017) report, economic disadvantage on the old person is described. The lack of economic and social alternatives, lack of property rights and personal documentations will further marginalize older people post disasters. Poverty is also closely associated with many health outcomes in older people who suffer from chronic long-term illnesses such as heart disease, hypertension, and diabetes. With poorer health conditions, older people will be less able to cope with the impact of disasters. Hong Kong, while being a well-developed city, continue to report a persistently high poverty rate of older people aged 65 and above: 30.1% in 2015. Groups of population lacking recurrent employment earnings include old person persons aged 65 and above, old person households, households with old person head. For the working older persons, their median monthly income from main employment was \$8500, about 77% of that of the whole working population.

Social Marginalization: Isolation during disasters

Older persons are mostly vulnerable to neglecting during disaster periods. They will be left aside by different groups. This will lead them to lead a threatening life. Thus, during these periods they need the support of organizations in every aspect of their life. This phenomenon is not only true in developing countries. It is also true in some developed countries. Disaster periods usually influence the lives of mothers, children, and older persons. To support this idea,

it is good to look at the WHO report of 2017 report on older persons and their life during disaster periods which is stated as follows.

Intergenerational dependencies are increasingly eroded in many parts of the world due to urbanization, migration, and economic instability. Older persons are often left behind without traditional family support when the young generation migrates, and older people are often the victims of neglect, violence and abuse. During a disaster, older persons may suffer from a breakdown of their social support networks when they are separated from their families, peers, or caregivers; causing social isolation and exclusion. In Hong Kong, the lack of family support for some old person is apparent: In 2011, over 30% of older people were living in exclusively older person households, among which 12.7% lived alone. Dependency, discrimination and isolation increased vulnerability and decrease access to services.

2.4. Theoretical review

2.4.1. Disengagement theory for challenges old person face

This theoretical perspective essentially sees old age as the time when people are preparing themselves for death. This includes the severing of relationships and ties. Ageing from this theoretical perspective naturally brings with it a growing sense of powerlessness, loneliness, loss of role, loss of sense of purpose and with it increased dependency. From this theoretical perspective the position of older people as a non-productive and costly burden on society is easily assimilated as the cultural norm and becomes implicit in political and economic arguments. Olsen (1982) criticizes the disengagement approach for ignoring the impact of social class on ageing experiences and how class structure and its social relationships prevent the majority of older people from enjoying a variety of opportunities or advantages. The

disengagement perspective, it could be argued, feeds the negative stereotypes of ageing as the part of life to be feared, which in turn creates the circumstances driving disengagement and the negative stereotyping of older people, impacting their quality of care.

2.4.2. Continuity theory for old person life experiences

According to Atchley's (1989) continuity theory of aging, the premise is on continuous adult development, including adaptation to changing situations. The theory assumes that as people age, they will strive to remain consistent in their behavior patterns (i.e., work schedule, leisure activities, etc.). Additionally, they will make adaptive choices in an effort to avoid disruption to these patterns of behavior (Atchley, 1999). Atchley's (1999) longitudinal study explored a broad spectrum of factors that spanned 20 years and started with more than a thousand individuals. He used the longitudinal data to identify areas of continuity and stability. The data showed how people adapted to various types of change, varying from gradual and minor physical changes to profound disability. Continuity theory consists of internal and external patterns. Internal patterns include idea patterns and personal goals. External patterns include lifestyle and adaptive capacity (Atchley, 1999).

Continuity theory assumes that adults have personal goals for developmental growth. Adults use life experiences to make decisions about which aspects of their life they should focus their attention on, activities to engage in, careers to pursue, and so on (Atchley, 1999,). Lifestyle involves external patterns or social roles, relationships, and living environments. Over time, external patterns are what set people apart from each other. It is presumed that continuity of these roles, relationships and living environments can prevent or minimize the social, psychological, and physical losses that cultural concepts of aging might lead people to expect

(Atchley, 1999). An example of this is when a person decides to work part time after retirement. Employment after retirement offers an opportunity to maintain social contacts and daily routines (Atchley, 1999).

2.4.3. Need threat internal resiliency theory for coping strategies

Need-Threat Internal Resiliency Theory, which states that when a threat is perceived in times of crisis, older persons develop a sense of internal control and adapt to changes caused by the crisis, known as internal resiliency. We identified five key themes, each of which illustrated and described the different internal regulations and adaptations that evolved to adapt or cope with the ongoing pandemic crisis, as proposed by the Need-Threat Internal Resiliency Theory (Abdul, 2017).

2.4.4. Continuity theory of coping strategies

Adaptive capacity refers to the evolution of adults as they age, and through these experiences they will adapt based on their internal and external patterns (Atchley, 1999). For example, when people make the decision to age in place versus relocate, they will tap into their adaptive capacity, which is comprised of their lifetime of learning, adapting, and personal evolution (Atchley, 1999). The results are complex since everyone is different with regards to their personal experiences. In summary, Atchley's (1989) continuity theory presumes that adults will adapt to their environment based on the dimensions listed above. Their decision making will take into consideration the many factors of their lives and make determinations about the world around them based on those factors. The theory also suggests that adult development and aging are highly interrelated and how well a person adapts to the aging process is heavily determined by internal and external constructs.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1. Introduction

This section deals with the description of the researcher's philosophical paradigm, research design, research area, sampling techniques and sample size, method of data collection and analysis technique, and the quality assurance and ethical considerations.

3.1.1. Philosophical Paradigm

According to Creswel (2014), world view, paradigm or ontology is a concept as “a general philosophical orientation about the world and the nature of research that a researcher brings to a study.” Social constructivists believe that individuals construct or develop subjective meanings towards given things or objects. The research based on this paradigm's goal is always to rely on the participant's point of view of the situation being studied (Creswel, 2014).

In this study the idea social support and perceived social support described relying on the study participant's view. Because this constructivist stance affects the researcher not to decide the relations between variables before the response of the participants rather gives chance to the participants to show the relations of the variables to the researcher.

3.1.2. Research Design

The objective of this study is describing the lived-experiences of older persons receiving social support services in “Habesha Aregawuyan ena Miskinoch Merja Maekel”. As a descriptive research is to describe phenomenon or situations and since this study is describing the lived experiences of the old person about their social support receiving phenomenon, this study is phenomenological research.

A qualitative study is applied for this study. According to Leavy (2017), qualitative approach of research is more dependent on people's subjective experiences and their meaning making process and it allows researchers to build better understanding of a particular topic and this approach is mostly common in exploratory or descriptive researches. And this study proceeds with a constructivist worldview with phenomenology as core strategy Phenomenological research is describing the phenomenon based on the research participant's experience and point of view (Creswel, 2014).

All the data was collected in a single time interval. Hence, this study is cross sectional in time frame.

Generally, a qualitative research technique is used for this study because the objective of the study is about describing the older person's experience of receiving social support in care and support giving organization from the participant's viewpoint. And also the study type is descriptive in purpose and cross sectional in time frame. The researcher believes that this method best fits with the objectives of the study because since the subject social support provided and support received is more subjective so that we need to understand the participants' understanding than measuring in quantity so that the study becomes qualitative and among the qualitative research approaches phenomenology fits better to understand the subjective lived experiences of the participants on the subject matter. In depth interviews are the best ways of data collection tools in phenomenology so that the researcher uses in-depth interviews to acquire needed information, even phenomenology research needs more engagement in interviewing participants it is a cross sectional way of data collection.

3.1.3. Study Area

Habesha Aregawuyan Ena Miskinoch Merja Maekel was formally established in April 2008E.C in Debre Birhan, Ethiopia. It was formally organized to provide support needy people basically older persons who do not have people to support them. It had gone through several challenges until it takes its current status. It was initially started by five people who had sympathy to the support lacking older persons. Now it is being managed by these five people. The organization has supported several people according to the managements. Currently it's helping 150 older persons. The organization's mission is to provide support to older persons in need in a large scale. It has its greatest aims to reach out many people in need of care and treatment. The organization strives to enhance the health situation of the old person under it and to sustain their life span. It also provides food and nutrition services. The people under support also have access to non-food items such as clothes and medicines. Furthermore, the people have access to shelter in the organization so that they live there permanently. There is a strong family hood according to the result of the interview with the managements. The people are also provided with psychological treatments to enable them lead a stable and stress free life.

The study's site is selected because of the researcher's personal interest purposively. The reason that the researcher is interested in that study area is that there are no such organizations and there are no studies done for such case. But it is really important to cover it because the findings may help the organization and also other stakeholders.

3.1.4. Sampling technique and sample size

The population for this study are older persons enrolled in Habesha Aregawuyan ena Miskinoch Merja Maekel in Debre Birhan Ethiopia who are receiving social supports from the

organization. Among them purposive sampling technique is used to select actual participants in this study. Purposive sampling technique gives the researcher an opportunity to select the samples deliberately which means those who are considered more active to communicate with the researcher with their condition and those who last more than three years in the organization chosen and included.

Regarding the sample selection, purposive sample size is determined, which means those who are included are older persons who are enrolled in the “Maekel” and provide answers for the researcher’s question about the subject area up on data collection, meaning sampling terminated when no new information is elicited by sampling more units. But there is no rule of thumb for how saturation is determined and how many sample study participants are enough. In phenomenological research Creswell (2007) suggested seven participants as “ideal sample size” in phenomenological research while Morse (1994) suggests at least six. Considering this, seven older persons were chosen as participants in this study from the overall number of the target population.

Inclusion and exclusion criteria

The inclusion criteria: those who are older persons enrolled in the organization, who are living in that organization three or more years, who can speak Amharic language and communicate well so that the interviewer can get proper information and those who are not mentally ill are included.

The exclusion criteria: those who are enrolled in the organization but who lived less than three years, who are mentally ill and those who are not able to communicate with the researcher well are excluded.

3.1.5. Method of Data Collection

Both primary and secondary data were used. Even if the study is phenomenological type of research which is more about describing the lived experiences of the study's participants, obtaining data from secondary sources is also important in supporting the literature. The secondary data sources include books, articles and materials on online platforms which deal about the issue. Primary data, which are taken from the study participants for the first time (Khothari, 2004). In depth interview was used in this study to get detailed information about the research issue.

3.1.6. In-depth interview

In depth interview for the seven participant older persons supported with two key informant from the organizations management interviews was used for this study in order to obtain deeper understanding regarding the issue undertaking, the participants answered the questions based on the interview guide. The study also uses open ended questions of interviews in order to give participants the opportunity to tell their ideas and experiences about the issue. According to Creswel (2007), semi structured interview with open ended questions are best fitted to exploratory and descriptive qualitative type of research methods. For this study the questions are both semi structured and unstructured and open to the participants to answer what they feel about the research subject undertaking.

3.1.7. Method of Data Analysis

In this study data analysis is done manually. According to Creswell (2003), in qualitative research the data analysis proceeds from collecting data to organizing it in a meaningful way and also understand and analyze to interpret it. So since collected qualitative data from in-depth

interviews and key informant interviews are mostly in the form of texts and symbols representing study participant's response, which lead us to make similar ideas of responses or themes obtained from the study participants categorized by identifying key words then patterns. Then constructed between themes and then the output of qualitative sources organized in to logical categorical meaning in the writing process and narrated and summarized using thematic descriptive phenomenological method of analysis .

3.1.8. Quality Assurance

Quality assurance of the given study can be seen into two approaches, first on quality with in research outputs and second quality practice throughout the research process. That means, it contains internal consistency of the method and freeness of the finding from personal bias (Kothari, 2004).

The interview is audio taped in order to make sure that the interviewees' response is used as an input for the analysis. The researcher also assures that there is no bias of researcher through the mechanisms like the final reports transcribed would be shown to the participants if it found important to crosscheck whether there is mismatch between the answers they provided and what is actually written on the paper.

CHAPTER FOUR

DATA PRESENTATION AND FINDINGS

4.1. Introduction

This chapter presents the findings and the data collected from in-depth interview, as previously discussed in the method section, the findings of study are presented in line with the objectives of the study and the research questions. There are two major sections. The first section deal with the background information of the participants while the second section is tried to address the research question of the study and the result of the research accordingly. In the second section, the major themes and sub themes are presented under major topics.

4.2. The organization's criteria to enroll the old persons

The organization picks up and enrolls older persons based on refers. The referral can be from individuals, government, or others such as medical institutions. Sometimes individuals go to the organization and inform the presence of people in need somewhere. They the organization investigates the cases and enrolls the old person if they are needy. In other occasions when the government recommends the organization enrolls the people. This can be applicable if the government realizes that the people are needy and care seeking. The third criterion is when some hospitals of clinics refer the old person to the organization after knowing they need support. In some cases, older persons leading life on the street depending on begging get sick and are taken to the hospitals of clinics. Then, they could not bring responsible people to look after them and to cover their medical and treatment cost. Thus, realizing their problem and life style these health centers refer the people to the Habesha Aregawuyan Ena Miskinoch Merja Maekel. Most of the older persons under support are, however, picked up from streets leading a street life at old ages.

4.2.1. Ways of evaluating people's satisfaction in the organization

According to the top management of the organization, the organization evaluates its beneficiary's satisfaction through different means. One is through direct dialogues with the older persons. In this case, the managements and responsible people talk to the old person about their access to food, clothes, medical needs, hygiene, and sanitation sufficiency. Thus, they improve if there are some suggestions. The other way to evaluate the older person's satisfaction is just by making observations on their daily life situations. They can easily understand their feelings since they have experiences of the older persons through time. So when there are some fillings of loneliness, tiredness, sickness, and stress. They gather information about them and provide solutions accordingly. The third way of evaluating their satisfaction comes from the older persons themselves. Sometimes, when they have dissatisfactions they contact the managements and discuss for solutions. However, there were very few appliances so far regarding dissatisfaction.

4.2.2. The organization's source of income and supports

The organization believes that everyone must give care, recognition, respect, and support to the old person at any level and situation. However, the current trend of support and care in most cases is declining nationwide. Respect to the old person, one of the managers believes that is getting to its worst stage. He mentioned transportation as an example and stated the following:

“As I observed personally in most transportation vehicles such as buses, taxis, and bajajs. Priority to the older persons is not being given now days. Sometimes you may observe young people pushing older persons and getting a seat ahead of them. In

most cases, it is observed when young people travel sitting and older persons travel standing in buses. This indicates lack of respect and support to our older persons.”

This organization wants to be a model for newly emerging humanitarian organizations in the area and would like to create awareness of supporting older persons. It believes that they are several forgotten older persons everywhere and people need to reach out them. Based on all the above needs. The organization was established by collecting funds from different sources. The organization's first sources of income are other organizations. Some NGOs provide funds and material supports to Habesha Aregawuyan Ena Miskinoch Merja Maekel understanding its visions and goals. The other source of income for the organization is the government. In times of need the government provides supports such as food and clothing to organization. The other major source of support for the organization is the community. The society plays roles by donating costumes, food products, and sometimes physical support. During holidays the community remembers the old person and provide supports. In some occasions people go and celebrate holidays with the old person in the organization. However, the community's participation is not permanent; it fluctuates seasonally. For instance, during summer, pandemics, and price inflation the participation declines.

4.2.3. The COVID 19 pandemic and its impact on the organization

A question was presented to the managements of the organization if the COVID 19 pandemic has paused treats on the organization and its efficiency as well as service provision to the older persons. Accordingly, it was true that the pandemic had created challenges on it as it did on other organizations and sectors. People who used to visit the old person in a regular basis as well as during holidays were limited when the pandemic broke out. This was due to three major reasons. The first reason was the fear of getting infected by the virus and people's

related absenteeism to the visit. This was a basic problem during the lock down period. The other reason was that people started to save money due to fear of COVID's extension. Therefore, the level of funding to the organization severely declined. The third reason was the increment of life expenditures in relation price inflation of goods and food products due to the international market crisis the pandemic created. Thus, the managements agreed that the participation of the community strongly declined during the burning period of the virus's expansion. Now it is getting better that period.

4.2.4. Common challenges of the organization

The managements of Habesha Aregawuyan Ena Miskinoch Merja Maekel outlined that parallel to their success in supporting the older persons under it, it has several challenges. These challenges are common constraints to its better service provision. The major one is limited space. The organization does not have enough space for building new houses. Thus it has a narrow area where several older persons are sharing common bedrooms. There is frustration that communicable diseases might have the chance to spread fast and easily. The organization could not also expand its services such as entertainment areas, skill training places, treatment rooms, and the like. Due to this for instance, it does not have its own health professionals and psychiatrists. Therefore, it has lack of educated man power who can permanently serve it. So in cases, where the old person feel sick, the organization is forced to take them to nearby health centers. Another major challenge it faces is lack of constant fund sources and donors. Its income sources are not permanent rather timely and changing. So in some occasions the support it provides has encounters.

Infrastructures like water and electricity are also common challenges to the organization as it is for other organizations. Shortage or scarcity of water for an organization serving for more than

150 older persons means too hard according to the manager of the organization. This is because water is a basic necessity to keep the hygiene of the people as well as for cooking purposes. So in some occasions where access to water is limited the organization is exposed to additional financial expenditures. Weak and seasonal community participation is also another challenge the center has. The managements believe that the community should have a continuous support and care to the old person since human beings natural have fates of getting supported somewhere at some time. It should not be taken as a temporary activity rather it is a strong moral and human obligation to help the old person in a permanent basis.

4.3. Description of study participants and participants' individual profile

In this section, the demographic background of the participants is presented.

Participant one

Mr. Teklu, he is 62 years old born and raised in Chacha, Shewa, Ethiopia. He follows the Ethiopian Orthodox Christianity religion; His child hood was spent in his birth place. He was able to continue up to grade six and dropped out latter. He served as iron armed soldier during Ethio -Somali war from 1977-1978. After the returning back from the war he started to live in around *Haramya*, Ethiopia and started contraband trade since he did not want to return to his birth place. But life was not easy for him, he was caught by police and punished since contraband trade is illegal in the country. After that he became “*chat*” addicted and his life becomes complicated. Then in 1992 he returned to his birth place and started his life working as a mason for life. But he was not comfortable with his life because he worried too much about his two sons and failed in his marriage, he was engaged in a marriage when he was a soldier and had two sons but he didn't know his sons in person due to he and his wife were not living together. He always used to overthink about his life and became addicted to “*Areke*” too in order to get rid

of those anxieties. Four years ago he faced leg injury because he failed down accidentally and his legs stop to function, since he became helpless three years ago he was enrolled into the organization HENDA.

Participant two

Mr. Woldu, he is 72 years old born in Mendida, Shewa, Ethiopia. He follows the Ethiopian Orthodox Christianity religion. He was raised in his birth place and engaged in farming activity as his parents did. He was not enrolled into school at all because of inaccessibility of school systems during that time. When his age allowed him to engage to marriage, he got married according to the village's tradition and they gave birth to seven children together, but his wife's behavior was so difficult to manage and he was unable to live with her. So they divorced after living 15 years together. After divorce with his first wife, he got married to another woman. His second wife was a very nice woman that he loved her so much but she was barren that she could not give birth. Twenty two years ago he lost his eyes sight by an accident and his life became harder than before but his wife was his supporter. Later on his wife passed away accidentally and his life became totally miserable since he was left alone. His children from his former wife were not willing to help him so that he started to live in a church by letting everything behind. After living in the church for around five years, then he was enrolled into this organization. It has been four years since he joined it.

Participant three

Mr. Abebe, he is 80 years old born in Sekoromariyam, Shewa, Ethiopia. He follows the Ethiopian Orthodox Christian religion, he was raised in his village and he was not able to engage in modern school but he learnt traditional tenets at churches. He got married and become the

father of one son and two daughters. His wife was much younger than him that they were not perfect matches and there were quarrels between them. He was living an ordinary life as a farmer in the country side living together and working hard. He became older and older and he was unable to manage the household and his wife also flee from him into her parents' place. His son was the one who was responsible to take care of the household since both of the daughters migrated to Addis Ababa and their address was not known. Later on, the son got into conflict with a neighbor and was torched so that he became sick. After his son became sick, life became harder so that he decided to live in the nearby church. After living for several years there, he got enrolled into this organization three years ago.

Participant four

Mr. Kebede, he is a 95 years old born in Talakamba, Shewa, Ethiopia. He is follower of the Ethiopian Orthodox Christian religion. He lived in his birth place until he turned 20 and then he decided to go to Debre Berhan since he thought that living in his birth place was not comfortable and profitable. In Debre Berhan he was working as a mason for life for around 25 years. During that time, he was married to a woman but they could not bear children and were divorced. After that he returned to his home place and started to serve the church since he had prior knowledge on the church services and also got engaged in the farming activity too. When he got older and older he was left alone with nobody to help him. Six years ago, he was enrolled into this organization.

Participant five

Mrs. Aster, she is a 65 years old born in Lajagind Giworgis, Shewa, Ethiopia. She is an Ethiopian Orthodox Christian religion follower. When she was a young girl she moved to Addis

Ababa to live with her older sister who settled there early. She was serving as a nanny for her sister's children until they became self-reliant. After they become self-reliant she started her own business which involves selling kitchen utensils around "Gurdshola, Addis Ababa" but she was not married at all. Seven years ago, one day when she was going to visit her friend's tomb with her other friend she faced an injury, she failed down from a stair and her legs hurt that she could not get rid of the injury even if she tried to treat it both medically and spiritually. After the injury there was no one who take care of her so that she decided to return to her birth place in search for a helper but there was no one who lent hands for her. Then she moved to Debre Berhan and she met one kind person who had a hotel and she permitted her to live with her, after living for a year she enrolled into this organization HENDA three years ago.

Participant six

Mrs. Alemitu, she is a 70 years old born in Geradogiorgis, Shewa, Ethiopia. She follows Ethiopian Orthodox church religion. She left her birth place in her young age and she started to live in Debre Berhan because she wanted to live in a city than in a rural area. She got married to her husband and started living with him. They both were struggling to had better life, she was working on making "Areke" and selling it in whole sale and her husband was also working as daily laborer or "yeken serategna". When she got older and older she became sick and she was not able to help the household. She had a son but he was not living with her and his address is not known. She heard once that he was living in a monastery so that he would not help his families. Around six years ago she became so ill and her conditions were bad within the same year her husband who was her supporter passed away and her life got worse. After leading a hard life, two years when she became a little bit fine she was enrolled into this organization.

Participant seven

Mrs. Abebech, she is a 66 years old born in Yeju, Wollo, Ethiopia. She is an Ethiopian Orthodox Christian religion follower. She left her birth place when she was a young girl because her family forced her to marry someone who she did not like at all when she was only 11. Then she decided to flee from the village with her close friend to Kombolcha and then to Addis Ababa. In Addis Ababa she was engaged in works like producing “*tela*,” “*tej*” and “*injera*” in around “*Wollo Sefer*,” Addis Ababa and selling them to produce income for life. She lived for a long period of time, but once she got sick, she thought the cause of her illness is related with bad spirit, she said “One day in the morning, I found a dead body of a rat on my door and later on I was not able to do my job and I became sick. It is “*Metet*” meaning a spell which makes one get sick and fail to do his or her jobs properly.” Then after she became sick. She moved back to Kombolcha and lived there for some years but life was not comfortable there so that she moved again to Debre Berhan and started living by doing the same job selling “*Injera*”. When she became older and weaker, there was no one who could help her, she was married when she was living in Addis Ababa but divorced later because she was barren and not able to bear children. Five years ago she got enrolled to this organization HENDA.

4.4. Past experiences of the older persons and experiential contexts forced the older persons to live in the organization

4.4.1. Past experiences of older persons and their experiential contexts

When we see the older persons past experiences of receiving social support from where they live, they experience different life situations. Their experience can be expressed in different aspects including their potential supporters, types of support received and their life status.

The potential supporters of older persons

The finding shows that the supporters of older persons before they got enrolled into the organization were their families that are children and spouse, neighbors and churches immediately before they engaged into this organization.

Older persons were living with their family and with the neighbors, too when they were on their young ages and on their normal health status and social condition, they used to communicate with the society in normal ways and get support from their environment, but the situations changed for the almost all of the participants when they face some problems especially physical injuries or disabilities and when they get older and older.

One of the study participants, Mr. Woldu, on his past experience said that

“I was very sociable and my relation with my family and neighbors were very pleasant and I was an active participant of the community works and activities, even I was serving as the chairman of the “Idir” for three consecutive years some years back in my village before I became blind. After I became blind I was almost neglected by everybody including my children and life became harder for me especially after my wife’s death.”

This statement implies that even if the older persons were active in the community and supported by their potential social support givers, the situation will turn into its dark side after bad situations happen which shows that their potential supporters become no more helpful and other way of living is needed by the older persons.

Types of supports received

Social support may include emotional, instrumental, informational and appraisal forms of supports. According to this study's finding older persons before they were enrolled into this organization HENDA, were receiving social supports in its different forms. This supports include interaction and communication during bad times and also in the routine life, sharing information to overcome problems faced, helping and aid in kind of goods and support materially. One of the interviewee Mrs. Abebech speaks about her life earlier and the types of supports she was receiving in the community:

“When I was living in my village earlier, I was living harmoniously with the community and we all were interacting a peaceful way. My neighbors were so good they helped me in different ways. We work and eat together, even when I was living in Debre Berhan Kebele 01 the villagers rebuilt my house voluntarily. Prior that when I was living in the countryside, persons who are older than us always used to manage disputes within the village if there was any too.

Supports especially in materials and sharing information are highly common within the community. People used traditional way of judicial system, older persons play a great role in this process. The other great support the people share is performing agricultural works together and helping each other during funerals and bad times. Mr. Abebe stated that their village was cooperative in those things:

“When I was living in my village we used to support each other during farming seasons, we helped each other and worked together in traditional way of support group like “Debo” which is working together for one member and for other in

routine way to finish the tasks on time. And also during funerals all the community gets engaged in the funeral ceremony through the “Idir” which is a traditional way of funeral system and condoling the family who lost their beloved for long period of time until they become emotionally better. You will give and take the supports generally. “መረዳዳቱ ሰጥቶ መቀበል ነጩ” he said.

Social supports especially in villages and country side are stronger due to their living condition and due to high communication between them and supports taken as give and take in returns. But supports get lower and lower when people become older and older and the supporters become more of family members if the family members are not able to do it, older persons stop receiving the supports and life gets harder for them.

So it can be said that almost all types of supports are practiced with in the community but they are depending on the base of interchanging ability skills of the members, meaning if you get a support of any kind you will reward it for others in any other of its kind in different time frame.

Older person’s life status

Older persons before engaging in the organization had different life status which can be expressed in different ways, as seen above, older persons receive different types of supports from their different potential supporters but later on their life, which means immediately before engaging into the organization their life status becomes more difficult. Their life status can be stated based on their family status and health status.

Their family status

According to this study’s finding older persons immediately before they joined this organization, their family’s status becomes fragile, their family members become negligent

because they are whether they are living far from their village or they are economically independent so that they can help their family if there are any and most of them have no their own children and marriage at all or they whether lost their spouse who are mostly their big potential supporter. Let's share the experience of one of the participants Mrs. Abebech.

“When I am getting older life became harder for me. In my young ages I was living with the community cooperatively but later on, when I became sick there was no one who lend me a hand. Especially after the death of my husband, my sickness got worse and I remained helpless. Since I was a barren woman we had no children together who might help me now days.”

The above statement shows that the family condition of the majority of older persons are important in their latter life, if families are broken or if there are no close families at all, the older persons life will be harder especially if there is any sickness, injury or disability they faced.

Their health status

Most of the older persons' experience health related problems due to different factors including sickness, injuries and disabilities that lead them into hardships during their old ages. Since their number of potential supporters are getting low or even none, their economical effort gets low and their health related problems become sever due to this reasons. Mrs. Asters experience is not different from this and it is mentioned here as an example:

“I was living with my sister in Addis Ababa after leaving my home village in my young ages and I was living with her working as a nanny for her children. Later on I faced an injury which caused the dysfunction of my legs. After that I left with no one who could help me since I was not married and did not have children of my own.”

Thus, the majority of study participants reveals that the past experience of older persons causes go through economic condition of the family member and themselves, work professions during their adult hood, losing their critical family members through death, retirement of work, and health issues. These critical issues forced older persons helpless during their aging time. This makes them to live in older person support provider organization.

4.5. The lived-experience of older persons in receiving social support services in “Habesha Aregawuyan ena Miskinoch Merja Maekel”

4.5.1. Types of support the older persons receive within the organization and their life in the organization

According to the finding of this study, within the organization different types of social supports forwarded to the older persons the supports includes physical supports such as shelter, food and cloth provision, health care service, hygiene facilities, assisted caring, washing body and clothes, making bed, feeding, helping to go toilet and also emotional support and counselling services

Since most of the older persons came to the organization with health and related problems they are really in need of the supports especially when they are immediately after they enrolled. The researcher also noticed when the care givers and other people giving different types of supports for the old person.

The older persons themselves mentioned what supports they receive and their life at the organization. Mr. Abebe states about the services as:

“The services we receive include foods and drinks, body and cloth cleaning, hygiene and the other counselling services. I am happy personally about the services

provided by the organization for us since the life I was living was very harsh for me when it is compared with the current situation. Here I can say that everything we need is available. They are always by our side and they are really trying to full fill all our needs. “ከረጅሙ ሳይቀር ሲኖር ይሰጡናል” meaning they even give us candy if there is any.

The above statement shows that the older persons are assuming receiving all the needed supports from the organization and are valuing it. They are giving special attention for what is provided for them and giving a credit for what they receive. The older persons also really appreciate the services provided since the organization is an external aid provider. Mr. Tekle’s words approved this. He stated:

“The organization provides us best of services. They provide us psychological supports which are very critical for us besides the basic needs. “አለንላችሁ አይዘኑችሁ ይሉናል ያ በጣም ወሳኝ ነው ለኛ” “who can support you like this? Even family and relatives become bored after a while especially if you are not able to help yourself and you are sick, but the organization is helping us without any condition”.
He said.

The words of this participant shows that the importance of the counselling and psychological supports even than other types of supports they are receiving.

“We are always visited by the residents and priests too in holydays as most of us are Orthodox Christians, most of the time especially before the Corona virus pandemic, and also after the pandemic. The priests always treat us well and they always give us advices that make us stronger in psychology” said Mr. Woldu.

The social support given by special kind of supporters is always important and helpful by the receivers. Thus, the older persons in Habesha Aregawuyan ena Miskinoch Merja Maekel received different type of supports such as health treatment, food and cloth supplies, social visiting that makes them part of the community, and socio-psychological treatment that gives them sense of belongingness or part of the community. These issues are very crucial for older persons that makes them getting relief from the past bad experience of their life.

Their routine life in the organization

According to the finding of the study, the older person's routine life in the organization is by getting engaged in activities like discussing with each other, watching TV, reading religious books and working on income generating activities for the organization like weaving and making handcrafts materials. Mrs Alemitu, when she speaks her experience:

“Within the organization, those who are able to do something and participate in different activities. I am personally engaged in “tit meftel” which is spinning cotton, and give it to the organization and it is used to generate income for the organization.”

While other older persons and care receivers are engaged in different activities that are income generating and non-income generating activities. Some older persons are just engaged in helping the other older persons and working on internal businesses. Mr Tekle stated that:

“Older persons routine life passes like by engaging in chatting, watching TV and doing sports. Besides this, those who are more senior will give blessings for those who come up with an aid from the outside. And I am personally engaged in molding and crafting some sculptures which are used to decorate the organization and I have

a great wish to upgrade and to make it more market oriented and helpful for the organization if I am able to be cured from my injury.”

The occurrence of those activities are very helpful for the older persons to make them more relaxing and free and it makes them relatively happier than being only care receivers. These easy work, entertainments, and blessing each other gives them liberation from their past experiences.

Interaction among themselves

According to the finding of this study, there is good social interaction among older persons within the organization. They share ideas and also other materials. Their communication and interaction makes them to feel better.

“We always talk about our past life experiences and have humor together and this makes us more of familiar with the environment of the organization.” States Mr. Kebede.

On the other hand, there are some older persons who are not comfortable with the peer to peer relation with the organization due to fear of misconception of their thoughts. MRs. Abebech’s words approve that.

“I do not always talk too much and interact with others, rather I try to keep my distance from everyone and try to make myself busy just not to get misunderstood by others, and you don’t always know what others think and how they understand your words. In Amharic “የሰፊ ልብን የዝንብ ሴትና ወንድን አይታወቅም”.

The above statement shows that older persons might also feel suspicious about their surrounding and environment and might not feel fully comfortable within the organization to share their inner

feelings and wishes. This directly like to their inner loneliness and these issues requires psychological treatment since aging peoples in the organization still living under fear that they believe other may attack them when they are closer each other.

4.5.2. Their support providers

According to the study findings, support providers for the older persons in the organization are both the workers of the organization and outsiders. There are five permanent workers who are hired as a care giver who are doing the day to day activities. There are also other people who give the social supports. Such as volunteers, members of the organization who are able to help other older persons and some community members. Relatives of some older persons also come to visit and give some kinds of supports unregularly.

I also noticed that there are so many inhabitants of the city who are engaged in the volunteer service within the organization and students from Debre Berhan University are also the main support providers from outside.

The other support providers are dwellers whom the older persons call them “*Tsadkan* ቆጭቆጭ” which means those who are generous and those who lend hands for the needy. Those they called them “*tsadkan*” always come to the organization and give volunteer services especially on the Sundays and holydays like Christian and Muslim holidays, commemorations, baptism and birthdays, and any type of holidays, there are visits from the city dwellers, they mostly bring foods and drinks and also serve in different ways like helping the workers in different types of daily tasks.

4.5.3. The quality of the support by the older person's perception and their satisfaction and response

According to this study's finding the quality of the support services provided by the organization for the older persons is really almost in a very good condition and the quality of the service is in high level according to their words.

"The services provided are very pleasant in my point of view, I can say there is almost nothing to be fixed or that is unfulfilled. The workers, outside volunteers and the founders of this organization must be acknowledged for their wonderful works besides some problems that might be faced as an organization." Mr. Teklu said.

Older persons are highly satisfied according to their words, the supports they are receiving make them that they are really cared and have someone who can take care of them in their old age.

"I feel so happy and thankful about the services we are receiving. I and also all the older persons don't think and feel stressed about what we will eat, drink and wear as well as other life needs. The organization takes our burden and give it all freely and the services we get are very good and they are really caring for our responses on how the services are." Mr. Kebede

Here we can say that the satisfaction that older persons had emanated from the comparison between their former life and the current. Their former life before getting enrolled in to this organization was severe and uncomfortable, so that after coming into this organization they are getting better treatments that make them happy with the services provided by the organization.

However, some of the study participants didn't last their satisfactions through the service they received from the organization and their causes of dissatisfaction lie on their life background.

"I sometimes started thinking about my previous life and my adulthood family status. Suddenly my happiness and satisfactions that I received from this organization disappear in my heart. Thus, sometime I feel in-depth silence through thinking about my inner pain." Mr. Teklu

This indicates us even if older persons received basic needs through social and organizational supports they requires very closer family member that makes them happier in their rest of life. Unless otherwise providing services that sustained their current basic need is not solve their past life experience and pains.

4.5.3.1. Summary of older persons' overall satisfaction of services

The questions presented to the participants and the number of the participants satisfied with the services and those who are dissatisfied will be presented as follows. The first service identified was quality and quantity of food. Thus, all the seven study participants agreed that they are being satisfied by this service. However, quality and quantity do not necessarily mean access to variety or balanced diets. Thus, it was investigated that two of the study participants Mr. Teklu and Mr. Woldu agreed that there is balanced food service while the rest Mr. Abebe Mr. Kebede Mrs. Aster Mrs. Alemitu Mrs. Abebech disagreed that they are getting balanced diet.

Mr. Teklu added some comments as follows:

"We eat all the usual diets most people eat. A balanced diet includes butter, honey, milk, vegetables, meat in a scheduled time period. I do not mean that the supply here is below standard. But it cannot be called balanced diet as I heard and know."

The other criterion used to know their satisfaction is their access to clothes. In this regard it was investigated that six of the participants agreed that they are satisfied with the provision of clothes while one person under the interview stated that he was not satisfied by the service. Mr. Kebede stated the following to reflect on the satisfaction people in this organization get from the access to clothes.

“Most of us had a terrible life before we get enrolled here. We had only one clothes and we had no extra to change. Here we have enough to wear. People bring us clothes and the organization also provides us clothes sometimes when we need. So I hope most people here are satisfied.”

The participants were asked to reflect their ideas on the fulfillment of their desires. Thus, four study participants agreed that they get all things they want and the remaining three argued they get all they want. It is just near to proportional result that was gained. Here there seems to be some limitations or dissatisfactions.

Mrs. Abebech said,

“Thanks to God! We were left alone and we had no one to look after us. We don’t need luxury life. All what they do for us is enough and even it is beyond. What if they didn’t pick us where we were let alone? She said, she was having nothing and now she has at least something to rely on.”

The third service which was found crucial in the determination of the people’s satisfaction was their level of happiness in the shared bedrooms. Thus, five people interviewed stated that they are not happy with the shared bedrooms for that it has some disturbances and little destructions.

The rest two were found happy with the shared houses. However, they believed that it is better than their previous life.

One of the interviewees Mr. Woldu said the following:

“You know what? Sometimes when you have something you need more things. Otherwise all we are getting served with here is something that we never thought to have before the organization reached to us. All what we need is to love one another and to share what we have equally and peacefully. For us who are near to death, comfort and luxury should not be thought. We must rather pray and wait for our peaceful death.”

This is directly linked to the interview result with the managers since they agreed that they have crowded bedrooms and sleeping compartments due to limited space. The management has also recommended for a better access to land to expand its service.

In addition to the above services, the organization was assumed by the researcher to provide entertainment services to its people being supported since several of them might have encountered some psychological problems and life routine stresses. Considering this, the study participants were asked if they need access to entertainment. As a result, three of the study participants commented they need entertainments while the rest four said they do not need it. Still it can be inferred as if there is a demand for entertainment.

Mrs. Abebech has reflected the following in relation to the need for entertainment.

“Sometimes entertainments are good. They make you forget all and you focus on the songs. Even sometimes you will start singing when the music is traditional. I

personally like music. Watching TV is also good they make you smile sometimes. So entertainment is good.”

Mr. kebede and Mr. Abebe however have no interest in entertainments their ideas were very similar and they mentioned the following:

“My daughter, how would I have the need to entertainment? I am old and it is only a time to pray and to confess my sin. So that I will have mercy from God. God will not love this. Entertainment is for young children. We sang, we danced traditional dance “Eskista” when we were young.”

Parallel to the need of entertainment, the interviewees were asked to tell their feeling of getting stressed. Based on the result four of them feel stressed sometimes while three of them do not feel stressed. It is an implication that almost more than half of the study participants feel stressed sometimes. Their reasons were past memories, loss of families or relatives due to death, disaster, or accident, loneliness etc. very few were also found getting stressed due some desires remained unfulfilled such as coffee, alcohol, and the like. They recommended that they could read, watch programs, and listen to songs in such situations. They also prefer to have access to coffee in most cases. Some of them said “Buna Neka Yadergal” which means coffee relieves depression.

At end the participants were asked to reflect on the quality and satisfaction of the medical treatments and health cares they receive. As a result, three of the study participants stated that they said that the medical and health service they get is satisfactory and they are happy with it. However, the four disagreed that the service is satisfactory. Their reasons for instance were getting the services out of the organization. Sometimes, it is tiresome for them during their way to other medical institutions for treatments. They have suggested that the organization should

have its own provision of the service as one section of the organization. Few of them spoke that they do not get immediate medical treatment.

4.6. Challenges older persons face in Habesha Aregawuyan ena Miskinoch Merja Maekel

The findings of this study reveal that there are some challenges faced by the older person's in the organization even if it is stated that they are in a good condition and like the way they are being treated. The challenges include minor conflicts over resources among older persons, insecurity in communication and understanding, unavailability of their wants on time sometimes, hardships in managing some mental ill older persons, unavailability of formal and educated counsellor, chronic illness of older persons due to their age and shortages of rooms in general.

“There are no big challenges we face in living here, but there is a little bit shortage of rooms since the number of older persons who are enrolling is increasing from time to time and I think the organization is dealing with the responsible stakeholders to overcome these problems. I hope the responses will be positive and good so that the good works of this organization will continue further in a better way.” Mr. Abebe stated.

Another participant of the study, Mrs. Abebech also stated some problems faced:

“I cannot say that the challenges we faced are considered as real challenges but everything is not perfect so that there are some minor problems faced when living in this organization. I personally want to have a glass of coffee at least once a day since I love to drink coffee, but coffee is not available daily here and I was

challenged and I was facing bad headaches until I adopt the unavailability. But I understand the situations and I am not disappointed.”

The challenges that are faced with older persons in this care giving organization are not severe and need immediate actions to be corrected as observed from the participants’ words. This is due to the cooperation of the community with the organization and the better working trends of the organization.

4.7. Older person’s mechanisms of coping up with challenges they face in Habesha

Aregawuyan ena Miskinoch Merja Maekel

The older persons use different coping mechanisms for the challenges they face, including treating themselves and each other by thinking their early life, reading religious books, forwarding their issues to the head of the organization in person and appealing for betterment of services and the priests that come into the organization from the near churches give them advising and solace them which plays a great role in their feelings.

“When I faced internal challenges I always pray to feel better and become good. And I try to treat my illness using the holly water besides medication I am taking.” Mrs, Abebech said.

Another participant, Mr. Abebe also stated the ways he try to cope up problems

“I always report to the head of the organization about anything regarding the services we are receiving, if there are some problems that should be improved, I usually tell the managers freely to enable them to solve them.” Mr. Abebe stated.

Here it can be said that the older persons enrolled are using different mechanisms to their problems that make their life in the organization easier, there is good communication between the heads of the staff, the workers, and between the older persons too.

4.7.1. Summary of study participants' coping up mechanisms

The researcher has tried to identify some mechanisms the old person use to cope up with some challenges such as stress, loneliness, and tiredness. Thus, the interview showed that five of the study participants read the Bible on everyday basis to cope up with their life. They believe that they will have a strong spiritual life. They also discuss on some issues of the Bible and the share Biblical ideas. They confirmed that when the read the Bible they get emotional and psychological strength. Mr. Kbede and Mr. Teklu said;

“At old ages getting connected to our creator is becoming lucky. The Bible for us is the source of happiness. Reading the Bible, praying, fasting, are our daily life activities and we are very happy doing these things. We praise our God for he did to us and we are his children who were saved by him some time ago. We were useless thrown away and begging for our daily needs. Now we are happy God has reached us. So we always praise God and we spend most of our time doing this.”

The other coping mechanism identified was watching TV. Thus, four older persons spoke they watch TV to entertain themselves and to get information. They agreed that when they watch TV they relax and get some information. They also discussed about the past and the present when they watch news about this generation.

Mrs. Aster mentioned the following giving comments of her satisfaction watching TV.

“These days watching TV is just a source of stress rather than entertainment and information. You hear bad news every time you watch TV such as killings, war, disaster, and crime. Good news is very few. So it is better not to watch news. I personally feel so sad when I hear news about killings and displacement. I sometimes cry and cannot stop crying. I pray God brings peace to the world.”

It is clearly understood that the existence bad news is not only the issue of the young generation; it is also a source of stress, anxiety, and frustration for the older persons.

In addition to this, the old person discuss about their life, country, organization, religion etc. They share ideas and spend good time together. When they have debates they spend long time talking and they do not feel stressed or lonely. They also talk about historical events that took place in the country in the past decades. During the interview they mentioned that the current generation is lacking, unity, patriotism, love for work etc. They advise different sectors shall take measures to reverse and bring back those strong qualities of our citizens. Mr. Teklu said,

“We have lots of things to talk about and we don’t have stresses at all. We talk about our past life such as when we were youngsters. We had good times in those days. When you meet someone who was in your age and in a similar historical period, you feel so good and you talk about things in that period.”

Furthermore, the older persons were asked if they have entertainment programs such as dramas, theaters, songs, music, etc. However, none of these programs were found available in the organization. Some of them believed that these programs are refreshing and sometimes educating though they are not provided in this organization. The managements of the organization had also

accepted the inexistence of such programs. Therefore, the absence of these activities in the organization may have some disadvantages in its performance.

Spending time at work is another coping up mechanism studied in the study area where four of the study participants agreed they spend their time working while three of the participants said they do not spend time at work. In relation to this Mrs. Alemitu spoke the following:

“Work is life. When people have the ability to do something, they must work whatever the job is. For example, I cannot work as young people do and I cannot do what they can do. But, cotton spinning is not a difficult task for me. I sit and spine the cotton. Old men can also weave traditional clothes. We can also clean our environment slowly. Working is not only for eating. It is also for making your body get tired so that you can have a good sleep. You also satisfy when you work and eat.”

She advised young people must work hard and save for their future. They don't have to choose carriers but they have to do anything that can bring them income and help them survive. “If people don't work, who is going to work?” She asks.

This implies that the organization has still an advantage of creating more jobs to its people. By doing so, it can generate income for itself and support the people at large. However, there is still a reminder that there is no enough space for jobs expansion and work creation in the organization. On the way the study participants were inquired if they spend most of their time sleeping. Thus, three of them spend most of their time sleeping while four do not spend most of their time sleeping. This usually happens to those sleeping people because of limited options to have. They do not have other options so that they prefer spending their time sleeping.

What else they do might be another question. Thus, the researcher wanted to know if the older persons do some simple physical exercises to help themselves fit and healthy. Two were found doing some simple physical exercises while the rest five do not do physical exercises. This implies that out of the whole people under support the majority are not practicing the sport culture. This is due to different reasons. One reason is that the older persons do not have the physical energy to perform sports activities. The other reason they mentioned is that they do not think or know about its importance. Some of them, however, have some physical problems such as disability or injury that they cannot do physical activities.

Mr. Woldu said, *“If I want to do sports, how could I do it? I am old now. When I was young I was energetic and I used to run fast. When I was in the countryside and I was young I used to run from one tip of the mountain to the other when the cattle feed on crops to stop them and we used to chase after monkeys during the sunny season to kill them since they destroyed our crops. Now I cannot run. Sport is for young people.”* He concluded.

In addition to doing physical exercises, playing some traditional games such as “Gebeta, Gena, Kilmlimosh” etc may entertain the older persons in the organization. Having this thought the participants were asked if they play such games and all of them responded that they do not play Gebeta. It is very common in our country in the past older persons play Gebeta to entertain themselves. But, in the case of this organization the people are not practicing this game. It might be important if applicable.

CHAPTER FIVE

DISCUSSION OF THE RESULT

5.1. Introduction

This chapter synthesis the study findings from the research participants with the knowledge from the literature review section. The main areas discussed in themes are lived experiences of the older persons and experiential contexts that forced the older persons to live in the organization, the lived-experiences of older persons in receiving social support services in the organization, challenges the older persons face in living at the organization and the coping strategy they use at the organization. Therefore, this chapter discuss on the major findings in relation with the existing literatures under the study.

5.2. Pre institutional life of the older persons and experiential contexts that forced them to engage to the institution

The older persons' pre institutional life was full of hardships due to fragmentation of family life, poor health condition and low economic status where the older persons had no their own job or pension that could help them in their late life. Due to their age there are always health problems that are chronic and need persistent treatments, care and support. However the older persons were in contrary neglected by their close supporters and the society. Most of the older persons were living in churches or with someone who was volunteer to help them. The findings of this study is the same as a study by Tsedeniya (2020) which founds that older persons' life before their enrollment in to this organization was miserable that they remained helpless due to different kinds of factors including family fragmentation, economic insufficiency and lack of their own children who can be their potential supports.

5.3. Experiences of the old person while living in the organization

The findings of this study show that the older persons' life in the organization is aspired and almost better than their life before coming to the organization. There is also good interaction among the older persons themselves and also with the care givers. But according to Chang (2013) older person's life in the organization is really boring filled with negative emotions and leading them to depression due to their inflexibility in the organization, less communications among them, environmental space limitations and compromised privacy and also older persons feel the psychological support they get from the community is unsatisfactory and inadequate for their need. There is contradiction with this two study's findings, the difference in the findings is due to difference in environment and life experiences of the older persons, which means in the Western countries older persons life is a way better in their home than living in care giver organizations that makes it difficult to stay in organizations but in our country life was harder even before engagement into the organizations that makes living in organization better than previous life experiences and also the supports from the society are better here that make older persons to be more comfortable.

The findings of this study regarding the COVID19 pandemic shows that there was decrement in visitation from outsiders but the older persons were in full hope that this time will pass and it will never be the end of life. Which is also different from a study by Makaroun, Bachrach and Rosland, (2020) showed that older persons in care giving institutions are highly victims of depressions and insecurity related with COVID19 due to loneliness and loss of hope.

5.4. Problems faced by older persons while living in the organization

The finding of this study shows that the old persons are free to do what they want to do within the organization and also the care givers are polite and good for the older persons. Other

studies found that older persons face different problems when living in care giving institutions including such as lack of autonomy, incapability of doing things that they wish or lack of flexibility and abuses from employees or care givers of the institution (Aderberg and Berglund 2009, Murphy et al. 2007). The finding is in contrary with the finding of this study. The contrary maybe due to socio cultural differences between our country Ethiopia and the foreign countries. Here in Ethiopia people live together before older persons get enrolled into the care giver organizations so that living in intuitions with other older persons diversely with different identities might not be big deal to be bored and issue of privacy while in western, life is more private before engaging to care giver organizations that make difficulty in living together while enrolled in institutions and also care givers in this study's case are mostly volunteers and are happy with what they are doing while abroad, the care givers see their work as a demand and feel unhappy with their work so that it becomes hard to compensate.

5.5. Problem coping mechanisms of old person for the problems they faced while living in the care giver organization

Coping mechanisms of old person for the problems they face while living in the care giver's organization were also investigated. Many studies show that there are different problems faced by the older persons when living in care giving institutions and then they use different coping mechanisms. The findings of this study show that older persons engage in different small tasks within the institution, visited or contacted by religious leaders for psychological make ups, contact with higher officials of the organization if there is any complain about the services and they participate in some kinds of recreational activities to cope up the difficulties and problems faced as an old person living in care giver institution. This is compliant to the finding of other studies. Different studies state that older persons apply different ways to get rid of their

problems; some use active while others use passive coping mechanisms. According to Holahan (2005) active strategies include adapting and familiarizing problems with focusing on it while the passive strategy is facing the problem negatively with blaming oneself negatively or is avoiding it.

Older persons also use different mechanisms to cope up problems specifically working on themselves. According to Luchetti et al. (2020) older persons during the pandemic use mechanisms including prayers, reading holy books, engaging in different types of simple tasks and recreational activities for their social and mental wellness.

5.6. Comparative discussion of results from the organizations managements and older persons

The visions, missions, goals, its success showed that it is in a good progress. In some cases, there were several things that were some commonly shared challenges. The managements believed that there is no access to entertainment, education, enough bedrooms, health and psychological treatments at the organization's level. According to the It was also found out that in some occasions due to lack of supports from the society, other NGOs, and the government, the organization is facing challenges to satisfy its people's demands. The older persons also mentioned that they lack balanced diet in some instances. However, they agreed that the quality and quantity of food.

Discussing about safety and health security of the old person, the shared bedrooms may bring future problems in that both the managements and the study participants believed there are crowded bedrooms. This is related to Cacioppo, 2006's view of basic needs dissatisfaction in his statement. Dissatisfaction in basic needs may result serious problems in that they are not luxury needs. Basic needs should be met be the people in order to keep them healthy and fit. Another

challenge found during the investigation was the impact of COVID 19. As Nicholson, (2012) stated the pandemic has caused hardships in the organization's success. The pandemic's emergence severely limited the participation of the community at large and the government to some extent. In addition to financial and needs based problems the organization is facing land shortage problems so that it could not expand its service to the level it wants to reach. This directly influences the overall needs and satisfactions of the people being supported. The WHO, (2016) report showed that health promotion helps individuals to increase control over their health. However, the organization under this investigation still depends on other health organizations for health related problems that might emerge in it. It does not even have its health professionals to look after the people under care in a regular basis.

CHAPTER SIX

Summary of the finding, Conclusion, implication, and recommendation

6.1. Summary of the findings

The aim of this study was basically to investigate the life experiences of older persons being supported in Habesha Aregawiyana ena Miskinoch Merja Mahber which is located in Debre Birhan, Ethiopia. The study has objectives to investigate past experiences of the old person, analyze factors that lead them to join the organization, to study the challenges the old person encounter in the organization, and explore their coping mechanisms. The following summary is made based on the findings.

The old person in Habesha Aregawiyana ena Miskinoch Merja Mahber have more similar past experiences and life styles. Most of them had good positions and acceptances in their society during their young ages. When they get older their acceptability declined and they started to lead hard life styles.

Some of the people were people who had their private jobs basically related to farming and few of them had personal businesses in cities after they migrate from the country side. But they failed later in their old ages. Some of the older persons had moved from their original settlement in search of better business activities which were not successful.

It could be investigated most male older persons were divorced from their wives and left helpless in their old ages. Few of them have encountered physical injuries such as loss of sight and due to this they remained helpless.

In general, the major reasons that forced them to join the organization were lack of people to support them, economic disadvantage, and health problems.

The old person in Habesha Aregawiyan ena Miskinoch Merja Mahber have some challenges in common. Some of the challenges are limited bedrooms, lack of additional needs, weak psychological treatments, lack of educated man power and health treatment centers in the organization. Most of them are satisfied by the services they get. These challenges the old person have are also challenges of the organization as the management believes.

Regarding the coping mechanisms, most of the older persons lies read the Bible which gives them energy and hope letting them free out of stress. They also watch TV when they want and discuss about different things such as history, life skills, blessings and sins etc. Few of them cope up with challenges doing sports. Most of the study participants spend their time at work and they feel that work is a basic necessity to rest the mind. Few cope up with stress by sleeping. They don't have any entertainment programs such as dramas, theaters, and music.

6.2. Conclusion

Social support refers to useful exchanges which are characterized by giving and receiving between members of network that is helpful for being healthy or to cope with bad experiences, Social support especially for older persons is very important since these groups of people are highly in need of it.

This study showed the social support receiving experiences of the old person before enrolling into this organization HENDA, their experiential contexts leading them into living in this organization, after enrolment in the organization also their life experience in the organization and also the problems and coping mechanisms of the difficulties.

Their previous life before engaging to the organization was with two different phases before they became older and after their sickness, their earlier life was full of normal activities in

relation with their family and the community they were living and supporting each other which was very common. But when they became older and older and when they faced difficulties due to age and encountered different injuries the tendency to get supports from different potential supporters became lesser and lesser and at the end they remained helpless and lonely that made their life harder to persist at their own home or environment. The level of literacy of the people when cross checked is weak or almost they were not educated. Lack of awareness of what things to do and how to overcome old age problems during the young age time are really determinant factors in the futurity of the people. Based on this, the old persons being supported in the organization under investigation were not educated due to many factors where one of the main factors was inaccessibility of schools during their age. They said that there were no schools nearby so they continued in the farming occupation and some of them move to different places in search of better job opportunities. However, the knowledge and experience of leading life mostly in cities was a hindrance to them to lead a better life and manage their life styles. Then, they fail in life, marriage, and business. These situations pushed the older persons to either seek help from either volunteers who are able to help or engaging in churches to get supports they need.

HENDA gives support to older persons who have nothing to rely on; a supporter, finance, and inheritance. Thus it accepts people of these kind from the government, other NGOs, and community's referral. Once they verify the old person has the above shortcomings they enroll him/her in the organization. Most of the older persons ahead of joining HENDA had physical, mental, or economic problems. The organization's major sources of income are the community, the government, and other NGOs working on humanity and sustainability. The supports are not permanent and regular. Therefore, when situations change the level of the supports the organization gets vary.

After the older persons got engaged to the organization the services given by the services providers are very comfortable for the older persons and they are almost fully satisfied with what they are receiving. Services are provided by the formal care givers and volunteers too. The community is also an active participant in providing different supports for the older persons, whom they called as “Tsadkan” meaning the one who gives hands for the needy.

As an older persons living in the institution, the older persons face different problems including shortages of some resources and unavailability of their needs at a time, insecurity in communication with each other, unavailability of professional counsellors and chronic illness due to ages are the most common problems faced.

Older persons use different coping mechanisms to accommodate the problems they are facing. The mechanisms they use include reading religious books and contacting religious leaders, helping and healing one other, contacting with the higher officials of the organization and adapting and leaving the problem with accepting and tolerating the problem itself.

Some dissatisfactions were found among the older persons as the researcher attempted to investigate. The most common ones were lack of access to balanced diets, crowded bedrooms where several older persons share beds together which is not comfortable for them. In addition, lack of educated man power was another challenge investigated in the organization. This reduces the satisfaction of the people under service since they demand medical as well as psychological treatments in times of need. Furthermore, it was found out that there is no health treatment center in the organization and whenever the one among the older persons feels sick or needs medical treatments, it is common to refer the person to a nearby hospital or other form of health institution. The organization does not also have its own psychiatrists who could follow up the people’s mental situations closely. In such circumstances most of the older persons get mental

treatments by themselves using traditional mechanisms such as advices and reading holy books which mostly make them to rely on the wills of God and made them think that things will pass. So they get healings out of stress these ways.

Entertainment programs such as music, drama, theater etc. are advisable in such organizations since the people may have anxious mentality due to their past life experiences. Doing this it could be possible to make them feel free and relaxed. However, such programs are not available in the organization. Though it is advisable to have these services, however, the interview showed that four among seven were not interested in entertainment programs. But, still there is a demand for it.

The organization sometimes has water and electricity facility shortages which are great hindrances in many parts of the country. Thus, they need to use additional energy sources of light and sometimes they are forced to move in search of water. The problem is severe if water supply has limitation for a sustained period of time. This on the other side, directly affects the life of the older persons under support. Their body as well as clothes need to be washed in order to help them lead a healthy life. Otherwise, living in such a place and spending the nights in crowded bedrooms may result in additional risks.

Even though it cannot be exaggerated, the participation of the community is gradually declining due to several factors where one of the recent factor is the COVID 19 pandemic which resulted in great economic crises worldwide and which is a strong threat to the developing countries such as Ethiopia. The lower the community participation and support in giving care to the old person has its great impacts on the organization. This is due to the fact that one of the major sources of income for the organization is the community. Another factor that minimizes public and NGO support to the organization is the price inflation of goods and services at a

national level. When the cost of life rises, the amount of donation to the organization is becoming lower.

Generally, the old persons in HENDA had negative past experiences and life styles at their old age and had positive social and economic advantages at young age. The problem arises at their old age due to denial of support from families, relatives, or the community. Thus, they started to lead a life full of challenges spending nights in churches or streets. After joining the organization however, they have great satisfaction compared to their life before the get enrolled.

6.3. Implication for social work

Based on the finding of the study the following implications for education, practice, policy and research are indicated as follows

Implication for education

Social workers as who are concerned about society and social problems shall understand their tenet and also relate it with the real world so that they would be successful in their profession, in relation to this even if field education is applicable in social work education it is better to have more intensive field practice that can address most organizations working on different problems which helps the students to be familiar with multiple cases.

Implication for research

There are researches done on the practices and trends of older persons living in care giving institutions including this research but there are also issues to be addressed in this area. The sample size of the research was limited so that it can't be representative so further researches are needed.

Implication for practice

According to the findings of the study, there are no formal social workers and care givers who can give psychosocial support for the older persons which is very critical for the betterment of the older persons live in the organization, so social workers shall be allocated in the organization both as a professional and also a practitioner.

Implication for policy

Policy makers should consider and should be actively engaged in inclusion of assessments of old person care giving organizations and performance evaluation besides including ways of caring older persons in other different ways as part of policy.

6.4. Recommendations

The findings of the study show that older persons in the organization are living better life than their early life even if there are some problems that are faced by the older persons as well as an organization. There are some conditions that shall be reviewed and fixed to make the life of older persons at the organization better, and there are some insights that would be input for further intervention on the area according to the findings of the study.

- The organization's work is really important and pro-social stability so that the government body shall help them in all aspects, as the older persons and the administration express, there is limitation in buildings that are used to live. So that it is better if the city administration can help the organization in supplying important inputs.

- The organization has no enough formal care givers and is not economically well developed. Even if it is subsidized by the community the government shall allocate budgets to help the organization.
- The organization should receive more attention that social workers and counsellors shall involve into the organization in different ways including field placements in order to help the organization in that matter.
- Concerned bodies shall provide the organization land for better service expansion and the organization must expand its service both in quality and quantity.
- The organization's managements should work hard to create public awareness about supporting the old person and they have to expand their sources of income creating links with other sectors in the country.
- The government must formulate strong rules and regulations regarding the older persons' rights for getting care and support, owning resources, and being protected from any abuses.

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Appendix

Appendix I: - interview guides for the older persons and for the management staff

I. Interview guide for older persons

a. Identification

1. Interview date
2. Starting time
3. Termination time

b. Demographic backgrounds

1. Sex
2. Age
3. Birth place
4. Religion
5. Date of admission in the organization

c. General (objective related) questions

1. What seems your lived experience of receiving social support in this organization?

Probing questions: - what type of social support are you receiving? Who is supporting you? Are you supported by workers, volunteers or you are also supporting each other?

What seems the quality of the support you are getting? Are you satisfied by the service you are receiving or is there anything that you would like to mention to be corrected in the future?

2. What seems your past experience of getting social support before you enrolled in this organization? (Who supports you? where were you living?)

3. What experiential contexts forced you to live in this organization?

4. How much comfortable is living in this organization?
 - 4.1. Are you satisfied with the quantity and quality of the food?
 - 4.2. Are you satisfied with the variety of the food?
 - 4.3. Are you satisfied with clothes access?
 - 4.4. Do you get all things you want?
 - 4.5. Are you happy with your living rooms?
 - 4.6. Do you need access to entertainment?
 - 4.7. Do you sometimes feel stressed?
 - 4.8. Are you happy by the medical treatments and health cares?
5. What challenges do you face in living here? Probing questions: - what things bother you?
Is there anything you would like to be changed?
6. How do you come up with challenges you face in this organization? Probing questions: -
is there any mechanism you use to overcome the challenges?
 - 6.1. Do you read or listen to books or bible?
 - 6.2. Do you watch TV?
 - 6.3. Do you discuss with others and share ideas about life?
 - 6.4. Do you have entertainment programs like theaters or drama?
 - 6.5. Do you spend most of your time working?
 - 6.6. Do you spend most of your time sleeping?
 - 6.7. Do you do simple physical exercises?
 - 6.8. Do you play games such as “Gebeta”?

የመጠይቅ ትርጓሜዎች

ሀ. የመለያ ጥያቄዎች

- 1. የመጠይቅ ቀን
- 2. የጀመረበት ሰዓት
- 3. ያበቃበት ሰዓት

ለ. የተጠያቂዎች ግላዊ መረጃ

- 1. ያታ
- 2. እድሜ
- 3. የትውልድ ቦታ
- 4. ሀይማኖት
- 5. ወደ ድርጅቱ የገቡበት ጊዜ

ሐ. አላማ ተኮር ጥያቄዎች

- 1. በዚህ እየኖሩት ያሉትን ኑሮ እንዴት ይገልጹታል? (ምን አይነት ድጋፎች ይደረግሎታል፣ ድጋፍ የሚያደርግሎት ማነዉ?፣ ሰራተኞች በጎ ፍቃደኞች ወይስ እርስ በእርስ ትረዳዳላችሁ?፣ የምታገኙት አገልግሎት ጥራት እንዴት ያዩታል?፣ በሚያገኙት አገልግሎት ደስተኛ ነዎት ወይስ ቢሻሻል የሚሉት ነገር አለ?)
- 2. በዚህ ድርጅት ሳይገቡ በፊት የሚያገኙት ማህበራዊ እርዳታ ምን ይመስላል? (ማን ነበር የሚረዳዎት?፣ የት ነበር የሚኖሩት?)
- 3. ምን አይነት የቀደመ የሂዎት ገጠመኝ ነዉ ወደዚህ ድርጅት እንዲመጡ ያስገደደዎት? (ያለፈ ሂዎትዎን በዝርዝር ቢያካፍሉኝ)
- 4. በድርጅቱ መኖር ምን ያህል ምቹ ነዉ
 - 4.1. (በሚሰጣችሁ ምግብ ጥራትና ብዛት ደስተኛ ናችሁ)
 - 4.2. (በምግቡ ልዩነት ወይም አይነት ደስተኛ ናችሁ)
 - 4.3. (የልብስ አቅርቦቱን ትወዱታላችሁ)
 - 4.4. (የምትፈልጉትን ነገር ታገኛላችሁ)
 - 4.5. (የምትኖሩበት ክፍል ያስደስታችኋል)
 - 4.6. (መዝናኛ ነገር ቢኖር ምን ይሰማችኋል)

- 4.7. (የጭንቀት ስሜት ተሰምቷችሁያውቃል)
- 4.8. (በሚደረግላችሁ የጤና እንክብካቤ ደስተኞች ናችሁ)
- 5. እዚህ ሲኖሩ የሚያጋጥምዎት ችግር ምንድነው? (የሚያስጨንቅዎት ነገር አለ ካለስ ምንድነው?፣ ቢሻሻል ብለው የሚያስቡት ነገር ምንድነው?)
- 6. የሚያጋጥምዎን ችግር እንዴት ነው የሚፈቱት?፣ የተለየ የሚጠቀሙት ዘዴስ አለን?
 - 6.1.(መፅሀፍ ወይም መጽሀፍ ቅዱስ ታነባላችሁ ወይም ሲነበብ ትሰማላችሁ)
 - 6.2.(ቴሌቭዥን ታያላችሁ)
 - 6.3.(ከሌሎች ጋር ታወራላችሁ ወይ ሃሳቦች ትለዋወጣላችሁ)
 - 6.4.(የመዝናኛ ፕሮግራሞች ለምሳሌ እንደ ድራማ መሰል ዝግጅቶች አሉ)
 - 6.5.(ብዙ ጊዜያችሁን በስራ ታጠፋላችሁ)
 - 6.6.(ብዙ ጊዜያችሁን በመኝታ ታሳልፋላችሁ)
 - 6.7.(ቀለል ያለ የሰውነት እንቅስቃሴ ታደርጋላችሁ)
 - 6.8.(የተለያዩ ጨዋታዎችን ትጫወታላችሁ ለምሳሌ እንደ ገበግ ያሉ ጨዋታዎችን)

II. Interview guide for the management staff

- 1. When and for what purpose was this organization established?
- 2. What is the criteria for the enrollment of old person’s into the organization?
- 3. What are the sources of income for the organization?
- 4. Do you have any evaluation practice of older person’s satisfaction? And what seems the response on the quality of services provided?
- 5. What are challenges the organization facing in the process of helping the older persons?
- 6. What are the mechanisms of coping those problems?

የመጠይቅ ትርጓሜዎች በ አማርኛ

- 1. ድርጅታችሁ መቼ እና ለምን አላማ ነበር የተመሰረተው?
- 2. ተረጿ አረጋውያንን ወደ ድርጅቱ ለማካተት ምን አይነት መስፈርት ነው የምትጠቀሙት?

3. የድርጅቱ ገቢ ከየት ከየት ይገኛል?
4. በድርጅታችሁ ለሚሰጡት አገልግሎቶች ከአረጋውያኑ ምን ያህል ደስተኞች እንደሆኑ የምትመለከቱበት ዘዴ አላችሁ? ካለ የአረጋውያኑ ግብረ መልስ ምን ይመስላል?
5. እንደ ድርጅት የሚያጋጥሟችሁ ችግሮች ምን ምን ናቸው?
6. የሚገጥሙ ችግሮቻችን እንዴት ነገ የምትፈቷቸው?

Appendix II: - Sheet of Information and an Informed Consent for participants

- ✓ The title of this study is “The Lived-Experiences of Older persons Receiving Social Support Services in “Habesha Aregawuyan Ena Miskinoch Merja Maekel” in DebreBerhan Ethiopia” the study is conducted by:- LamrotTadesse tel:- +251913863085.
- ✓ The aim of this study is to describe the lived experiences of older persons receiving the social support in the institution “Habesha Aregawuyan ena Miskinoch Merja Maekel” in Debre Berhan, Ethiopia. The study is descriptive qualitative cross sectional type of Research.
- ✓ You are invited to take part because you are enrolled in the organization and last more or equal to three years with in this organization. But you are not obliged to take part; it is only based on your willingness to participate. If you wish to participate and if you want any information from the researcher you are allowed to ask any time.
- ✓ If you decide to participate in this study you will be interviewed by the researcher and you are expected to audiotape. The interview’s duration is expected to be up to one hour literally once, but if the researcher needs more clarification on your answers you are also asked to meet with the researcher again.
- ✓ There will be NO risks of taking part in this study.
- ✓ The data that you provide to the researcher is used only to write up this study. Your anonymity also will be kept.
- ✓ If you wish to contact the researcher with any concern about the finding of the study or anything related with this study that you participated, you can contact the researcher by the address mentioned above.

Finally, if you agreed to be participant of this study, you are asked to assure that you are participating in this study only by your freewill and you should have to assure it by your signature or vow.