

# **Exploring the Psychosocial Experiences of Older People in Dangila Town**

**Addis Ababa University  
School of Graduate Studies  
Institute of Psychology**

**By:**

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**June 2010**

**Addis Ababa**

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**A Thesis Submitted to the School of Graduate Studies of Addis Ababa  
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Master of Arts in Developmental Psychology**

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## Acronyms and Abbreviations

AAU:	Addis Ababa University
ACSI:	Amhara Credit and Saving Institution
EWP:	Ethiopian workers' Party
MOLSA:	Ministry of Labor and Social Affairs
NGO:	Non- Governmental Organization
UN:	United Nations

## **Abstract**

*The main objective of this study is to investigate the psychosocial problems of older people in Dangila town. To this end, case study method was used and in-depth interview and observation were employed. Data was gathered from eight purposively selected individual participants and five key informants. Then the collected data was analyzed qualitatively. As it was indicated in the finding, older people are affected by psychosocial problems of which low self esteem, high levels of stress, poor and limited social interaction, poor housing conditions, poor feeding and dressing styles and poor coping mechanisms are underlined to be the major ones. The problems were indicated by the fact that respondents have been suffering from feelings of loneliness, hopelessness, complaint, self-hatred, inferiority, invisibility, loss of happiness, inattentiveness, sadness, feelings of insecurity, depression, sleep difficulties, continuous headaches and stomach upsets, restlessness, anxiety, low appetite, social withdrawal, silence, passivity, scant interaction and learned helplessness. The problems were reported to be associated with the loss of income, disease, the death of spouses and siblings, retirement, the lack of family, kin, community and institutional support, the rising cost of living, individualism and the youth's changed attitude. It was concluded that older people are not treated as valuable segments of the community. Thus, it was recommended that concerned institutions and the community at large should consider them as vital components.*

# CHAPTER ONE

## INTRODUCTION

This part of the study deals with the background, statement of the problem, the objective, significance, delimitation and limitations of the study.

### 1.1. Background of the Study

Based on the various developmental processes, developmental psychologists have classified human development into four periods. These include childhood, adolescence, adulthood and old age (Hurlock, 1980; Santrock, 1999).

With regard to the concept of old age there is no common agreement among psychologists. That is, the beginning of old age varies from context to context. For instance, Santrock (2006) has indicated that old age starts in the sixties and stretches to 120 to 125 years. UN (2001) has defined older people as those people who are 60 and above years of age. Moreover Sharma (1998) has confirmed that age 60 is taken as the beginning of old age.

However, Riker & Brisbane (1997) and others have contended that the period of old age begins at age of 65 and above. So, there is no a clear-cut demarcation about the period of old age. But many scholars have used the age limit confirmed by UN (age 60) and this has been used as the age of retirement in Ethiopia (MOLSA, 2006).

However, in rural Ethiopia, the exact period of old age is not properly known. It is mainly associated with the color of a person's hair, failing eyesight and hearing, declines in physical stamina, inability to reproduce and others (Help Age International, 2001).

The period of old age is characterized by enormous changes in the life an individual. For example, Sharma (1998) has noted old age to be the last period of human development characterized by the declines in physical, mental, psychological, and social dimensions. But the declines differ from individual to individual. That is, some people show more declining symptoms while some others exhibit few ones. Moreover, Santrock(2006) has

underlined the period of old age to be a time of adaptation to the declining strength, health, retirement and new social roles.

Based on chronology, developmental psychologists have divided old age into three categories. These include the young old, the old old and the oldest old. The period of the young old begins in the sixties and ends at age 74. The old old begins at 75 years of age and ends at 84 years. The oldest old begins at 85 years of age and covers the remaining periods till death (Santrock, 2006).

Quadagno (1999) has found out that people aged 60 to 74 are able and productive. They do not disengage themselves from any socio-economic activity. They have still maintained their social status and role in the family as well as in the community.

As to Santrock (2006), the young old have substantial physical and cognitive potentials. They have also higher levels of emotional well being and more effective strategies for mastering the gains and losses of old age. Moreover, Rogers (1986) has pointed out that people who are in the sub category of the young old (60-74 years) are productive citizens. They do not need much care and support from their families and the community. They have still maintained their prestige, power and roles in the society.

But Riker and Brisbane have claimed that people aged 75 and above are weak in the sense that they are faced with serious physical, mental, social and psychological constraints. These in turn have made them require more care and support from their families, the community and institutions. The ideas of the above authors are supported by the practitioner because from his personal experience he has been able to observe that older people aged (60-74) are vigorous enough in many aspects of their life but those who are 75 and above are weak and limited in several aspects of their lives and need the care and support of others.

The demographic picture of the older people has been rising surprisingly. According to UN (in MOLSA, 2006), the number of older people in the world is 590 million and predicted to be 1.2 billion in 2025. In Africa, the number of people aged 60 and above is 38 million and this figure is predicted to be 212 million in 2050.

In Ethiopia this figure has been increasing remarkably. According to Help Age International (2001), the number of people aged 55 and above was 4,272,926 in 2000 and predicted to be 9, 576 670 in 2025. This figure has become a challenge to the country although more attention is not given.

In the period of old age, numerous changes occur on the part of older people. These include physical, cognitive and psychosocial ones. Regarding physical changes, bodily abilities are believed to gradually diminish. Cardiovascular functions and muscle strength decline even in the absence of disease. The hair of the older person becomes gray and thinner (Hess, 1980).

Hess (1980) has stated that the loss of sensory activities such as vision, hearing, taste smell and touch are commonly seen during the period of old age. Concerning cognitive changes, various mental processes such as learning, creativity, reasoning, memory and recalling are assumed to decline. Though it varies from person to person, mental rigidity is a sign of old age (Sharma, 1998). According to Pikunas (1976), information retention is very poor in old age because the decline of cognitive abilities in this period is paramount. Due to this older people are perceived as weak, feeble minded, parasitic and dependent segments of the society.

Mostly, these stereotypes have come mainly from the younger people. For example, ageism is one of the many striking stereotypes that are forwarded to older people by the younger generation (Hess, 1980).

Low self esteem and stress are prevalent problems in old age. Although stress exists at any age group, the problem becomes more chronic during the period of old age. This is because older people have limited abilities and they are socially isolated (Burnside, 1979).

Burnside (1979) has argued that social isolation and rigid retirement age limits are the prime causes of stress among older people. Socio -environmental stress is also another contributing factor facilitating both the process of aging and the development of disease. Stressful life styles result in lower resistance to disease and enhance various illnesses

including heart disease and others among older people. So, to minimize stress and live positive life, older people should develop a mechanism named coping stress and stressful situations (Quadagno, 1999).

George 1980 (in Quadagno, 1999) has confirmed that personality disposition has a significant role in overcoming stress. High levels of anxiety reduce an individual's ability to cope with a stressful situation by interfering with the appraisal of alternative courses of action and by lowering the ability to do the day to day activities.

According to Quadagno (1999), there are three adaptive skills helpful in coping with stressful life situations. The first is being able to get social support. Social support (families, relatives, friends, the community and institutions) provides a protection against stress. Second, if an individual replaces losses in social roles by new ones, he becomes less lonely, active and keen in relationships and meaningful in his life. Finally, changing one's own environment reduces stress and enhances satisfaction and emotional well being. Coping styles are not solely related to personality. Social factors such as financial well being, health, social support and education can play their role in facilitating coping and alleviating stress. As people grow older, they experience changes in sensory capacities and cognitive abilities. An individual's personality traits such as introversion, extroversion, agreeableness and openness to experience have a great deal of influence on how people adjust to these changes (Quadagno, 1999).

## **1.2. Statement of the Problem**

Population ageing is an inevitable process, but the degree varies widely. The issues of older people have been analyzed mainly in developed countries. In developing regions, assessment on economic, social and psychological issues has been less detailed.

In Ethiopia attention by some nongovernmental organizations has simply focused on the problems regarding economic support for older people who no longer participate in the labor force. The socio-economic and demographic scenario of the country has been changing very fast which has far-reaching consequences on the lives of the aged (MOLSA, 2006).

There are several factors acting simultaneously to make the situation of the elderly of today different from that which prevailed in earlier days. For instance, factors like changing values, changing family structure, change in demographic characteristics, changing status and roles in the family, urbanization and migration can have a great impact on the lives of older people (Sembajwe and Kalasa, 1999).

Although older people share many problems and needs with the rest of the population, certain issues reflect the specific characteristics and requirements of this group. Older people need to be seen, listened, heard and understood; to have equal access to essential support services and to have their potentials and contributions recognized and respected. There must be improvements in the quality of life of older people. To ignore their needs is both to deny their rights and to waste the achievements obtained from their earlier socio-economic participation and experiences. The issue of the family support system, the living arrangements, the financial support and health care facilities for the elderly today remains poorly understood. Therefore, it is necessary to understand the aged in their different facets of life (Addis Tesfaye, 2002).

MOLSA (2006) has also reported that older people are faced with low self esteem, stress, loneliness, discrimination, depression and negligence. Likewise, poverty, low income, malnutrition, poor housing, family and community changes, poor health, illiteracy, low family and community participation are found to be the main social problems of older people.

Therefore, to identify these problems, the following research questions were raised.

1. What is the self esteem of older people?
2. What factors induce stress on the lives of older people?
3. What is the stress of older people?
4. How do older people interact with their families, relatives, the community and institutions?
5. What are the specific coping strategies employed by older people?

### **1.3. Objectives of the Study**

The general objective of this study is to explore the psychosocial experiences such as self esteem, stress, social interaction and the existing coping mechanisms of older people in Dangila town. Specifically, the objectives of this study are to:

- ❖ Examine the self esteem of older people
- ❖ Investigate stress-inducing factors and suggest mechanisms of overcoming them.
- ❖ Investigate the stress of older people
- ❖ Explore the interactions of older people with their families, community and institutions
- ❖ Identify the coping strategies employed by older people

### **1.4. Significance of the Study**

Studying the various changes that occur due to the aging process, economic, social and psychological problems play a significant role in the process of designing and implementing intervention strategies.

When the attitudes of the society towards the elderly are favorable and the necessary knowledge and understanding is developed, more enlightened treatment will be ensured. However, when the attitudes of the society are not favorable and the required knowledge and understanding is not developed, the elderly will remain badly treated in the society.

Therefore, the study is significant to:

- ❖ Provide the necessary information for participants to have adequate understanding about their daily life.
- ❖ Create awareness to the officials of the town to care and support older people.
- ❖ Give first hand information for interested researchers to conduct further study in Dangila town.

## **1.5. Delimitation of the Study**

This study is delimited in scope in terms of area, population and sampling and in variables in a manageable way. Concerning area delimitation, it is limited to a rural town named Dangila which is located in Amhara Regional State Awi-zone, Dangila Woreda.

With regard to population and sampling, older people aged 75 and above were considered in the study. So as to obtain adequate information about the psychosocial problems of older people, data have been gathered from eight participants and five key informants living in the area. Since the type of the study followed is qualitative in nature, probability sampling is not used and generalizations to other people other than those who were considered in the study have not been made.

Regarding variables, the study is limited to the exploration of the psychosocial experiences of older people such as self esteem, stress, social interaction and coping strategies of stress.

The researcher selected Dangila as a research setting because it is a town where he was grown up and completed his primary and secondary education. That is, he has an in-depth information and acquaintance about the town's people. As a result of living there for a long period of time, the researcher has accumulated broader knowledge and information about the nature of older people living in the town and this has helped him to obtain detailed and dependable data in one hand and reduced the challenges that might occur during data collection process.

## **1.6. Limitations of the Study**

The underlying limitation of this study is the scarcity of time to make detailed and continuous observations of the problem under study. Moreover, due to financial constraints it was not possible to stay in the area for a long period of time.

## 1.7. Operational Definition of Terms

- **Psychosocial experiences:** refer to the older people's perception of their self-esteem, stress, and their interaction with their families, the community and institutions
- **Experience:** both social and psychological situations that are accumulated by older people throughout their life time.
- **Self esteem:** the older persons' evaluation of themselves in relation to others.
- **Coping;** refers to the older people's overcoming of their stress
- **Coping strategies:** the older people's mechanisms of withstanding or reducing stressful situations
- **Older people:** people aged 75 and above
- **Stress:** a threat which disowns one's physical, mental, and socio-emotional stamina.

recognized as an indicator of a series of life transitions such as the age of consent, the age of retirement and the likes.

Furthermore, Riker and Brisbane, (1997) argue that chronological age is widely used in the society as a better indicator of old age because it is a period which marks that an individual is retired from work and many other activities.

UN defines old age (60 years and above) based on retirement and chronology. This age is also accepted in Ethiopia as the age of retirement in 1995E.C. In Ethiopia, the retirement age that is age 60 is taken as the beginning of old age. However, in rural Ethiopia, old age is mainly associated with the color of a person's hair, failing eye sight and hearing, decline in physical fitness, in ability to reproduce and many other associated features (Help Age International, 2001).

Depending on chronology, developmental psychologists have divided the period of old age into three categories. These include the young old, the old old and the oldest old.

The period of the young old begins at the age of 60 and ends at age 74. The old old begins at 75 and ends at 84 years of age. The oldest old begins at 85 years of age and lasts till the person dies.

Quadagno (1999) has claimed that people aged 60-74 years are well elderly. This is because these individuals are active, vigorous and healthy enough to lead their daily life properly. Rogers (1987) elaborates that people who are in the category of the young old (60-74) are productive and active citizens. These people have still maintained their prestige and power in the society.

Moreover, Riker and Brisbane (1997) have recognized the young old to be an active and productive period. However, these scholars have claimed that people aged 75 and above are more or less aged and frail in the sense that they face many chronic problems such as physical, mental psychological and social constraints.

## **2.2. The Demographic Features of Older People**

Fertility and mortality rates have fallen in most developed and developing countries. The combination of a decline in offspring with the lengthening of life of those already born is the power behind the demographic change.

According to Cauvanah, older adults were only 4% of the total population in 1900. But by 1985 this proportion has risen to 12% and it will increase to roughly 17% by 2030.

By 2020, for example, the number of people aged 60 years and over is predicted to be more than six times the number that were alive in 1950. The outcome of this change has indicated the rise of the requirements for the provision of services to address the needs of an increasing proportion of the aged (Williams, 2003). Williams (2003) has argued that although the demographic transition has made few progresses in Africa, the absolute number of people aged 60 and over is predicted to rise drastically in the coming decades.

Changes in the family have also played their part in affecting the social work with older people. Smaller families meant that fewer children are available to care for aged parents. Increased societal mobility and the rise in the number of working women have caused adult children not to live near their old parents and to have reduced family capacity to care for its older member.

## **2.3. The General Characteristics of Older People**

Old age is the last period of human development when physical, mental, psychological and social declines occur. However, these declines differ from individual to individual.

As people age, their reaction time slows down, their joints become rigid, their muscles weaken, memory deteriorates, their vision tends to get weaker and hearing loss occurs (Riker and Brisbane 1997). Furthermore, there are many physical changes that occur due to the process of aging. Though the most obvious are those of physical appearances, hair thinning, gray skin and weight loss are common occurrences (Feldman, 1987).

## **2.5. Theories of Ageing**

With regard to the social networks of older people there are many theories which explain patterns of successful aging and the nature of older people's social environment.

Feldman (1987) has suggested two theories which are believed to enhance the successful aging of older people and their social life. The first one is disengagement theory. This theory views individuals who gradually disengage from the world on physical, psychological and social aspects. It assumes that physically lower energy levels create less activity; psychologically older people shift from others to the self and socially they have poor interaction with others and a reduction of participation level in the society at large.

The second is an activity theory which suggests that older people who become old successfully are those who maintain the interests and activities they had during the middle years and who resist any decline in the amount and kind of social interaction they have with others. According to this theory, the activities of the earlier aspects of life should continue into old age to replace those lost through changes such as retirement (Feldman, 1987).

Socio-emotional selectivity theory is also another theory which states that older people are more selective of their social networks. Because they place greater value on emotional satisfaction, older people lose more time with familiar individuals with whom they have had rewarding relationships. This theory argues that older adults deliberately withdraw from social contact with individuals' peripheral to their lives while they maintain contact with close friends and family members with whom they have had enjoyable relationships.

## **2.6. The Income Status of Older People**

According to Williams (2003), the lives of many older people in developing countries are dramatically, and most frequently, negatively affected by the socio-economic changes that follow the developmental process. Migration to cities by young rural adults in Africa has weakened the traditional extended family system because the new migrants from

nuclear families in the cities while the older generations are left to fend for themselves in rural areas. Similarly the economic status of the elderly are threatened by the emergence of individualism and the need for independence and autonomy as education provides younger people with some of the skills needed to obtain the western life style displayed by the mass media.

Regarding the support systems for the Elderly, an assessment made by UN (1988) in eight developed countries suggested that there was a great deal of inadequacy of incomes among the elderly and this has made the poverty rate be high among them, particularly among single or widowed women. Moreover, Clark and Spengler (1980) Confirmed that since the elderly have fixed and meager income, they are highly harmed by unanticipated inflation than any other age group.

Oberg (2004) has pointed out that globalization has brought many challenges on older people not only in economy, politics and culture but also in their everyday life.

Rogers (1986) has underlined that retirement has affected many older people. Most of the retired older people have not been ready to accept the reduced income after they were retired. The problem is that older people did not save money while they were working in their jobs. This creates stress to them. Retirement causes stress on older people because they fail to adjust themselves to the declined income. It also causes the loss of dominant social role and status. Retirees must also cope with other aspects of retirement such as the end of a work career decreased income and increased awareness of the aging process. Rogers has indicated that those who are not able to create a satisfactory post-retirement life style suffer from retirement syndrome such as gastrointestinal problems, irritability and nervousness. Retirement is a crisis of life because new integrations of functions must develop for life to continue fruitfully (Rogers, 1986).

Loss of income due to retirement was underlined to have deprived men of the status of bread winner. The crisis of retirement is greater than money because it makes people feel useless and ill at ease with themselves. People speak of losing part of their identity in moving away from relationships within the work place. This has been observed to provoke anxiety, fear and stress among the retirees (Phillipson, 2001).

### **2.7.1. The Family and Family Structure**

As to MOLSA (2007), the predominant form of the family is the extended family system living together in the same house or compound. In this traditional family, mutual help or reciprocal obligations are exercised by family members. The needs of the elderly are catered through the extended family system which is a two or three generation unit held together by kinship ties. Therefore among the alternatives within the informal system, older persons are predominantly cared by family members. Recently; however, due to the rapid growth of cities and the emergence of complexities associated with social, economic and cultural changes, the family in Ethiopia has been taking a new dimension. Although family ties have been still exercised in rural Ethiopia, industrialization, migration, modernization and education are playing a great role in transforming the structure of the extended family system in the cities and towns. This is due to the fact that more women are joining in wage employment outside the home and the living arrangements in the cities and towns are not conducive to accommodate older persons (MOLSA, 2007). Moreover, as a study conducted by UN (1994) in Asia, the shift from family enterprise to wage employment resulting from industrialization was singled out as one of the fundamental economic changes that might affect intergenerational relationships. It was observed that the authority traditional family elders had over young family members had become less important when alternative means of employment was available.

Therefore, the changes in the structure of the family and the socio-economic problems manifested by general poverty in the whole country have been affecting the lives of older persons. This situation has made many families to be economically weak and unable to look after their destitute elderly. On top of this, many members of the older generation are taking care of a significant number of children who have lost their parents due to AIDS and this has made them face psychological stress imposed by the stigma and discrimination attached to the disease (MOLSA, 2007).

### **2.7.2. Factors Affecting the Social Status of Older People**

Williams (2003) has pointed that the primary cause for the decline of the status and roles of older people is modernization because it proceeds over tangible and intangible resources. Furthermore, industrialization, urbanization, migration, the present youth-oriented culture and social acceptance based on activity are the major factors for the reduction of the status of older people (Ogawa, 1997). But a study conducted by Mulate (2005) has pointed out that youngsters in Awuramban community have respected, loved and cared older people interestingly. For instance, they maintain their houses, wash their bodies and clothes, take them to the health center at times of illness etc.

### **2.7.3. Social Problems of Older People**

Older people are different from one another and must be treated differently. Older people experience four major social problems. These include loss of social status and role in the society, loss of companionship, loss of income and loss of meaningful lifestyle (Help Age International, 2001).

#### **Loss of social status and role in the society**

The biggest loss of role and status is the inability to be a breadwinner in the family. One's status and role in society is still dependent upon one's involvement in a productive or supportive occupation. Retiring or giving up work adversely lessens status in society's eyes as well as the individuals (Ibid).

#### **Loss of companionship**

With the stoppage of work come the loss of companionship of interaction with work colleagues, exchange of gossip and ideas and meeting other people in and out of work. For a single person, these can be the start of loneliness and withdrawal. Where friendships do continue after retirement, there is no the same degree of involvement (Ibid).

### **Loss of income**

With retirement, reduced income has the most profound impact on a family, because the actual expenditure doesn't decrease and rent, food, electricity and clothes still require to be met. Reduced finances lead to limited social life and leisure pursuits, poor nutrition and the inability to maintain the home in a safe condition. It is difficult to find any form of employment to supplement income and for many, their health precludes this. Moreover, Kensella et al.,(2001) pointed out that in countries where persistent unemployment levels are high, older people are pressurized both formally and informally to leave their participation in the labor force to make room for younger workers.

### **Lack of meaningful life style**

The last of the losses is that of meaningful lifestyle; the routine and purpose of each day has changed as there is no necessity to go out to work and this is reinforced by lack of finances. This is tied up with the loss of status and scant recognition is given to leisure and recreational activities, 2(HelpAgeInternational 001).

According to HelpAgeInternational (2001), the biggest change in life style is the death of a partner. For a woman with few dealings with the business aspect of life, widowhood may face financial difficulties.

HelpAgeInternational (2001) has claimed that the main emphasis of society today is geared towards youth and staying young. Many advertisements reinforce this concept with face creams to keep skin looking five years younger, elixirs to make you youthful and full of energy, hair dyes to conceal, those grey hairs and it is against this background that many have difficulty accepting the obvious signs of ageing and so resort to some sort of cosmetic camouflage.

AddisTesfaye (2002) has found out that the respect to be given to the older people in society has declined. It is usual to see elders struggling on the buses unaided and having to stand as no one offers them a seat. In hospital out- patient departments, elders are jostled to the end of the queue and have to stand for hours before being attended (Ibid).In relation to this has disclosed that the present generation is distrustful to older people.

Moreover, Coley (2010) has pointed out that older adults are still at risk of income insecurity, isolation, health and social service needs.

#### **2.7.4. Psychological Changes of Older People**

Psychological changes of older people include intellectual and emotional changes. Intellectual changes contain memory and concentration changes. The brain loses cells during the ageing process. As its powers decline, there will occur a normal slowing down of functions and reactions.

Memory change has two areas. The first one is the short term memory which usually deals with recent events and long-term memory which goes back over several years, even to early childhood. The second one is concentration or the ability to concentrate on a particular task or idea for long periods is lessened [Help age Interventional, 2001).

However, brain and memory impairment are not inevitable and providing a stimulating environment to maintain one's powers infinitely .Emotional changes include fear of death, loss of independence, frustration, loneliness; assertiveness, attitudes and personality. The second emotional change is loss of independence. It is not inevitable that people lose physical or mental health, but for some unfortunately, this is the case. Younger people should not do a task that the elderly can do themselves. This is because when we do tasks that older people can do with their abilities, we promote their dependence rather than independence. Frustration is another emotional change that the elderly faces in their daily life. As a result of physical frailty, a more limited existence may frustrate and hence elders may find it more difficult to tolerate and cope with failures. Disappointment, failure and other crises may result in hostility and aggression (Ibid).

As to Help age Interventional (2001), the other emotional change is loneliness. Even in the company of the other, older people feel lonely and alone. Assertiveness is another emotional change that the elderly encounter in their life. Elderly people are usually not self assertive, they simply accept things suggested and become apathetic. Older people must be encouraged to voice opinions and consult them rather than tell them what to do.

With respect to attitudes, many older persons are usually on the receiving end of negative attitudes towards them.

So, older people should be made to feel wanted and have high self esteem. The last aspect of emotional or psychological change is personality. Due to negative attitudes, loneliness, and lack of assertiveness, some elders may become introverted and their personality traits may become more pronounced (Help age Interventional, 2001).

## **2.8. Self Esteem and Its Effect on the Lives of Older People**

Self esteem is an image people have about themselves and it is also referred to as self worth (Santrock, 2006). People may think that they are kind, attractive, intelligent, athletic and socially adept but they may still have low self esteem (Mc Mahon, McMahan and Romano, 1995).

Zanden (1987) has pointed out that there are various factors that impinge up on our self esteem. For example, others' judgments of us affect our self esteem. That is, our ongoing social relationships with others affect our self esteem.

Another's social and personal characteristics are also factors that affect people's self esteem. As Zanden (1987) has elaborated, the characteristics of one person are sufficient by themselves to influence the self esteem of another person. The social setting is also another factor which influences the self esteem of individuals. Older adults with more physical problems and poor social networks with others have lower self esteem.

According to Smelser and Balts (2001), high and low levels of self esteem appear to be associated with various motivational orientations. High self esteem people focus on self enhancing issues and being all that they can be while low self esteem people focus on self protection and avoiding failure and humiliation. Low self esteem is proposed to be the cause for many social problems such as aggression, eating disorder and poor achievement.

As Santrock (2002) described, there are four ways of improving self esteem. These include the identification of the causes of low self esteem, emotional support and social approval, achievement, and coping.

Santrock (2006) has indicated that there are many stereotypes which affect the self esteem of older people. For instance, ageism is the major stereotype against older people. It is similar to sexism and racism in its humiliating effect and thus it is treated as one of society's offensive words. Although older people face much painful discrimination, they cope with it by being too polite and timid. Because they are treated as rigid or feeble minded, older people might not be employed for new jobs or might be fired out of old ones. Even they are harassed by their children who see them as sick, ugly and parasitic. Generally older people might be considered as incapable of thinking clearly, learn new things, enjoying sex, contributing to the community and holding responsible jobs.

According to McAuley (2005), self-efficacy, greater levels of physical exercise and physical condition (attractive body and strength) are some of the factors which contribute their share to the positive self esteem of older people. However, various life events that is clearly of physical nature (disease, disability, general slowing with age and reductions in mobility severely affects the older people over all sense of self worth (esteem). Self esteem plays an important role in the life satisfaction of older people and it is related to psychological well being, usefulness and competence. Older people's functional capacity and life satisfaction are factors for high self esteem. Similarly, social support and independence are found to promote the older people's self esteem, self identity and power. Older people with responsible and independent self care are capable of high physical activities and self esteem while those with low life satisfaction have low self esteem.

Rayn & Willits (2007) have claimed that older person's belief that social support is available and accessible may function as a safety net that supports self esteem and autonomy and brings about the resolution of health related challenges.

## 2.9. Stress and Factors Inducing It

Lahey (1998) has pointed out that regardless of how intelligent or privileged a person is, he/she is challenged by losses, changes and conflicts. Stress comes from negative events such as failing in one's life. But stress is part of many positive events too, such as starting a new job, starting marriage and so on. Stress is inescapable as death and taxes. A certain amount of stress is probably healthy; because it initiates and challenges us to grow.

But stress is generally experienced as uncomfortable and unhealthy force that most of us would be happier without. For example, if you experience the death of a loved one or divorce, you have firsthand knowledge of the emotions that such stress can bring. Here, one thing that should be reminded of is that psychological part of people exists in the biological part of them and that what affects your mind also affects your body. If stress is inevitable, and if too much stresses are a threat to our psychological and physical wellbeing, then coping well with stress is of paramount importance (Lahey, 1998).

A healthy and happy person is someone who can enjoy the good times and cope with the bad ones. Sometimes people can cope with stress by minimizing or changing it. But it is impossible to remove all the stress that people have had. Good social support also improves a person's ability to cope with stress. Simply disclosing feelings to friends or a psychotherapist improves immune system, functioning.

According to Lahey (1998) stress can be thought of as any event that strains or exceeds an individual's ability to cope. Leading causes of death and disability such as heart disease and stroke are almost certainly linked to stress and also immunity to infections is greatly affected by stress. It is even probable that the link between stress and immunity extends to susceptibility to cancer.

### 2.9.1. Sources of Stress (Factors Inducing Stress)

Knowing causes of stress is the first step in understanding and coping with it. According to Lahey (1998), the following are the main sources of stress.

***Frustration:*** results when a motive is not satisfied. If frustrations are serious and prolonged, they become a major source of stress.

## CHAPTER THREE

### METHODOLOGY

The methodology part of this study deals with the research design, population and sampling, tools of data collection, procedures of data collection and methods of data analysis.

#### 3.1. Research Design

The design of this study follows a qualitative approach. The reason why the researcher selected the qualitative research approach is that it is preferable to explore a problem and have detailed understanding of the issue. It intends to understand the settings in which participants address a problem and wants to empower respondents to share their stories and hear their voices. It helps to describe (write) the study in a flexible style without the restrictions of formal academic structures of writing (Creswell, 2007).

In this study, exploratory case study was selected and used. The main reason that compelled the researcher to choose exploratory case study is the fact that its basic assumptions and procedures are appropriate and consistent with the intent of the study. First, its naturalistic feature has helped the researcher to immerse himself with the research participants in their setting. So the researcher is able to exploit in-depth data. Secondly, it gives him an opportunity to understand things from different perspectives. Furthermore, its exhaustive nature also helps the researcher to understand the behaviors of his participants in a comprehensive way (Flyvbjerg, 2006).

#### 3.2. Population and Sampling

The populations of this study are older people aged 75 and above who lived in Dangila town. Dangila has five kebeles. Two kebeles were selected using simple random sampling (lottery method). Then, the first contact and introduction was made with the kebele- officials. After that, the objective of the study was told to them. Then after, eight individual participants were purposefully selected based on **criterion sampling method**. Criterion sampling method sets criteria and picks all cases that meet those criteria. The criteria used to select participants are age, communicative skill (healthiness) and

information-richness of the problem understudy. Added to this, **intensity sampling** method was used to select five key informants. In this sampling technique people who are supposed to have rich information about older people (research participants) were chosen and included in the study. Thus, the total number of participants selected for the study is 13. Concerning their educational background, some participants are diploma holders and some others have simple and rudimentary skills of reading and writing.

To obtain adequate and dependable information about the psychosocial problems of older people, data were collected from participants and key informants residing in Dangila town.

### **3.3. Tools of Data Collection**

In order to collect dependable data, **multimodal methods** of data collection such as an in-depth interview and observation were used. Multi-modal method focuses on applying more than one method to gather data from the research participants.

#### **3.3.1. Interview**

In this study, an in-depth interview is used to gather data from the research participants. An in-depth interview is a type of data collecting technique which researchers use to elicit information in order to achieve a holistic understanding of the interviewee's point of view. This type of interview involves asking informants open-ended questions, and probing wherever necessary to obtain data supposed to be useful by the researcher. It is an important tool because it is adaptable for different circumstances (Creswell, 2007).

Moreover, the reason why an in-depth interview is appropriate for data collection is that the participants of this study (older people) are resourceful and experienced in their psychological and social experiences gathered throughout their life time. So, to dig out enriched and detailed information, it is pertinent to this study. The in-depth interview was developed from the related literature reviewed and it was translated into Amharic language with the help of two MA Amharic teachers.

### 3.3.2. Observation

Observation was used as a supplementary tool to the in-depth interview to obtain data about the life styles of older people. For example, the older people's relationship with their families, friends, and the community was addressed through this technique. Moreover, their housing conditions and feeding and dressing styles were treated.

## 3.4. Procedures of Data Collection

### 3.4.1. Procedures of the In-Depth Interview

**Preparation:** To obtain the required information, interview questions were carefully constructed. The type of data that the interview produces; the use of an in-depth interview and the ways of recording the results of the interview were correctly determined.

**Conducting the interview:** In the first place, pleasant greetings and conversations were made between the interviewer and participants. Simple and non threatening questions were also asked. To generate adequate answers from the interview, the researcher asked only one question at a time. He listened the participants' responses attentively, observed their non verbal signs such as gestures, facial expressions and body movements. The researcher also became neutral from suggesting insights to the interview questions. He also did not show signs of wonder, surprise and other emotional expressions until the end of the interview. The maximum time taken to conduct the interview is two hours and the place of the interview session was conducive and non-threatening.

**Recording the interview:** A tape recorder was used to record the responses of the participants. The use of a tape recorder also enabled the interviewer to give a full attention to what the respondents say and to save much time. The tape recorder has also assisted the interviewer to avoid irrelevant data which were recorded during the process of the interview.

### 3.5. Procedures of Data Analysis

In qualitative research, data analysis is concurrent with data collection and is more or less completed by the time the data are gathered. This indicates that in qualitative inquiry data collection and analysis is a simultaneous activity. In view of this fact it could be said that data analysis process of this study was already started while the researcher was interviewing and observing the participants. In this regard, Creswell (2007) has argued that data analysis in qualitative research is a four step process involving data management (organizing data into file folders, index cards and computer files), reading and memoing (getting sense of the whole data), describing, classifying and interpreting data and presenting the data in text, tabular or figure form. Therefore, bearing this in mind the researcher has adapted his own five step data analysis model and passed through the following major procedures.

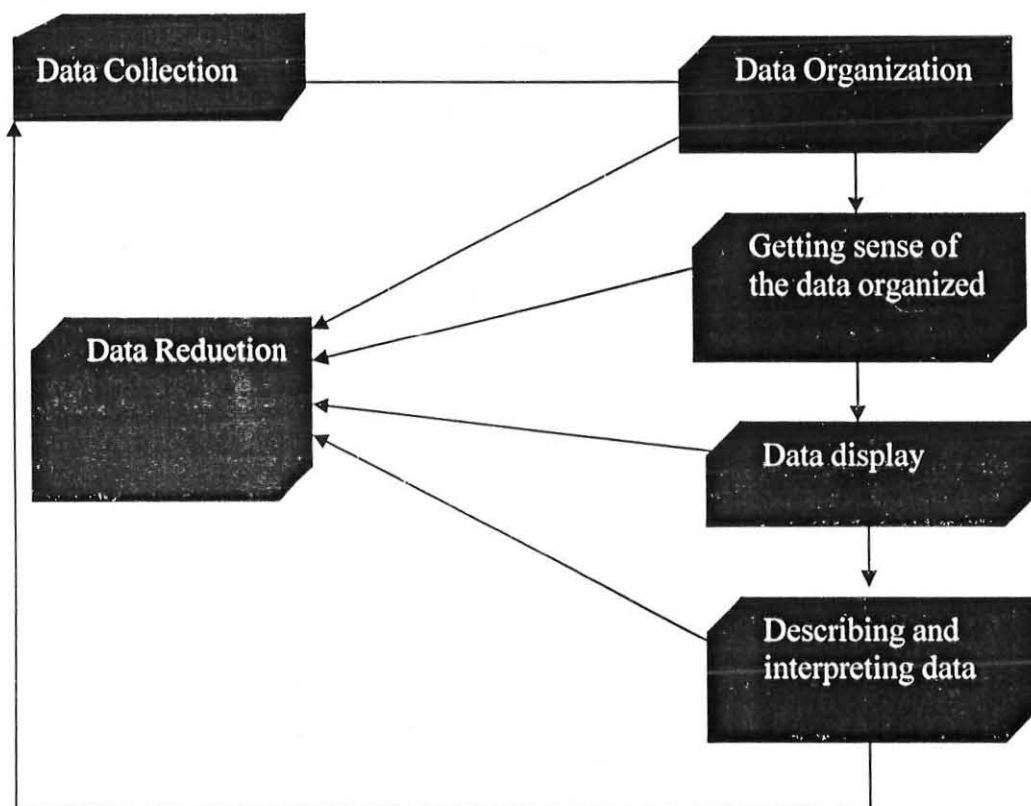
**Data reduction:** the data generated by qualitative methods are voluminous so that not all information could be used that is some may be discarded. The task of reducing the irrelevant data has continued in all of the analysis procedures of this thesis. The researcher did not analyze all the information collected. Instead data that are found irrelevant were discarded.

**Data organization:** this refers to locating the collected data for easy retrieval. This process starts with open coding that is the process of breaking down of data into themes or patterns to create a meaningful story from the volumes of data. Thus the data gathered through the in-depth interview were located under two categories and five themes. The categories include the case stories of the participants and the socioeconomic problems as perceived by the key informants whereas the five themes include self esteem, factors inducing stress, stress, social interaction and coping strategies.

**Getting sense of the data organized:** as the name implies this phase of data analysis aims at getting a comprehensive picture of the data organized. At this stage the researcher has thoroughly read the transcripts of the interview in their entirety. This task has enabled him to immerse himself with the general picture of the data.

**Data display:** refers to an organized and compressed assembly of information that allows conclusion drawing and action taking. Hence data reduced from the transcripts were displayed.

**Describing and interpreting data:** describing simply means explaining what the researcher has seen, what was going on and how things were proceeding. It is also making complicated things understandable by reducing them into their component parts. Thus a detailed description of data was made in different themes within the context of the research setting and participants. In doing so, the views of participants were reflected and diverse data were compared and contrasted and then meanings were constructed by linking the data with the related literature.



### **3.6. Ethical Considerations**

A thorough discussion was made with research participants before the data gathering process commenced. In the discussion, the following issues were dealt with the research participants.

- The purpose of the study was informed for all research participants. They were told that their participation in the research was voluntary and as a result they have the right to withdraw from the research for any or no reason at any time.
- Disguising personal identity: research participants were asked whether they would be named or given pseudonyms. As a result, all of them agreed to have pseudonyms and the task was given to them. That is, each participant gave pseudonyms to him/her self.
- Participants were asked to know their consent for audio taping during the interview. Fortunately, all of them agreed to be audio tapped. Hence the responses of all participants were audio tapped.
- Participants were guaranteed that data obtained from them would be treated with confidentiality and the researcher informed them that he would keep his promise.

## CHAPTER FOUR

### RESULTS

This part of the thesis depicts the major findings of the study. In doing so, the data collected through an in-depth interview and observation from the research participants are critically analyzed and presented under two major categories and five interpretive themes. The categories and interpretive themes are constructed in line with the general research questions posed in part one of this thesis. Subsequently, each theme is accompanied by descriptions and interpretations obtained from the research participants. The first category of the thesis presents the case stories of participants (older people). The second category focuses on the socioeconomic problems as described by the key informants.

#### 4.1. Case Presentations

This section contains the case stories of participants (older people). In this section, data were used from the in-depth interview and each participant was given a pseudonym. To save space, the pseudonyms were written in abbreviated form. The full pseudonyms are annexed at the end of the paper.

##### Case 1 (DT)

DT is a 77 years old man. He has got married. He administers four family members. All of them are dependent and live with him. DT is an orthodox Christian. He is a diploma holder in Amharic language.

DT noted self esteem as the moral value to be demonstrated in one's own work. When he was asked to describe his self esteem, he replied that it has lowered. He associated the decline with retirement, the youngsters' negative attitude, the society's less care and attention and the extended family's loss of care and support.

For DT, retirement is the most threatening event in his life. He expressed the event he faced in Bahirdar with tears flowing out of his two eyes as follows:

*I was told to bring my retirement certificate from Bahirdar. I went there to bring it. I reached Bahirdar and attempted to find out the office where the certificate is given. Fortunately, I found the office and entered. Then, I informed the officer that I went there to get my certificate and know the amount of pension-payment I was given and the officer started searching for my document. After a while, he found the document and told me the pension fee (380 birr) to be received per month and gave me the certificate. At that moment, I became too hopeless, unconscious, anxious and frustrated because I thought the miserable life that I would face in the near future. Thus, I repeatedly attempted to throw myself into Lake Tana. But fortunately, my colleagues were with me and hence they made my attempt invalid and brought me to my home, Dangila town. However, when I thought that deed at present, it was a great mistake and hence I would not advise any retiree to commit such an immature act.*

DT demonstrated that although not comparable to the impact retirement had brought on his life, the youngsters' lack of love, respect and acceptance of older persons has relatively lowered his esteem. As he said, the present youngsters are wide-eyed. They do not accept all what older people tell them to do. Rather they prefer to displease the elderly and this has demoralized him. For instance, self-downing, hatred, hesitation and inferiority have become the usual occurrences of his life. During the interview, DT has warned that older people are traditional dictionaries and thus a due attention should be given by the young generation and the large community.

When DT was interviewed about the care and support to be provided by the community, he responded that it has become nonexistent. He raised modernity and rising cost of living to be the factors responsible for the cessation of the provision. As it was described in the interview, the rising cost of living has reduced the community's tradition of caring and supporting the elderly. It has adversely affected each and every house hold not to adequately lead his/ her life. Added to this, modernity has been believed to have changed the society's attitude of caring and attending older people. As DT reported, modernity has penetrated the psycho-social conditions of people and created a gap between the community and older people.

In connection with this, he has suggested the following concrete examples that he observed in the near past:

*My elderly neighbor, Ato Alemu Belay lived alone for several years because he divorced his wife. He had two government employed children. However, they didn't visit him any time. Alemu disappeared from the scene for about a week. His house was closed. Suspecting that he might be at risk, the neighbors including me met together and discussed to open the door. We went to his house and opened the door. As expected, something wrong happened in the house, he was found died. Then we reported to the police and three police men came and saw the situation. The deceased was covered with thousands of ants eating his flesh. Then the dead body was covered with cloth and mat and taken to church and buried.*

This shows that both poverty and modernity (individualism) have broken down the community's helping and visiting culture.

DT conceptualized stress to be something that disowns one's mental and physical potential and stamina. When he was asked about the factors that induce stress on his life, he replied that several factors threaten and stress him of which retirement, the loss of income (poverty) and the administrators' less attention and care are the principal ones.

DT considered retirement as a great event that has imposed "unforgettable black scar" upon his life. He becomes sick with his families when he heard that he would retire in the near future. This is because the fate of administering the whole family has fallen on his shoulder. Moreover, he believed the loss of income (poverty) to be the second determinant factor in inducing stress up on his life. His pension payment is 380 birr. Thus, he could not afford to provide adequate care and support to his children. The third attribute the respondent raised to be inducing stress is the administrators' less attention and neglect of older people including him. As the participant reported, no organization has visited and dealt with older people living in Dangila town.

In connection with this, the respondent has told to the researcher what he saw and heard on his Television:

*I think it was Monday evening that a high ranking official made a speech about the issues related to older people. The official was making the speech on Television. In the speech, older people were said to be useless equipments that had completed their services and duties.*

*አረጋዊ ማለት የተዋጣ ዕቃ ማለት ነው፤*

*አገልግሎቱን የጨረሰ ዕቃ ማለት ነው።*

As DT responded in the interview, older people's association wanted to participate in various developmental activities such as animal fattening, dairy farming and crop production. To this effect, a committee was established to facilitate the project. The committee asked the town's officials to give them land to run the project. But the committee was not permitted to accomplish its objectives. Not discouraged by the incidence, the committee repeatedly urged administrators, yet it remained in vain.

To sum up, DT argued that the above mentioned factors have increased the severity of the stress that he faces in his day to day life. Due to this, the level of stress he presently faces is reported to be high and demanding. He has been suffering from depression, hatred, complaint, confusion and inattentiveness.

When asked about social interaction, DT thought it to exist when there is warm and welcoming relation between him and the community. Regarding his relationship with his siblings, he reported that it is positive, smooth and rewarding. His previous family status, role and responsibility have been existing till now. Concerning his interaction with his relatives, he agreed that it has ceased. In the early periods of his life, there prevailed strong and frequent contact and visit. In the course of this, his relatives came to visit him with a sack of teff and other farm products. He also visited them with a kilo of sugar, coffee and clothes. When he was asked to explain the reason why it became declined, he raised the loss of income (poverty) to be the factor. Added to this, the so-called modernity (individuality) was reported to be the other cause for the cessation. Regarding his interaction with the community he pointed out that it is not too low and too high. Rather it is medium with no financial and material assistance. Here, the respondent did

himself in poultry. To this end, he asked the town's credit institution to get credit. But he did not get because the legislation does not allow him to do so.

EW believed that the loss of income has greatly affected and lowered his esteem. His pension-payment is 380 birr. The price of each food item and commodity is surprisingly high. Thus, he has failed to balance the two extreme occurrences. Added to this, poverty has been reported to have made him to lose the fame, respect and dignity that he was given in his early period.

Concerning his health, he has been suffering from two illnesses, gastritis and sight difficulty. Due to his gastritis, EW was operated on his stomach and relatively relieved of it. The same holds true to his sight. He was told to use eyeglass. Concerning the services to be given in the town, EW complained that older people's rights to get services such as health, credit, transport and many others are violated. Although some older people are allowed to get free Medicare, it is not properly materialized. With regard to his physical status, he is relatively able. But he is not able to go distant areas. So, even though it is not worse, physical limitation has exerted its effort in the lowering of his self esteem. Furthermore, lack of family and community care and support has made him to develop feelings of loneliness, anxiety and unhappiness. He associated the situation with poverty and modernity (individuality) and this was reported to have brought down his esteem.

Concerning the youngsters' attitude, EW has pointed out that it is almost negative and discouraging. As he said ridiculing, insulting, harassing and humiliating have become the usual traditions of youngsters. He attached the occurrence with the lack of advice, attendance and training on the part of parents, teachers, older people, religious leaders and the government.

Finally, the officials' lack of attention and sensitivity has become another threat to him. He strictly complains that he is highly maltreated and discriminated by the town's officials. Regarding this he told to the researcher the condition he faced in a meeting in the following manner:

poverty, modernity (individuality) and the rising cost of living took the lion's share in precluding people from stretching their hands to older people.

Eventually, aging was reported to have exposed him to various sicknesses of which, gastritis and sight difficulty are the major ones. On the whole, EW was convinced that the above mentioned attributes have been adversely affecting his daily accomplishments and in the course of this, his level of stress has become high. It was reported to occur in minutes, hours, days, and disowns his mental and physical stamina.

EW conceived social interaction to be a relationship between an individual and others based on mutual respect and acceptance. Regarding his relationship with families, EW stated that it is not as such satisfactory and motivating. His children are employed but they have not yet visited and supported him. Due to this, his relation with them is not significant.

As it was mentioned earlier in the section dealing with stress, EW has reported to have chronic gastritis and sight problem. Despite the fact that his children have recognized that he has been suffering from the above mentioned problems, they did nothing to him. For this, EW raised the rising cost of living and modernity to be the principal factors which have weakened his relationship with his children.

His relationship with his relatives has ceased. He has confirmed that he has many relatives both in the town and rural areas. However, in either case, no relative has visited him. But before a decade or two, EW did not deny that he was frequently visited by his relatives, particularly by the rural ones. In the course of this, he was provided with several items such as butter, Teff, honey and egg. However, at present such things are almost absent and in due course hindered the relationship not to be maintained and sustainable. EW associated the interruption with the rising cost living, poverty and the prevalence of individual way of living (modernity). He underlined the current cost of living to be very harsh and threatening to the life of the people. He supported the present cost of living with concrete evidences in such a way that the minimum price of a farming ox is 4000 birr and the price of one quintal of fertilizer is 1000 birr. Thus, his relatives

inhabiting in the rural areas are trapped by multifaceted problems and hence they are not able to visit him.

Regarding his relationship with the town's administrators, EW has strongly argued that it is harsh and worse. For this, he has his own justification. In the period of "Derge", he was a recognized official and the member of Ethiopian workers party (EWP). With this orientation, he is a known orator and his convincing ability in the community is high. As a result of this, the officials of the existing government have been harassing him. For instance, EW has stopped taking part in various meetings carried out in the town due to the humiliation and abuse suggested by the town's officials. Even with the ordinary people, he does not a rewarding relationship. Particularly, his relationship with youngsters is worse and hence he never wants to see and hear issues concerning the young generation. The same holds true with regard to his relationship with traditional institutions (Iddir and Senbet). Even his strength in his religion is weak. He has not denied that he has been embraced in Iddir, but his courage and motivation to regularly serve the institution is weak. Generally, his invisibility in various areas and the condition of his health difficulty has limited him from his relationship with many institutions.

EW conceptualized coping as being powerful interms of income and physical stamina. His coping strategy is somewhat different from his colleagues (participants). He does not regularly go to church. That is, he does not give more attention to religious affairs. Besides this, EW has not been interested in interacting and dealing ideas with his age mates. However, walking in the morning and evening has been believed to have reduced his stress and anxiety. In addition to this, attending American and German radio programs is the second coping mechanism.

### **Case 3 (MB)**

MB is an old woman with 75 years of age. She is widowed .Her husband died in 2002. Immediately after the death of her husband, her five children died surprisingly. Now, MB is lonely. She follows an Orthodox Christian religion. She simply knows reading and writing.

Self-esteem as to MB is treated as the value which is attached to one's freedom from loneliness and the availability of good income. She has her own justification for saying this. MB had born five children. Unfortunately, all the children including her husband died in one year. This condition has lowered her self esteem. She became mad and bare-bodied for about six months. With the help God, She gradually became relieved from the disease. Now, she has no one to assist her in fetching water, sweeping her floor, washing clothes and cooking food. She has not slept the whole night due to the stress and anxiety with her loneliness.

The income situation has become another challenge to her. By now, she is too poor; she has nothing to sustain her life. This has reduced her visibility, respect and acceptance (esteem) by the neighbors and the community. She is prone to loneliness, hatred, inferiority, self-blame and complaining the world. MB also raised aging (physical weakness) to have its own contribution in lowering down her mobility and interaction with other people.

MB understood stress as a disease caused by the factors mentioned in the self-esteem section. She has been greatly stressed due to the death of her husband and five children. Following this, her life has become worsened and miserable. She cried day and night. Her property has disappeared with the death of her husband. She has been unable to manage her daily life. She is too confused and forgetful. Added to this, MB has been challenged by the loss of income (poverty). She has engaged in some income generating activity. She has been selling local beer (Tella). But the money to be earned is meager and insignificant. She has always been in trouble. The rising cost of living has become another treat to her. Her daily activity has been threatened severely. The absence of the usual care and assistance by the community and blood relatives has also threatened and aggravated her stress. In line with this, she is deprived of her respect and acceptance and is forced to say the following ideas:

#### Case 4 (YA)

YA is a 90 years old man. He is divorced. He has no children. YA is an Orthodox Christian. He lasted for 15 years since he was divorced. By now, he is lonely. He is not well educated. He simply knows rudimentary reading and writing and he is able to communicate well.

YA conceptualized self esteem to be the moral value that an individual gives to himself and receives from other people. As he said, a person's self-esteem could be manifested by his/ her work because it is highly valued in the community. In connection with this, he has suggested the following ideas:

*I am a patriot. During the Ethio- Italian war I was recruited for a soldier. I fought the Italian army at seven different places. In the course of this, I took over seven guns at the seven different places and became victorious. And this heroic deed helped me to be famous popular, respected, loved and accepted by the society.*

Thus work is underlined to the main factor for promoting his self esteem and recognition. A raised loneliness, the loss of income, the rising cost of living, aging and the youth's changed attitude to be the major factors in reducing and lowering his self esteem. He told to the interviewer that he has been suffering from lonelines. It took 15 years for him since he was divorced. At present, he has no children. In his early period, he had three children. Two of them were killed at the war front. His daughter went abroad before twenty years and has never visited him still now. This condition coupled with his divorce has been reported to have lowered his esteem.

Regarding the existing cost of living, YA has been suffering a lot because his income (100 birr) is meager and hence he has failed to negotiate the rising price of commodities and food items and his meager income. Added to this, it was indicated in the interview that aging (physical weakness and memory loss) has precluded him from performing his day to day activities. His mobility is confined only to nearby areas. The other thing raised to have affected his self-esteem is the youth's changed attitude. Youngsters have been condemned to have left giving the required love, respect and attention to older people in

general and YA in particular. He is suffering from loneliness, hatred, loss of trust, inadequacy and complaint. Particularly he is frequently suffering from loneliness.

YA conceived of stress to be a tension which reduces his happiness and pleasure by interfering with his day to day activities. As he understood, there are several factors which induce stress on his life. Notable among them are divorce, loss of income, the rising cost of living (the rising price of commodities and food items) and aging (physical limitation and memory loss). He is highly depressed, felt lonely and complaint. YA agreed that loneliness has been caused by divorce and the death of his children and the combination of these conditions have induced stressful situations on his life. As he said during the interview, his monthly income is only 100 birr, yet the cost of living has been increasing in unprecedented rate and thus, he failed to reconcile the two antagonistic occurrences. And this has imposed stress on his life.

Despite the fact that YA dealt more about the problems of aging, there are some positive sides that he would like to appreciate. He exhaustively appreciated and thanked his creator (God) for giving him the chance to stay until 90 years. As he said, the majority of his colleagues, at the level of his age had already died. Thus, he has become the only lucky person to see the positive and negative things of this world. He also thanked God for giving him ample time for praying and worshipping because he had killed many people during the war made between Italy and Ethiopia. The other thing that he appreciated aging is that he has got enough time to mediate and settle problems created between and among people as a "Go between". With respect to the various services rendered in the town, YA complained that it is too limited. For example, healthcare, transport and credit services are scanty.

YA noted social interaction to be living a harmonies life with other people. It is living with others by giving the required, love, respect and dignity. Regarding his interaction with his family members, YA stated that he has no family due to divorce and the death of his siblings. Concerning the relationship that he has with his blood relatives, he reported that it has almost stopped. He attributed the problem to the rising cost of living, loss of income, population increment and modernity (individuality). When he was asked about

his relationship with the community he, responded that it has been relatively better particularly, his relationship with his age mates and middle aged adults is better and encouraging. He associated the occurrence with his heroic deeds that he had contributed in the war made between Ethiopia and Italy. However, his relationship with youngsters is harsh and discouraging. The reason he suggested is that they don't hear and accept what they are told to do.

When YA was asked about his relationship with local institutions (Iddir, Senbet etc.), he replied with a bright face that it has been strong and encouraging. As he said, Iddir is the only institution in which each and every individual expresses his/her ideas and feelings freely. Added to this, he strongly argued that it is through Iddir that the funeral ceremony of an individual is celebrated. As it was explained in the interview, the other benefit of Iddir is to make an individual not to be socially isolated and neglected. As a result of such advantages, he has reported to have an intimate and smooth interaction with traditional institutions (Iddir, Senbet and Church).

When he was asked to explain the concept of coping, YA perceived it as living a healthy and happy life. He believed that he has developed three strategies of coping stress. The first is being religious. He repeatedly underscored that religion is the best medicine for the lengthening of his life till today. The second strategy is to be silent, passive and timid depending on the context and extent of stress. The last strategy is developing an optimistic view about the present and future life.

### **Case 5 (SZ)**

SZ is 76 years of age. By now, she is widowed. She expressed that her husband died in 1983 E.C. She has no family members. She is lonely. She reported that she had one child (daughter). But following the death of her husband, the daughter also died. Thus, SZ has been suffering from loneliness. She is an orthodox Christian. She has not progressed in her education. But she knows rudimentary skills of writing and reading.

SZ described self esteem as a value resulted when an individual is economically powerful, physically capable, diseases-free, married and rich in family members

(siblings) and kinship ties. She underscored the loss of income, loneliness (the death of her spouse and siblings), blood pressure, sight difficulty and sleep problems to be the main factors for the declining and lowering of her self esteem. When she was asked to prioritize the factors in terms of their intensity of lowering her esteem, she put loneliness in the first place followed by the loss of income and others. When she was asked to explain the level of her self esteem, she replied that it has been dramatically lowered. For this, she enumerated some indicators of which the lack of assertiveness, hesitation, anxiety, irritability, helplessness, hopelessness and lack of decision in her everyday life are the major ones and they are persistently threatening her life. As she said, she is highly embarrassed by her talk, fearful, and she considers any people around to bully her.

While explaining the level of stress, SZ reported that the death of her husband and daughter (loneliness) has induced more stress up on her life. The loss of income (poverty) has also stressed her. As she stated, the persistence of her stress is high in the sense that it has overwhelmed her emotional, cognitive and physical strength and sometimes it has taken three consecutive months to cease and its occurrence is in minutes, hours and days. She has hates interacting to other people. Her weight has dramatically declined and her mind has become full of confusion and forgetting, headache and stomach upset, continuous flow of tears from her two eyes and blood pressure have been supposed to be indicators of the severity of the stress. As it was indicated in the interview, SZ has been selling local beer "Tella" to earn money and sustain her life. But at times when her customers didn't come to buy "Tella", she felt more stressed and guilty because she has nothing to sustain her life. Her neighbor's cruelty and selfishness has been another stressful event. Her neighbors have never visited her. The implication is her poorness and individualism. Particularly, during holidays (Christmas, Easter etc.), they closed their doors to protect her from entering their home.

SZ noted social interaction as a relationship in which ideas, feelings and emotions are exchanged peacefully and freely. It is living harmoniously with other people. It occurs when there is mutual thought, love, respect and acceptance between and among people. Since she has no families, the issue of interaction is not raised. Concerning her interaction with her relatives, she has almost stopped. After the death of her spouse and children, she

As it was revealed in the interview, AY has been suffering from economic problem (loss of income). He firmly reported that he has no additional business generating activities. As a result, he failed to satisfy the daily demands of his families. Four of his children are students with different grade levels. As he reported, two female children dropped out of school due to his failure to cover their educational expenses and this has made him more anxious, restless, depressed and irritated.

AY considered work as a good manifestation of identity, respect and morality. It enables him to maintain his relationship with the family, colleagues and the surrounding community. However, with the coming into existence of retirement, the majority of his honors and privileges were reported to have disappeared. And the disappearance has resulted stress to his daily life. After he had been retired from work, he made many attempts to engage him in business generating activities. To this end, he went to the surrounding credit and saving institution to borrow money. Unfortunately, he was not allowed to do so. The reason he justified was that the head of the credit and saving institution refused him by telling that the legislation does not allow people aged 60 and above. Discouraged by the situation, he became hopeless and passed most of his time lying in his bed.

When AY was asked about the condition of his health? He replied that he has been suffering from two severe illnesses (gastritis and nerve problem) which he never encountered in his early life. They have been creating a great deal of pressure and stress on his day to day life in collaboration with the ones described earlier. Physically, he has become exhausted because he said that aging coupled with those mentioned above has contributed a lot to the deterioration of his physical strength. As he underlined, his right of obtaining services such as healthcare, transport etc. is violated.

AY described social interaction as peaceful and sympathetic relationship of an individual with other people. The respondent (AY) explained that his relationship with his families has not been encouraging. As it was reported by the participant, the number of children he has currently is four. They are all dependent and live with him.

As he said, his children are not obedient and willing to do what they are told to do. Added to this, they have been developing the habit of neglect and ignorance when they talk, discuss and make decisions. They do not give the required treatment expected of them to do. As a result, the participant's role, status, and privilege have been declining. As it was reported by AY, his family relationship is poor except his wife. Concerning his relationship with his kinship (blood relatives), AY strongly witnessed that it has been almost ceasing and disappearing. He didn't deny that occasionally, his relatives (aunts, uncles, grand children etc.) came to visit him but with an empty hand. Thus, he was convinced to believe that he should stop thinking and worrying about them. When he was asked to justify the reason why their relationship came to an end, he failed to explain the problem by simply saying "it is the time" (ጊዜው ነው ልጅ!)

With regard to his relationship with the community (age mates, youngsters and middle aged people) the participant confirmed that it has declined. Particularly, his relationship with youngsters and middle aged people has reduced. Even, his relationship with his age mates is decreased. In the course of this, the participant has only one age mate whose name is Ato Anteneh Manmekitot. He is the only friend with whom the participant relatively contacts and deals his issues and problems.

Explaining the limitation in his relationship, the participant has mentioned some factors. His physical fragility or weakness is reported to be the primary one, the community's lack of acceptance and respect is the second.

As AY said, hesitation has emerged due to what he encountered currently with his dealings to the community. As it was understood by him, today is the time when one's social relationship with others is strictly determined by what a person has (wealth). An individual's respect and privilege seems to be mobilized by the principles of reciprocity. However, AY reported that he does not fulfill the requirements of the reciprocity and hence he seems to be discarded from the domain. In addition, he has become mentally and physically weak. Thus, his weakness and the youngsters' offensive and neglecting behavior have forced him to develop the habit of disliking contact to other people.

Concerning his relationship with traditional institutions (Iddir, Church and Mahiber), the respondent seems to be committed because in one hand, it is through these institutions that his funeral ceremony is to be celebrated, on the other, Iddir is a good means of protecting social isolation. So, AY has certified that his relationship with traditional organizations is encouraging. Moreover, he emphasized that it is in this organization that people express their feelings and ideas freely and confidently.

AY noted coping to be strong in terms of economy and health. As to him, four coping strategies have been developed although the extent varies from one another. The first strategy is religion. Religion is the best institution in which he throws down each and every pessimistic idea and many others. The second strategy is contacting with his age mate, (Ato Anteneh Manmekitot). Anteneh is an intimate and trusted colleague except his poorness. So, when AY feels stressed and anxious, he goes to his colleague and plays, discusses and expresses his ideas, feelings and emotions. The third mechanism is displeasing others, particularly families. The fourth one is timidity, passivity, silence and politeness, particularly in his relationship with youngsters.

### **Case 7(AN)**

AN is a 75 years old woman. She is widowed because her husband died before some years. Her seven children also died. She has only one child alive. He lives far apart from her. He is jobless and lives with street children in Bahirdar. AN lives a lonely life. Her religion is Islam. She has a rudimentary knowledge of writing and reading.

AN noted self esteem as a value to be demonstrated in relation to one's own income, health and richness in siblings. As she explained, individuals who are rich in income, health and siblings are supposed to have a good self esteem. In contrast, those who are poor have negative and low self esteem. AN believed that the loss of income (poverty) loneliness, disease and offensive societal acts such as ridiculing, insulting etc. are the major factors which have severely lowered her self esteem. In terms of income, she is too poor. She has nothing to sustain her life. She expresses her sorrow and grief as follows:

*I am too poor both in money and siblings. I had born eight children. But seven of them died. Only one child remained alive. My husband died before the death of my children. Thus, my poorness in both aspects has made me to be hated by my relatives and the community. As you see, this is the house where I live. It is too trashy and ruined. I always went to the kebele- office to report to the representatives to maintain my house. But I failed because my voices were not listened due to my poorness. So, the only chance I have is to pray GOD to shorten my life.*

Thus her poorness along with the loss of her spouse and children has made her to be stigmatized, discriminated and neglected by the community and her relatives.

The reduction her self esteem is indicated by her frequent feelings of loneliness, complaint, self-blame, self-doubt, hesitation, inferiority, helplessness, hopelessness and unhappiness.

As AN, stress is meant to the loss of income, poorness in relatives and health difficulties. Economically she is too poor. She has nothing to eat and dress. She lives in a trashy and patched house full of holes through which sunlight and rainfall come into the floor and disturb her everyday life. She is also poor in siblings and relatives. She had lost her spouse and her siblings to death. As she reported, she was sometimes initiated to commit suicide. She is suffering from anxiety, worry, restlessness, back pain, depression, sleep difficulties, nightmare, emptiness etc..

AN perceived social interaction to be a relationship that can be undertaken based on mutual understanding and respect between two people. The relationship must be carried out by avoiding coercion and humiliation. When she was asked about her interaction with her family members? She replied that she has no families by now. As she told to the interviewer, she had eight children and a spouse. But her husband died earlier leaving his eight children and his wife (AN). Since then the fate of caring and supporting children fall on her shoulder. Two of the children were sons. The elder son was employed in police profession. Since then he started to care and support his mother (AN) with a regular 100 birr payment per month. With this income, she started to lead her life in a relatively better way. Unfortunately, the policeman died before two years. And her little son has been jobless until now. As she reported, the little son has been living in Bahidar

and his life is worsened and miserable. That is, he lives with street children. He has never asked and visited her since he went to Bhairdar. Starting from the death of her elder son (the police man), life has become gloomy and miserable to her. As it was reported by AN, the aftermath (the situation after the death of her elder son) has become more intensified and adverse that she has been unable to with stand and settle it.

Regarding her interaction with the community, it was reported that AN has been prone to economic and kinship poverty. As a result of this, there is no one who cares and supports her. As she said, an individual's respect and acceptance today is measured by what he/she has (income) and kinships (relatives). However, she has been deprived of such assets. Thus, the respect and acceptance that she receives from the community has disappeared with the death of her spouse and children. The other thing which is supposed to have hindered her relationship with the surrounding people is the health condition. As it was pointed out, AN has a back pain. Due to this, she was made to stay at home for about two years. So, this situation has played a great role in restricting her from social interaction and many other benefits.

When she was asked about the relationship she has with traditional institutions, such as Iddir and Senbet, AN responded that she has not been registered and thus, she is not a member of the institution. As it was revealed by her, Iddir demands any member including her to pay some money per month. However, due to her poorness, she is not able to afford to provide the money to be required. Owing to this, she has not been involved in the institution although she strictly knows the benefit one obtains from being a member. Hence, her relationship with traditional institutions is totally absent. Even her interaction with mosques is occasional.

AN conceived coping to be strong in mental and physical stamina. And this is achieved through being rich in income and kinship ties. She has two coping strategies of stress. These are religion and living with the stress without changing it (learned helplessness). As she said, she is devoid of siblings, relatives and community support. So, the only strategy of coping stress is through making a regular contact with Alah (God) and learned helplessness.

As to the respondent, the last factor underlined to be thought of is the problem with youngsters. Youngsters have been reported to have changed their attitude regarding older people. They seemed to have left expressing their ideas in accordance with the moral standards of the community. Youngsters were repeatedly described to have stopped giving the required regard, love, respect and privilege to older people. This condition has affected and lowered his self esteem and has also made him to develop hatred and pessimistic behavior.

TA perceived stress as a tense-condition that costs an individual a great deal of mental and physical energy. He stated that several factors were reported to induce stress on his current life. These are the loss of income (poverty), disease, the administrators' lack of care and attention, the lack of real love and sympathy among the community and blood relatives. Concerning poverty, TA underlined that each and every activity related to his daily living has been adversely affected by economic problems. For instance, he administers four family members including him and his wife. His pension income is 160 birr. The present cost of living is dramatically high. TA has no additional income-generating activity. His wife is jobless. His children are all dependent. Thus, he failed to sustain his life. So, his failure to go along with the situation has made him to be more stressed.

Regarding his health condition, the same holds true like the one mentioned above. Today, TA is seriously affected by many problems emerged with the advance in his age. He has been suffering from gastritis and head ache and these in turn have imposed stressful situations upon his life.

The absence of love, faith, trust and sympathy was reported in the interview, to have affected the daily interactions of TA with the community. Hesitation, suspect and lies have become the usual traditions and norms of the community. TA described the situation to be the outcome of the so called modernity (individuality), poverty and population increment.

emotions than visualizing what has happened around them. Moreover, the existing context has made the community not to exchange ideas and feelings freely.

Regarding his relationship with traditional organizations (Iddirs) it was reported to be peaceful and intimate. He is the member of Iddir. He contributes his share to it .He celebrates the funeral ceremony when a member dies. Generally, TA feels stable and secured with it.

TA conceived coping as overcoming a tension that he faces in his daily life. He has two coping strategies, religion and walk. He overcomes stress by praying and walking to the surrounding rural areas.

Observation was employed as a supportive tool to the in-depth interview. The main points treated in this technique are family relationships, housing conditions, feeding styles, dressing styles and people's interactions with the community and age-mates.

According to the data obtained through the informal observation, there are some differences among older people regarding their relationship with their family members. For instance, in the case of DT and TA, the relationship between parents and their children was observed to be good. It has taken place based on peace, respect and trust. Their children were repeatedly observed showing, sensitivity, willingness and obedience to respect and accomplish the orders and requests of their parents. And parents, on their part, seem to treat children on peaceful and democratic basis.

However, when it comes to cases AY and EW, the reverse holds true. In this respect, the researcher was able to observe repeated reluctance and carelessness on the part of children. Almost the relationship seems to be grounded on tough and hostile basis.

Regarding their housing conditions, most of the respondents except DT and EW lived in trashy, patched and ruined rented kebele houses. The houses are full of holes through which rainfall in the summer and sun shine in the winter seem to be permitted to enter in to the floors and disturb the residents.

The feeding styles of participants were observed to be poor. In the two months 'stay the researcher was able to observe that respondents were suffering from securing their daily consumptions. There were occasions where the researcher was able to observe that some interviewees such as SZ, MB and AN failed to get even "Injera with Shiro Wat' .For example, they are sometimes observed missing their lunch. The practitioner was repeatedly invited to enjoy lunch with the respondents (older people) in their home. In that occasion what the researcher observed was that older people were embarrassed by what they provided (the food). This is because the food (Injera) baked from millet is too black and this seems to have offended them. Understanding their feelings, the researcher advised them to feel free that what they provided is very nice and delicious.

With regard to their wearing styles, most participants except DT and EW were observed to have poor dressing styles. They are frequently observed wearing only one cloth for longer periods and the clothes worn are torn and dirty.

Concerning their relationship with their age-mates and the community, it was observed to be too limited. As the researcher repeatedly observed, some older people were walking alone following the asphalted road to Bahirdar while some others passed most of their time sticking to their home.

#### **4.2. Socio- Economic Problems of Older People As Described By Key Informants.**

- The chairman of older people's association
- The Iddir-leader
- Kebele- representatives
- The religious leader.

According to the chairman of older people's association and the Iddir-leader, the socio-economic problems of older people were presented as follows.

### **4.3. Discussion**

In this part data obtained from participants was discussed in relation to the research questions.

#### **4.3.1. The Self Esteem of Older People**

As indicated in the cases, participants noted self esteem as a moral value to be treated in line with a person's wellness in several aspects of life.

They reported that they have been suffering from many life-threatening challenges including the problems with self esteem. As participants repeatedly reported in the finding, there are several factors which are supposed to have lowered their self esteem. Notable among them are the loss of income, divorce or the death of a spouse, sickness, lack of family and community support, retirement, modernity (individualism) institutional irresponsiveness, the rising cost of living and the youngster's changed attitude.

Respondents gave more weight to the loss of income (poverty) in affecting their self esteem. It has made them to lose respect and acceptance in their family as well as the community .It has also made them to be unable to feed them and their families. In line with this, Help Age International (2001) stated that the loss of income (poverty) has the most profound impact on a family because the actual expenditure doesn't decrease and rent, food, electricity and clothes still require to be met. Loss of income leads to poor nutrition and inability to maintain their home in a safe condition. Moreover, the above idea is further strengthened by William (2003) who stated that the lives of many older people in developing countries have been drastically negatively affected by socio-economic changes that accompany the developmental process.

Generally respondents have been suffering from the outcomes of low self esteem such as hopelessness, loneliness, anxiety, complaints, inferiority, fear, hesitation, helplessness, unhappiness, self-blame etc.

#### **4.3.2. Factors Inducing Stress on Older People**

As it was repeatedly stated in the finding, the loss of income (poverty), loneliness (the death of a spouse), disease, retirement ( being jobless), the lack of community and institutional support, modernity, (individualism), the rising cost of living, and the weakening of extended family support are underlined to be the prevalent problems in inducing stress up on older people.

As it was revealed in the report, the loss of income (poverty) has been underscored to be the primary factor in disturbing the day to day life of older people. It has been supposed to have induced a considerable amount of stress up on the daily life of participants. For example, the loss of income has made older people lose acceptance and recognition in the eyes of the community and their relatives and fail to feed themselves and their children. This has been supported by the data obtained from key informants. As key informants underscored, the underlying problem of older people today is poverty. Though some family members have been assisting their old parents, it is not adequate and sustainable. Key informants have also disclosed that relatives as well as the community have seemed to have left supporting older people. They associated the situation with the loss of awareness and understanding, the rising cost of living, and individualism. This finding is supported by William's (2003) idea which stated that the lives of many elderly in developing countries are dramatically and frequently affected by the socio-economic changes that follow the developmental process. In the same way, Philipson, (2001) pointed out that poverty places greater restrictions on the lives of older people depriving them of the status of bread winner.

The death of a spouse (loneliness) has also become another challenge to older people. As the collected data revealed, loneliness (the death of husbands) has made participants particularly cases (AN, MB and SZ) to be economically insecure, to lose their love, develop grief, guilt and depression. As they reported, the death of their children has also

In line with this, a respondent (DT) has described the seriousness of the problem in the following manner:

*A government official offended me while he was making a speech about older people. In his speech he noted older people to be useless equipments who have finished their services and duties .So making an increment on their pension- income is not feasible.*

**አረጋጭ ማለት የተዋጣ ዕቃ ማለት ነው።**

**አገልግሎቱን የጨረሰ እቃ ማለት ነው።**

This implies that older people are not considered as important segments of the community in particular and the country in general. The problem might be due to the general poverty prevailing in the country.

This finding is supported by MOLASA (2007) which stated that even though the problems of older people are involved in the policies, strategies and programs of the government, due to the general poverty in the country, they have not yet been properly realized. Moreover, according to Lahey (1998) the lack of social support weakens older people's ability to cope with stress.

As older people disclosed, modernity (individualism) has reduced the community's helping culture. It was reported to have developed the spirit of selfishness and individualistic ideology among the community. Thus, modernity (individualism) seems to have forced the community not to stretch its hands to older people. The finding coincides with Oberg's (2004) idea that globalization has brought many challenges to older people not only in economy, culture and politics but also in their everyday life. It is further strengthened by William's (2003) study, that the growth of individualism (running for one's own sake) has been threatening the lives of older people.

Regarding the current rising cost of living, older people reported that they are unable to negotiate their reduced income and the rising price of commodities and food items. As they pointed out, the situation has become the day to day threat to them. In connection with this, it was stated by William (2003) that the socio-economic changes have affected the lives of several older people in developing countries. Concerning the present

extended family system (relatives), participants suggested that the relationship has almost ceased.

To sum up it was disclosed in the finding that the various factors mentioned above have adversely affected the lives of older people and hence their stress level was found to be high and persistent.

#### **4.3.3. The Stress of Older People**

Due to the above mentioned factors (loss of income, loneliness, disease, retirement, lack of family, community and institutional irresponsiveness and modernization (individualism), participants have reported that their level of stress is high. The occurrence of the stress is persistent in the sense that it occurs in minutes, hours and days and its duration is longer.

Regarding the severity of the stress, some differences appear among participants. For instance, cases (AN, SZ and MB) revealed that their level of stress is strong. As they repeatedly explained, they are prone to low appetite, fatigue, continuous stomach and headaches, gastritis and an entire hatred to human beings. They disclosed that they have been frequently taking Panadol to recover from their aches. Added to this, loss of attention, sleep difficulties, continuous nightmare, depression, emptiness, forgetfulness, restlessness and anxiety are the usual occurrences.

The severity is underscored to be the result of poverty, loneliness and ignorance associated with being women. Furthermore, as the data obtained from the informal observation indicated, older people have poor housing condition, equipment, nutrition, social interaction and persistent diseases. Most participants live in old, trashy and detached houses. Moreover, they are found on suffering from frequent diseases such as gastritis, stomach and headaches, nerve and sight difficulties. Participants were observed having one type of food and their interaction with the surrounding people is poor and fleeting. In line with this, Help Age International (2001) has pointed out that older people particularly widowed women are typically the poorest members of the community. This is further strengthened by Lahey (1998) who stated that stress reduces older people's immune systems and makes them need continuous medical care.

#### 4.3.4. The Social Interaction of Older People

All respondents were asked to describe their social interaction. According to their responses, social interaction is a smooth, respectful and peaceful relationship characterized by the exchange of ideas and feelings among people. In relation to their social interaction, older people have focused on six elements which are supposed to be pertinent in their day to day life. These include families, relatives, the community, administrators, the youth (youngsters) and traditional institutions (Iddir, Church and Mahiber).

Concerning family relationship, certain differences occur among participants. Some of them (DT and TA) disclosed that their relationship with their families is smooth, intimate and encouraging. But some others (AY and EW) indicated that their relation with their family members is hard, occasional and negative.

The family relationship in the case of (DT and TA) contradicts with Santorek's (2006) idea which points out that older adults may be edged out of their family life by children how see them as sick, ugly and parasitic but coincided with the ideas of the cases (AY and EW).

With regard to their interaction with their relatives, respondents reported that poverty, the rising cost of living and modernity have reduced it. In this respect participants underscored that the problems of the interaction have come from two dimensions. The first one is that their poverty, loneliness (the death of spouses and children) and aging have influenced older people to lose their previous recognition and glory. The second is that the rising cost of living, individualism and the problems of home management have pressurized relatives not to stretch their hands to their older relatives. This finding goes with the idea of the key informant's. As the key informants reported, older people's relatives have almost stopped helping their elderly. The problem is attached to poverty, population increment, the rising cost of living, individualism and the lack of awareness and understanding and this is believed to have distorted their interaction. In supporting this finding, MOLSA (2007) suggested that due to the growth of industrialization,

modernization and socio economic problems, many extended families are economically weak and unable to care and support their destitute elderly.

Regarding community interaction, the same holds true like the one mentioned in the discussion with relatives. As participants repeatedly disclosed, their interaction with the community has declined. They viewed the decline from two sides. In the first, poverty has made them to be invisible and neglected by the community. In the second, the current rising price of commodities and food items coupled with the deep- rooted poverty has inhibited the community from making the usual care and support to older people. On top of this, modernization and cultural diffusion have initiated the community to be greedy, selfish and forward- moving. This finding coincides with what key informants suggested but contradicts with a study undertaken by Mulate (2005) in Awuramba. According to Mulate (2005), older people are highly valued, cared and supported by the Awuramban community.

Regarding the town's administrators, all of the respondents reported that they have poor and scant interaction. As it was indicated in the data, the town's administrators have done nothing to older people. Administrators assigned in various sector offices seem to have highly confined only to the young generation and women. As they reported, older people are still deprived of any social activity carried out in the town. This idea seems to contradict with MOLSA (2007) which points out that the issues of older people are properly recognized and incorporated in the policies, strategies and programs of the country. It is also against the responses of the key informants (the officials of the two kebeles, (03and05).As they said, older people have been fully participating in any social activity undertaken in the town. The possible explanation might be due to the problems in the realization of the policies and to make the existing system to be accepted by the community.

Concerning the present youth, participants have explained that there is a big gap between the old and the young generation. As it was revealed in the finding, youngsters are victimized by foreign culture and thus they have been made to lose their values, norms and traditions of caring, respecting and valuing older people. As respondents said,

youngsters consider older people as primitive, backward and reactionary. As they indicated, although there are certain youngsters who give proper care and support, the majority have lost their previous traditions of treating older people positively. This finding relates to Addis's (2002) study which stated that the present generation is distrustful to older people. This is believed to have an adverse effect on older people's feelings of loneliness and depression and could also implicate a reduced care and support to be provided to older people. But the data seems to contradict with Mulate's (2005) study which disclosed that youngsters in Awuramban community help older people in constructing houses, washing their bodies and their clothes, feeding them and taking them to the health centers when they are ill. As participants underscored, there is the tradition of considering older people as rigid and resistant to revolutionary and scientific ideas. Similarly, Santrock (2006) has pointed out that since we live in a culture which appreciates youthful attractiveness, older people are suffering from ageism which considers older people as childish, rigid, parasitic and feeble minded.

With respect to their interaction to traditional institutions (Iddir, Mahiber and Church), respondents reported that it is smooth, warm, intimate and encouraging. As they exhaustively stated, their involvement is very strong and is carried out peacefully and freely. They wholeheartedly accepted traditional institutions as their own assets.

Their interaction with religious institutions is also good. This is favored by (Papalia et al., 1996) who stated that being religious is the best medicine to cope with stressful situations of life.

#### **4.3.5. Strategies of Coping Stress among Older People**

As it was stated in the finding section, participants perceived coping depending on the context where they are. Respondents differ in their strategies of coping stress based on their styles of life.

Some participants reported that they have been using physical exercise like walking to the rural areas, forest, field and the likes to cope with their stress. As they said, they enjoy fresh air prevailing there and reduce their stress (DT, EW and TA). This report coincides with Davis's (1997) idea which pointed out that physical exercise and relaxation are

some of the coping strategies of stressful situations. Other respondents stated that widening their mentality (developing an optimistic view) is a better strategy to cope with their stress. As participants (DT and YA) said, widening their thinking and facing bad events without blame is the strategy that they use to cope with stressful situations. In line with this, Davis (1997) revealed that being optimistic is a better coping style of stress. Some other respondents also explained that they live with their stress without avoiding it. Participants (MB, SZ and AN) suggested that they were severely affected by the death of their spouses and children and hence they were not able to avoid or master the stressful situation. Similarly, Valliant (in Papalia et al., 1996) stated that when escape or avoidance is impossible and attempts at mastery level fail, individuals adapt through learned helplessness.

Moreover, older people (EW and AY) reported that they overcome stressful situations by displeasing (nagging) with other people, particularly with their families. This finding seems to contradict with Vailant's (in Paplaia et al., 1996) study which indicates that humor or helping others is a good strategy of overcoming stress.

Participants (DT, and EW) also stated that they use additional coping mechanisms. These include watching television, reading both religious and secular books and news papers. They believed that these things would enable them to get certain relief at least for a while. In connection with this idea, Davis (1997) explained that ignoring the stressful situation by going to a movie, taking a ride and wandering is one way of reducing stress. Furthermore, as some respondents suggested, timidity, passivity and silence are the mechanisms they use to overcome stress. As they indicated in the data, they employ these mechanisms to cope with the stressful situations that emerge due to the offensive and derogatory acts suggested by the young generation. This finding is supported by Santrock (2006) who found out that many older adults face painful discrimination and might be too polite and timid to cope with it.

As well as participants differ in their coping strategies, they are also common in one mechanism. That is, all participants underlined that religion or being religious is the best medicine for them to cope with the day to day threats and challenges of their life. This finding is similar to (Papalia et al., 1996) who pointed out that religion is the main coping strategy employed by older people to manage their stress.

## CHAPTER FIVE

### SUMMARY, CONCLUSION AND RECOMMENDATIONS

#### 5.1. Summary

The main purpose of this study is to investigate the psychosocial experiences of older people in Dangila town. To this end, the following research questions were raised.

- What is the level of self esteem among older people?
- What are the factors which induce stress among older people?
- What is the level of stress among older people?
- How is the interaction of older people with their families, relatives, the community and institutions?
- What are the coping strategies employed by older people?

To answer these questions, interview guides and observation were used and data was gathered from eight purposively selected participants and five key informants. Then, the gathered data was analyzed qualitatively. As it was indicated in the finding, older people have been suffering from both psychological and social problems. The major psychological problems include, low self esteem, stress, loneliness, social withdrawal and poor coping strategies of stress. The major social problems are inability to fulfill basic needs (food, shelter and clothing), poor housing, poor nutrition, poor dressing styles, poor sanitation and lack of social services such as healthcare, transport, credit etc. Both the psychological and social problems emerged due to poverty, disease, the death of spouses and siblings, lack of family, kin, community and institutional support, the rising cost of living, modernity (individualism) and the youth's changed outlook.

The above mentioned problems are indicated by the participants' frequent complaints, self-doubt, lack of trust, pessimism, inferiority, anxiety, depression, headaches, stomach upsets, relationship difficulties, helplessness, forgetfulness, hatred, hopelessness, sleep difficulties, confusion etc.

Based on the finding, it was concluded that older people residing in Dangila town are not treated as valuable segments of the community. Thus, it is recommended that concerned institutions and the community at large should consider them as vital components.

## **5.2. Conclusion**

Based on the finding on the study of the psychosocial experiences of older people in Dangila town, the following conclusions were drawn.

- It was found out in the finding that socio-economic factors such as loss of income (poverty), disease, divorce, the death of spouses and children, lack of family, kin, community and institutional support, retirement, the rising cost of living, the youth's changed attitude, modernization (individualism) and aging have made older people to suffer from many psychosocial problems. Loss of basic needs (food, shelter and clothing), illness, poor social interaction, lack of independence, loss of respect, acceptance and visibility, and neglect were found to be the main social problems. However low self esteem, loneliness, stress, social withdrawal, anxiety, depression, inferiority, loss of self respect, loss of trust, hopelessness, submissiveness, pessimism, complaint, guilt, helplessness and self-blame were observed to be the major psychological problems.
- As it was indicated in the finding, psychosocial problems have contributed a lot in lowering the self esteem of participants. The decline of their esteem was indicated by their frequent self-blame, complaints, loss of trust, self-doubt, hopelessness, helplessness, social withdrawal, stress, anxiety, and loss of self respect, submissiveness, inadequacy, inferiority, fear, loneliness and pessimism.
- It was understood that economic, social and psychological problems have made participants (older people) develop high of stress. They were reported to have been suffering from frequent stress. They have become victims of sleep difficulties, forgetfulness, headaches, stomach upsets, back pain, anxiety, restlessness, irritability, depression, sadness, grief, insecurity, loss of concentration, social withdrawal, blood pressure, hatred and suicidal attempts. The frequency of their stress was reported to

occur in minutes, hours and days. It was also reported to last for longer periods and has disowned their physical, cognitive and emotional stamina.

- As it was observed in the finding, participants have poor and limited social interactions with the various segments of the population and institutions. But their interaction with traditional institutions ( Iddir, Mahiber and church) is rewarding.
- It was observed in the finding, that participants (older people) are prohibited from engaging in various productive activities such as, crop production, poultry, dairy farming, and animal fattening. Moreover, they are precluded from obtaining credit services from Amhara credit and saving institution (ACSI). Their rights of getting health care, transport etc. services have also been violated.
- It was found out that respondents have different strategies of coping stress. Some of them have used walking, watching television, optimism and reading both secular and religious books as mechanisms to cope with their stress. But some others have employed poor and negative coping mechanisms such as learned helplessness to cope with their stress. However, almost all participants have strongly agreed that religion is the best coping strategy and remedy to cope with stress. It was stated to be the leading coping style in avoiding stress.

### **5.3. Recommendations**

1. As it was observed in the finding, participants have become poor in their economic, social and psychological activities. Therefore, the towns' officials should give a due attention and priority for the economic, social and psychological wellbeing of older people.
2. Being cultural dictionaries, the experiences of participants (older people) should be recognized by the town's administrators, the community, the young and institutions and accordingly they should be helped.
3. The town's officials should allow older people to participate in various developmental activities. Their rights of participating in different developmental

activities should be recognized, respected and encouraged. Age should not be taken as a dividing line precluding participants from participating in various developmental activities.

4. The town's officials should allow older people to freely participate in various social affairs such as meetings, forums and the likes. And their visibility and status should be heard, understood and accepted.
5. The wider gap prevailing between the participants (older people) and the town's young should be narrowed down. To this end, the community, teachers, parents, religious leaders, the leaders of the youth association and older people themselves should have the duties and responsibilities of advising, training and educating the young to restore and keep their previous traditions of respecting, loving, caring and supporting older people.
6. More research has not been conducted on the participants of this study. So, interested researchers should undertake further study.

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# APPENDICES

**Appendix I**  
**ADDIS ABABA UNIVERSITY**

**School of Graduate Studies**

**Institute of Psychology**

**Interview Guides**

**Instruction**

The purpose of this interview is to explore the condition of self esteem, stress, social interaction and coping strategies of older people in Dangla town. Since your contribution in providing the required information for the questions is very important, you are required to give your answers genuinely.

**Demographic Characteristics**

1. Age: \_\_\_\_\_
2. Sex: \_\_\_\_\_
3. Place of residence: \_\_\_\_\_
4. Marital status: \_\_\_\_\_
5. Educational background: \_\_\_\_\_
6. Religion: \_\_\_\_\_
7. Number of family members: \_\_\_\_\_
8. How do you describe self esteem? What do you think about your self esteem? When do you say that a person has high self esteem? When do you say that an individual has low self esteem?
9. What are the main causes that affect your self esteem?
10. How do you describe stress? How do you explain the condition of your stress? When do you say that an individual is stressed? When do you say that a person is free from stress?
11. What are the major factors that induce stress on your life? How do they affect your day to day life?
12. How do you describe the stress that you face in your daily life?
13. How do you explain your social interaction with:
  - A. families
  - B. close relatives
  - C. friends
  - D. the community
  - E. local institutions
14. How do you cope with stressful situations that you encounter in your life?

Thank you

## Appendix II

Addis Ababa University

School of Graduate Studies

Institute of Psychology

### Interview Guides For Key informants

#### Instruction

The purpose of this interview is to obtain some general background information about the economic and social problems and the care and support services to be provided for the elderly in the community. Since your ideas are valuable, you are required to give your responses frankly.

#### Demographic Characteristics

1. Sex: \_\_\_\_\_
2. Age: \_\_\_\_\_
3. Marital status: \_\_\_\_\_
4. Educational back ground: \_\_\_\_\_
5. Place of residence: \_\_\_\_\_
6. Religion: \_\_\_\_\_
7. Family Size: \_\_\_\_\_
8. What is your role with respect to older people?
9. What do you think about older people?
10. What does the community do to older people currently? How do you describe the young generation regarding older people?
11. How do you describe the participation of older people in the community, local institutions (Edir, Mahiber etc.), governmental institutions and developmental activities?
12. What are the care and support services the community offers to older people? How is the extent and frequency of the care and support services to be made for the elderly?

Thank You

## **Appendix III**

### **Focal Points of Observation**

**Things treated in the informal observation**

**Older people's relationship with their:**

- Families
- Age-mates,
- The community
- Housing conditions
- Feeding styles
- Dressing styles

## Appendix IV

### Back ground information of Respondents (Older People)

Pseudonyms	Sex	Age	Grade level	Kebele	No of Families	In come in birr
DT: Degu Tilahun	Male	77	Diploma	03	4	380.00
EW: Endalamaw Wudu	Male	78	Diploma	05	5	380
MB: Mulunesh Belew	Female	75	Literate	05	No	No
YA: Yimenu Alemu	Male	90	Literate	03	No	100
SZ: Seble Zeleke	Female	76	Literate	05	No	No
AY: Ayele Yilma	Male	78	6 <sup>th</sup> grader	03	6	180
AN: Alemnesh Nibret	Female	75	Literate	03	No	No
TA: Tadele Abebe	Male	76	Literate	05	4	160

## Appendix v

### Back ground information of key informants

Pseudonyms	Age	Sex	Educational level	Economic level	Occupation	No of families
DA: Debebe Amsalu	72	M	Diploma	Medium	Retiree	5
GZ: Gebeyehu Zegeye	68	M	Certificate	Low	Retiree	6
NZ: Nigussie Zeleke	37	M	Diploma	Medium	Kebele chairman	2
MG: Muluneh Gedif	33	M	Diploma	Medium	Kebele chairman	No
MK: Melkie Kerebih	48	M	Priest	Low	Church-leader	4

## Declaration

I, the undersigned candidate declare that this thesis is my original work, has not been submitted for a degree in any other university that all sources of materials used for the thesis have been acknowledged duly.

Tilahun Fentie



Candidate's signature

Date 18/06/2010

This thesis has been submitted for examination for my approval as a university advisor.

Ato Reda Darge



Advisor's signature

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