

Experiences of Ageism among Older Persons in Uganda

Presentation for dissemination of the Final Report, April 2019



Outline of the presentation

1. Introduction
2. Aim & Objectives of the study
3. Data & Methods
4. Results & Discussions
5. Questions & Answers

Introduction

- Experiences of Ageism study is part of a two years' Project led by URAA & HelpAge International (HAI)
- Funded by Voice Uganda through Oxfam international
- **Who is an older person? !!!! Not Elderly !!!!**
 - WHO recommends using age 50+ for African settings (WHO, 2015)
 - **UN definition - Age 60+** is used for this study (MGLSD, 2009)
 - For this study, we used age 60 years and older
- Population of older persons (age 60+) in Uganda were:
 - 1.1 million (UBOS, 2002)
 - 1.3 million in 2010 (UBOS, 2010).
 - 1.6 million (UBOS, 2013)
 - UN projects increase to 5.5 million by 2050 (UN, 2013)

Ageing Policies and Programs in Uganda

- International policy frameworks - MIPAA (2002) – three pillars
 - **Pillar II: Advancing health and well-being into old age**
- Regional - AU Health Strategy - AU Plan (2007)
- Uganda's policy on older persons (2009)
 - Highlights health needs of older persons
 - Highlights access to healthcare
- SAGE program in Uganda (2011), gives UGX 25,000 pm to older persons age 65 years in 14 districts out of 100+

Research Gap & Aim of the study

- Scarcity of studies on Ageism globally and Uganda in particular (WHO, 2018)
- Aim of the study is:

“To understand ageism, its manifestations, causes, and consequences among older persons and strategies to mitigate against it in Uganda”.

Specific objectives of the study

1. To understand **ageism and how it manifests** among older persons and policy makers in Uganda
2. To establish the **causes of ageism** experienced by older persons in Uganda
3. To explore the **consequences of ageism** on the wellbeing of older persons in Uganda
4. To identify the **strategies to address ageism** experienced by older persons in Uganda

Data & Methods

- **Documentary review:** reports from HAI, MGLSD (MGLSD, 2018), URAA, UN and **journal articles** - standard tools for measuring ageism for example Ageism Survey tool
- **Concurrent mixed methods research (MMR) design (Creswell, 2003)**
- **Cross-sectional survey in 6 districts - sample (n=541 participants)**
 - Soroti (older persons in the farming communities)
 - Kitgum (older persons in war affected communities)
 - Nakapiripiriti (Pastoralist community affected by insecurity)
 - Adjumani (older refugees & host community)
 - Kabale (minority group specifically the Batwa); and
 - Kawempe division in Kampala (slum urban poor community).

Survey Sampling techniques

- Purposive selection of the 6 districts by URAA & HAI
- Use UBOS sampling frame for 2014 census – adjustments occurred in the field since some households had migrated
- Simple random sampling for selection of sub-counties and enumeration areas (4 villages per district, 25-30 participants per village)
- Kish's sampling formula – 541 participants for the survey. Had estimated 600 participants. [Challenges of locating the Batwa in Rubanda](#)
- Village level, use random mechanism to select participants age 60 and older (HH listing, systematic sampling or SRS)

Sample size

District	M (n)	F (n)	All (n)	All (%)
Adjumani	28	76	104	19.2
Kabale	10	26	36	6.7
Kampala	23	77	100	18.5
Kitgum	35	66	101	18.7
Nakapiripit	32	68	100	18.5
Soroti	45	55	100	18.5
Total	173	368	541	100

Qualitative data

- **Purposive sampling used**
- **Qualitative data (22 interviews)**
 - 6 FGDs
 - 16 KIIs
- **FGDs (6) – gender-disaggregated**
 - one from each district (3 Male, 3 Female)
 - 6-8 participants per FGD
 - Time: 45-60 minutes
 - Compensation of Ops for their time and travel

Composition of FGDs

District	Gender	Number of FGD participants
Adjuman	Male	8
Kabale / Rubanda	Male	9
Kampala	Female	8
Kitgum	Male	6
Nakapiripirit	Female	8
Soroti	Female	6
Total		45

** One more FGD was excluded from the study. This was because it was conducted comprising 14 females, but had 1 male age 65 years and 8 members who were below age 60 years (as young as 21 years).*

Key Informant Interviews (n=16)

- **National KIIs (n=3)** included representatives from the:
 - MGLSD (n=1),
 - NCOP (n=1),
 - RAHU (n=1).
- **District KIIs (n=13)** will include:
 - Community Development Officers (CDOs)
 - District Council Representatives of Older Persons
 - Non-Governmental Organizations (NGOs)
 - Older Persons Associations (OPAs)
 - DHOs or Health Care providers
 - Community based organizations (CBOs)

Variables & Measures for Ageism: KAB

- **Knowledge (K) about ageing – Facts on Ageing Quiz (FAQ)** by Palmore (1990, 1996; Harris, Changas, and Palmore 1996).
- **Attitudes (A) about ageism – Fraboni Scale on Ageism (FSA)** by Fraboni (1990).
- **Experience of Ageism - The Ageism Survey** (Palmore, 2001)
- **Socio-demographics** – as explanatory variables
– Age, gender, ethnicity among others

Data management & analysis

- **Data management**
 - Survey CTO on Tablets for data collection – STATA for analysis
 - Recorded qualitative data, Transcribed verbatim
- **Qualitative data analysis**
 - Thematic analysis – following objectives of the study
- **Survey data analysis**
 - Frequency distribution for categorical variables
 - Means and standard deviations for continuous variables

Logistical & Ethical considerations

- **Logistical issues**

- URAA - waiver of UNCST requirement for the partnership with MGLSD
- Interviews in local languages (FGDs, Surveys)
- KIIs done in English
- Use Professional transcribers

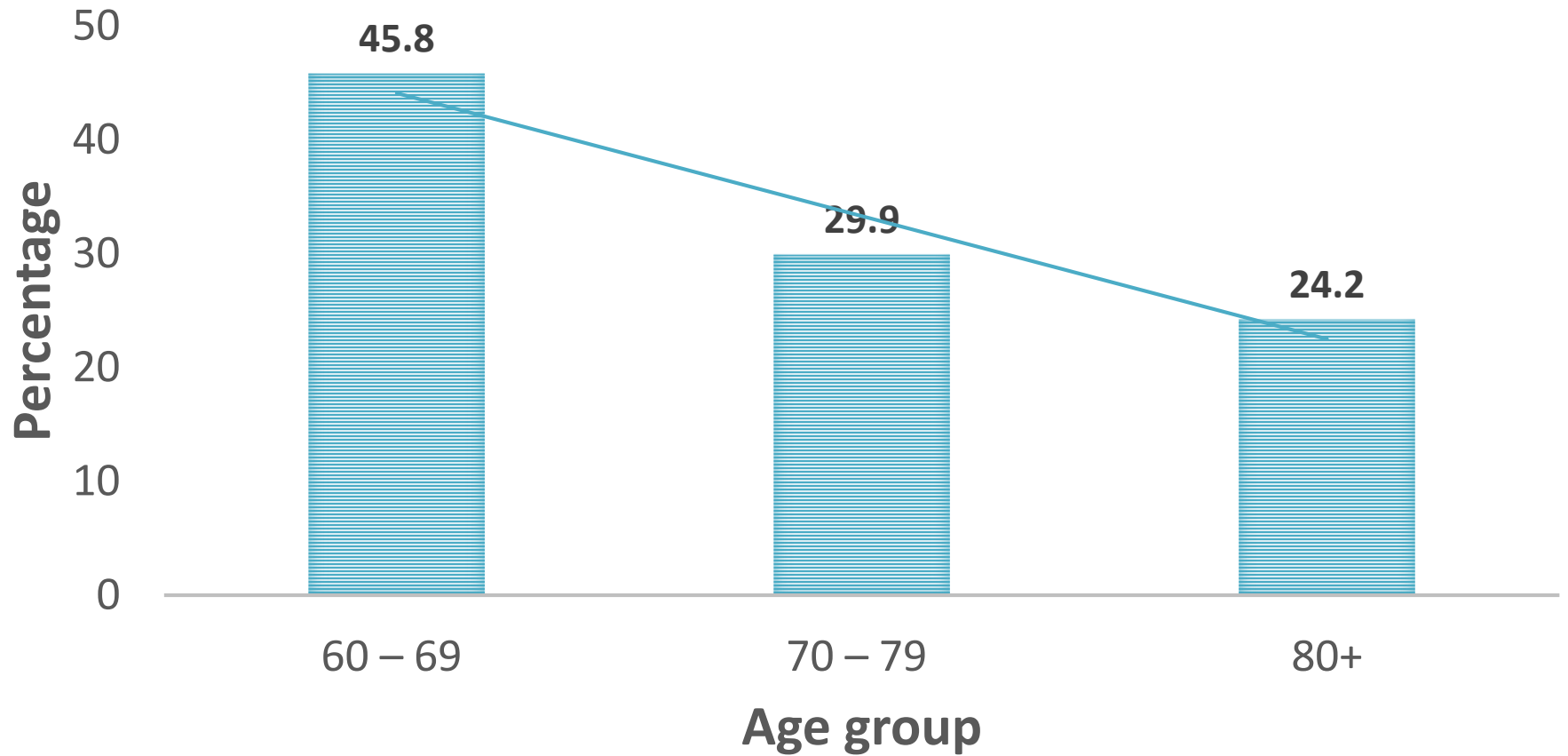
- **Ethical issues**

- Visited RDCs offices prior to fieldwork
- Informed consent from participants – oral & written

Results & Discussion

1. Descriptive characteristics of the participants
2. Knowledge about aging – Palmore's Facts on Aging Quiz
3. Attitudes about older people – Fraboni Scale of Ageism
4. Ageism & its manifestations or experiences – Ageism Survey
5. Causes of ageism – Qualitative data
6. Consequences of ageism
7. Strategies to address ageism

Results 1: Descriptive characteristics

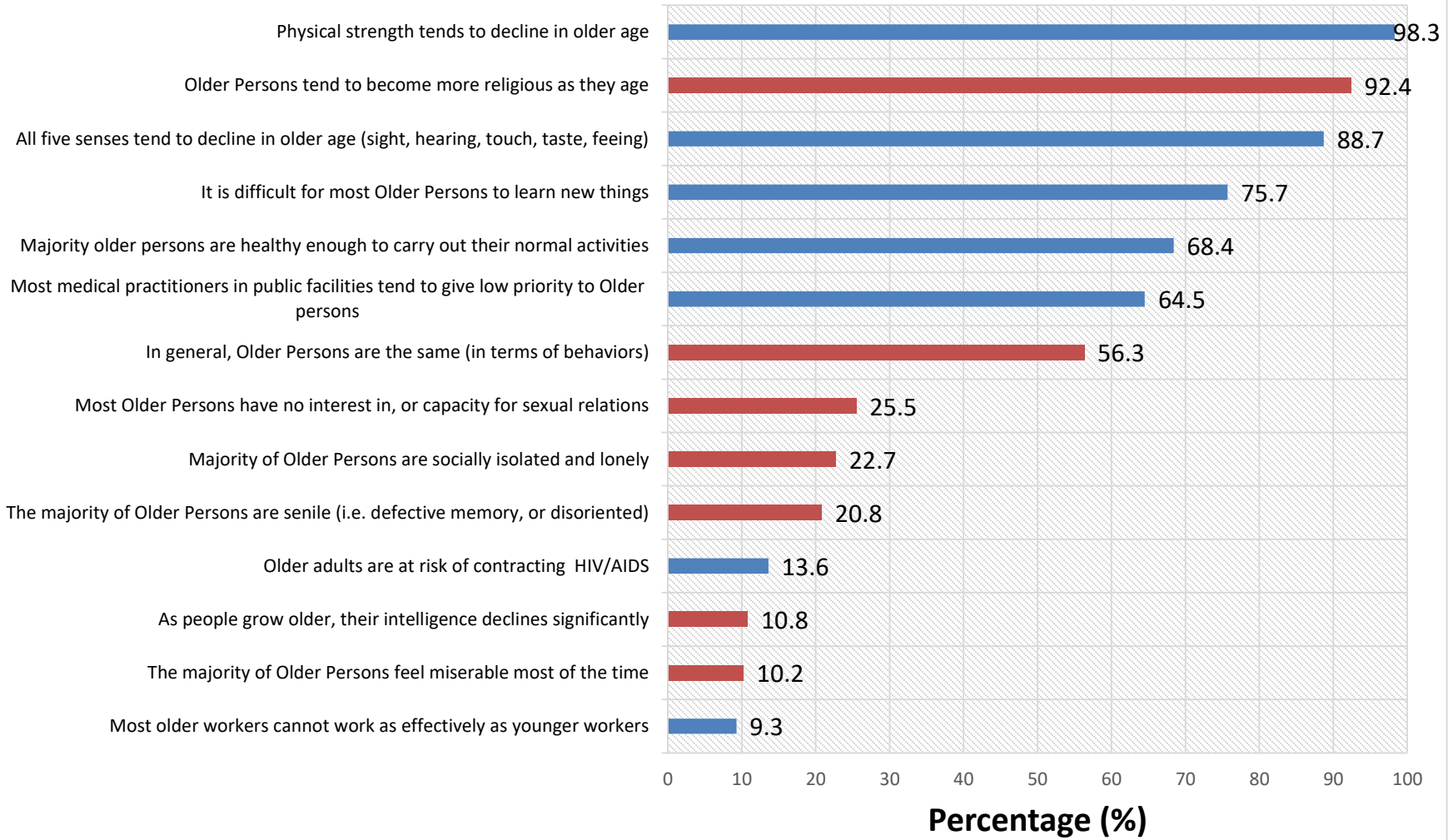


Results 1: Socio-economic characteristics

Variable	Number	Percentage
Education level		
None	257	47.5
Primary	223	41.2
Secondary	45	8.3
Higher	16	3.0
Marital status		
Married	275	50.9
Widowed	214	39.6
Others	51	9.4

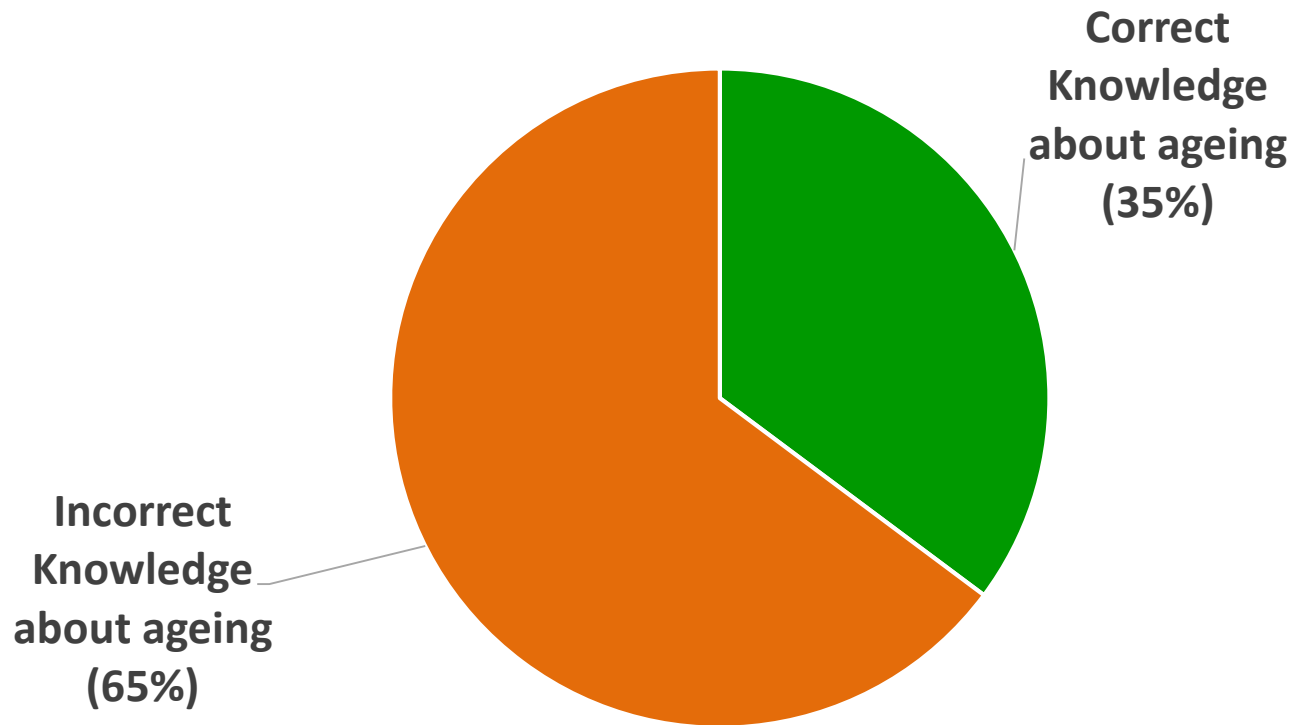
Results 2: Knowledge about ageing

Palmore's Facts on Ageing Quiz (FAQ1)



Result 2: Correct knowledge about ageing

Proportion of respondents with correct knowledge on ageing

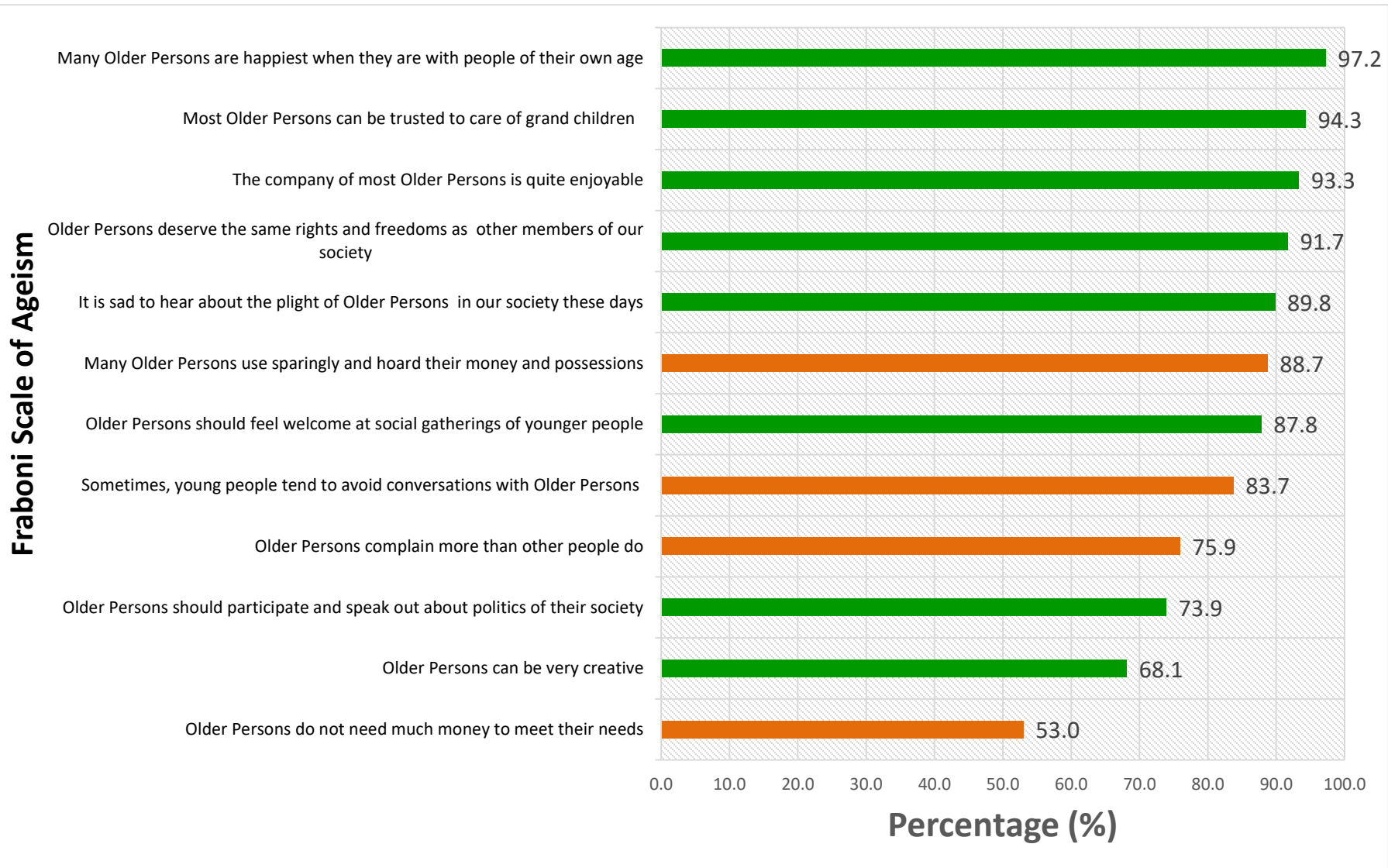


Correct Knowledge about Ageing differentials

Variables	Mean Score (SD)	p-value
Gender		0.028*
Male	5.80 (0.10)	
Female	5.57 (0.07)	
District		0.15 ⁺
Adjumani	5.71 (1.21)	
Kabale	6.03 (1.50)	
Kampala	5.80 (1.40)	
Kitgum	5.59 (1.42)	
Nakapiripit	5.61 (1.16)	
Soroti	5.40 (1.39)	
Overall mean score	5.65 (1.34)	

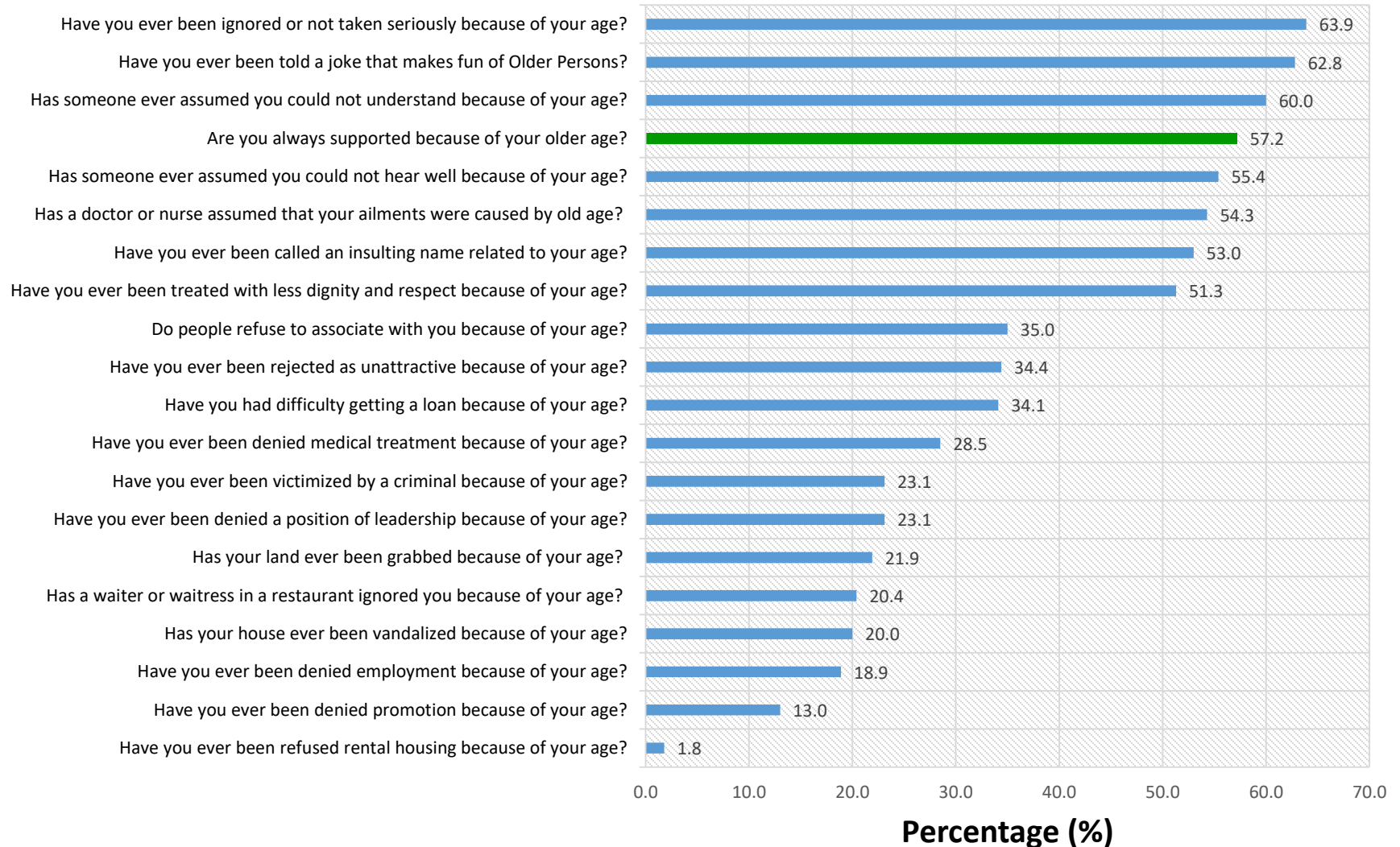
***significant at $p < 0.05$ from t-test; + ANOVA test p-value; mean score for correct knowledge about ageing**

Result 3: Attitude towards older persons



Result 4: Experiences or Manifestations of Ageism

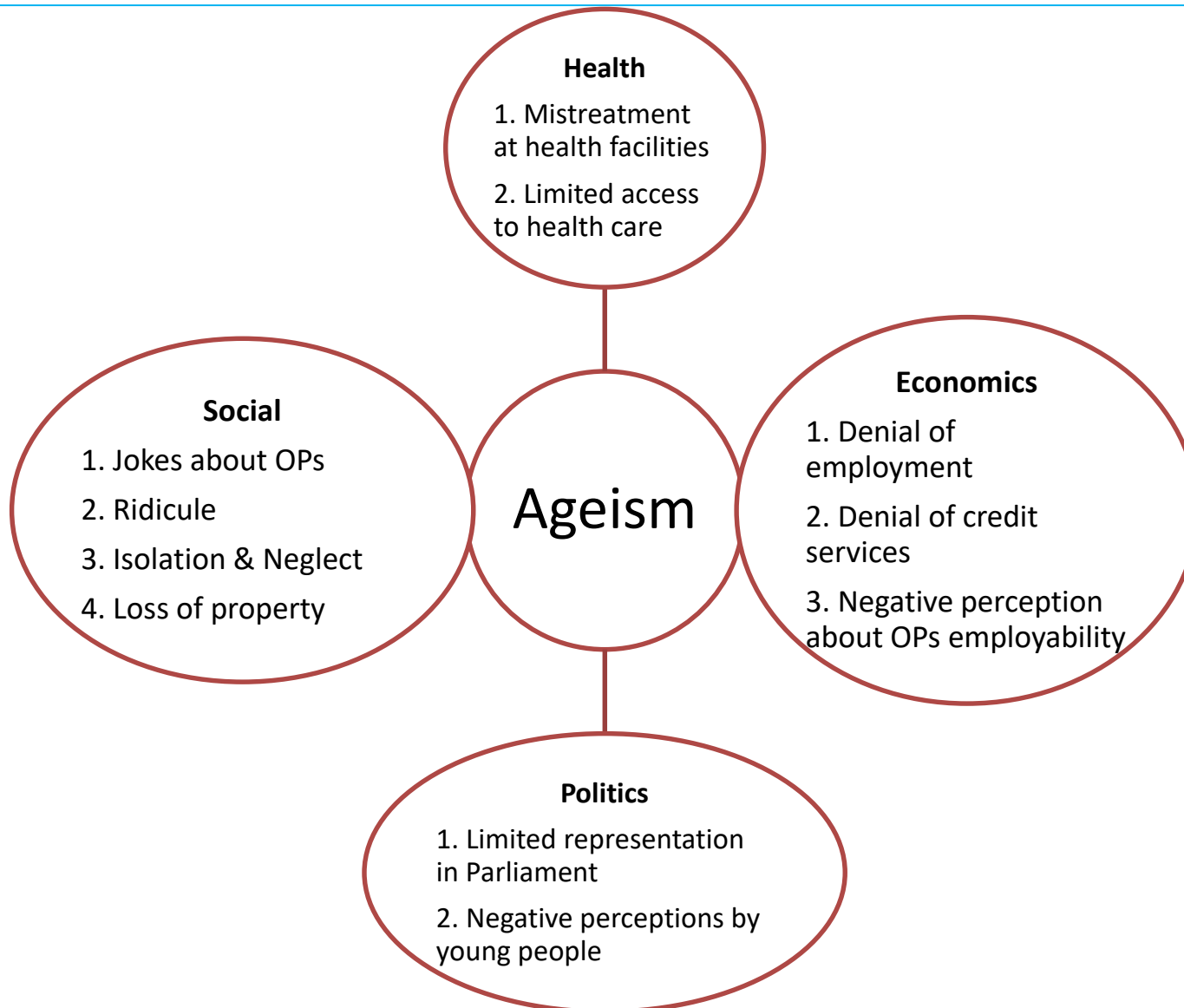
Ageism Survey Questions



Experiences of ageism are universal

- Overall, nearly all (97%) older persons reported at least one or more forms of ageism.
- More than half (57%) of the older persons were given support because of their older age.

Experiences of ageism: Summary



Results 4: Experiences of ageism

- **Older persons are treated badly at health facilities** (in Soroti and Adjumani) - reprimanded for disturbing health workers:

“...they throw your book down and tell you, ‘you go’ ”. (Female FGD participant, Soroti).

- **Lack of attention/neglect and overt mistreatment that includes isolation in the home setting, ...**

You will see smoke in the kitchen and think that you are going to eat. You will wait and nothing will be brought.” (Female FGD participant, Soroti).

Results 4: Experiences of ageism

- Use of degrading or derogatory terms to refer to older people:

In central Uganda, older parents are referred by their children as “Kazende”. It’s an abusive word, you would rather call me “mzee” other than calling me “Kazende” (National KII, Kampala)

“When someone says “mzee”, it means an older person. However, when someone says “ekizeeyi”, now that means “you are treated as though you were not a person” treating as if that one is not a person. Such terms like “ekizeeyi”, “ekikikuru”, when you say “eki”, it means he or she is not a person... (Key informant, Rubanda district).

Results 4: Experiences of ageism

- **Denial of employment** – assumed to be weak and less productive.
- **Denial of financial services** - loans unless they have collateral security or belong to an association
- **Isolation and neglect – home settings**

Results 5: Causes of ageism [1]

- **Unemployment and limited access to gainful employment:** limits contribution to family wellbeing & burdens young people

*“You young men now have your own concerns. I hear there is ... **one wife, two kids and three bedroomed houses, four-wheel drive car...** To own all these things leave very little if any resources. So you see this old man as interfering in your program. You know the economic pressure is very hard on you, we appreciate and so you can hardly spare something for the old man..” (KII, Adjumani)*

- **Poverty in old age**

*“... 52% of older persons in Uganda **did not attain formal education**. That means that one puts them in **ungainful employment** which means the older persons have to struggle through the evening time of their lives. And yet we have 78% of **the young people who think that the older persons should not be competing now since their time is up...**” (KII, Kampala district).*

Results 5: Causes of ageism [2]

- **Personality** – they tend to be **picky** and **irritable, not flexible** enough to adapt to situations. **Other bases** of discrimination of older persons are: ***lack of a homes; children; and being disabled, illiteracy, HIV positive, having a chronic condition and widowhood***
- **Suspected to be witches** - In all districts, older people are accused of practicing witchcraft especially if people want to get rid of them or chase them away from their land

*“At some point you find that older persons are assumed to be “**night dancers**”. They are **taken as witch doctors or people who bewitch others**. Also, they are sometimes taken as **people who control evil spirits and who can send evil forces to young children** and other community members. So, there are a number of those negative aspects that they attach to older persons” (Key Informant, Rubanda district).*

Results 5: Causes of ageism [3]

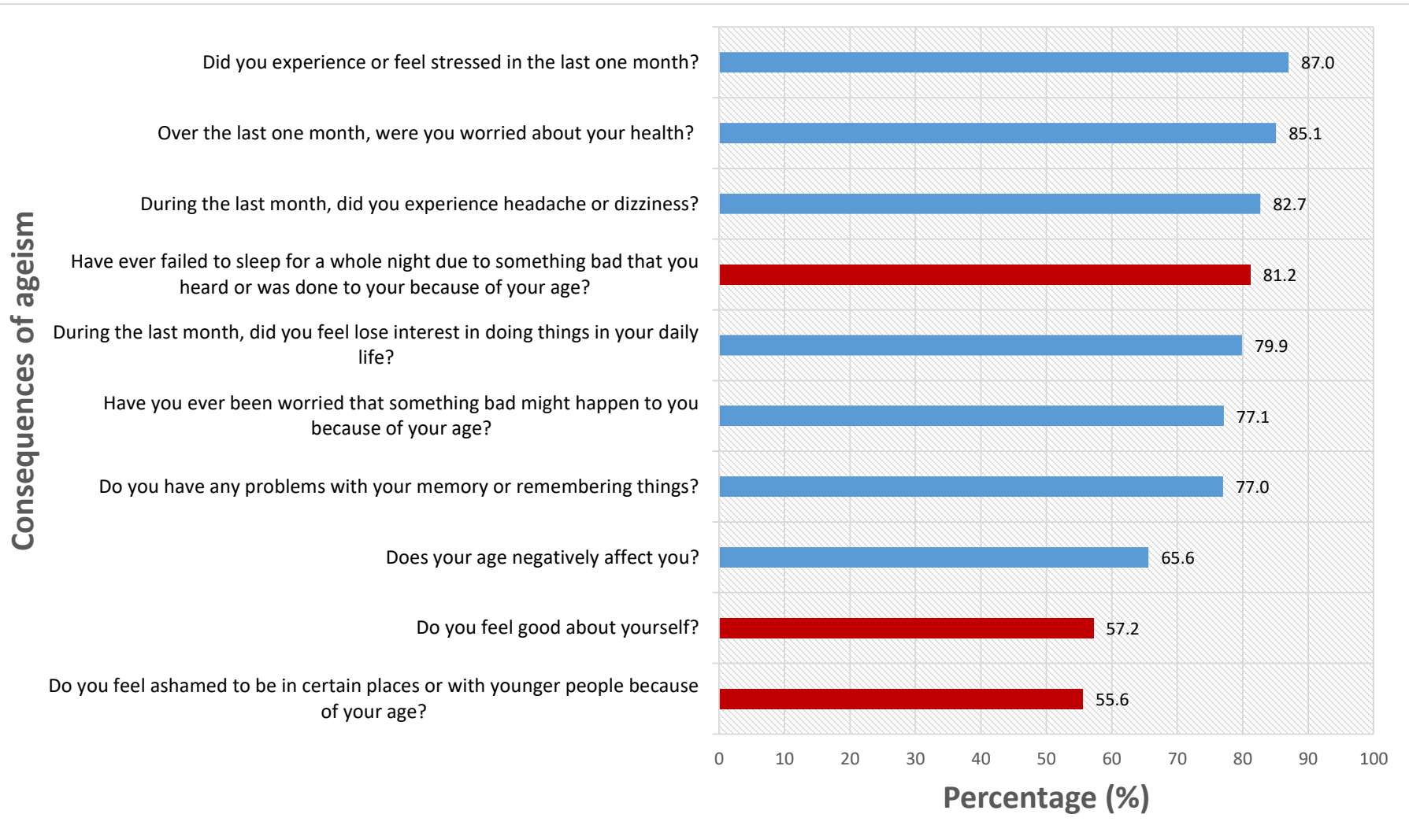
- **Unemployment among young people** - makes them feel bitter towards older persons especially those who are still employed. Young people tell older persons that:

*“Go and start taking care of grandchildren and there is that word ‘Itatai’ that **your office should be at home to take care of the grandchildren** ... I used to see in Buganda an older woman would struggle even when she has children with powerful jobs. She will always have her garden, something to do, men too, but in Teso OP feel it’s their right to be taken care of.” (Key informant, Soroti).*

- **Policies & programmes by government do not prioritize older people**

*“in Uganda ... there are **very few policies if any that target older persons** ... if you’re talking about **banks if people are benefiting from these other loans** ... **older persons are not there**. The policies are not benefiting so that is a big thing...” (National KII, Kampala).*

Result 6: Consequences of Ageism



Result 6: Consequences of Ageism

- **Poor mental health due to stress and psychological torture**

“The consequences of ageism I think is when you find psychological torture ... there is neglect ... and as a result of this, we are seeing **amnesia** cropping in. you know if one is psychologically tortured so that means this person will become demented (**develop dementia**) and as a result of dementia it can lead to death” (KII, Kampala).

- **Poor quality of life**

“They suffer isolation, psychologically they are chronically or severely stressed, they don't feel they belong and they also curse themselves like why should my own child not respect me.” (Key informant, Adjumani).

Result 6: Consequences of Ageism

- **Isolation and withdrawal**

“It is terrible, you withdraw, feel rejected, get traumatized, tortured silently, you even wish to die. Even if there is something you wanted to tell, you would not disclose. Like if your children are mistreating you and you had your wealth stored somewhere, you would not disclose to them.” **(Older person, Adjumani).**

Results 7: Strategies to combat ageism

MDAs

- Provide Essential drugs for NCDs
- Mainstream geriatric medicine in medical education
- Integrate Gerontology in social work training
- Effective representation
- Extend SAGE Programme

CSOs e.g. URAA, HAI

- Income generating activities & skills
- Psychosocial support to older people
- Sensitization on human rights
- Promote access to credit by OPs
- Advocacy campaigns against ageism

Community

- Community health outreach programs
- Encourage intergenerational solidarity
- Empowerment of young people on ageing issues

Older Persons

- Form groups to enable OPs have a stronger voice to advocate for their rights
- Economic Empowerment projects
- Use OPs as champions of change
- Representation in political fora

Results 7: Recommended Actions [1]

- MGLSD to strengthen the implementation, monitoring and coordination of older persons' legal, policy and programmatic frameworks in Uganda
- MGLSD to **expand social protection (SAGE programme)** to cover all districts – use appropriate age criterion (80% is not realistic)
- **Advocacy for policy influence (challenge ageism)** by CSOs including URAA, HelpAge International
- Promote **access to financial and credit services** among older persons
- CSOs (URAA & HAI) should develop **interventions that promote income-generating activities for older persons in communities** in Uganda.

Results 7: Recommended Actions [2]

- **Ministry of health (MoH)** should introduce and promote **curricula and training in geriatric medicine and social gerontology** in higher institutions of learning.
- **MoH: Availing medicines for NCDs on the essential drugs' list** is also critical.
- **Research:** conduct a knowledge, attitudes and Practices (KAP) **Ageism Survey among young people** in Uganda
- **CSOs: Income generating activities (IGAs) for older people** in communities
- CSOs including URAA and HAI: conduct and sustain **advocacy campaigns against ageism in Uganda**

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