

## **What Contribution Can Senior Citizens Make Towards The Economic And Social Development Of Botswana?**

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### **Abstract**

Senior citizens (pensioners) have been known by society to be people who have exhausted their worth and wealth of expertise and knowledge and for that matter have no role to play or have no further contribution to make towards the social, political, educational and economic development of Botswana. Some families consider them as a burden. They are associated with community-based home care, demanding attention from care givers, and behave like they have never lived a fulfilling life. This notion is held by majority of Botswana. What seemed forgotten is the fact that majority of senior citizens had themselves been professionals of some sort and had contributed towards the social, political, educational and economic development during their time of service. The authors of this random survey hold a different view about senior citizens in relation to the contributions that they can make towards the development of Botswana. From the literature, education, health, entrepreneurship, community development, adult literacy, counselling services, youth development and practical-manual skills training were identified as areas where senior citizens can be useful to the society. We conclude with some propositions to the Government of Botswana and the NGOs to consider making would-be senior citizens more useful and equipped with skills that can make them make further contribution towards the social, political, educational and economic development of Botswana.

## Introduction

Most literature about senior citizens (pensioners or retirees) concentrates only on the negative aspects of old age – abuse, neglect and ill-treatment by their children and the state representatives (Ministerial Commission, RSA: 2001). Reports from committees from the nine provinces in the Republic of South Africa (RSA) revealed abysmal neglect, abuse and ill-treatment of older persons (ibid. 2001:1-14). The situation in South Africa, we believe, is not different from that of Botswana where the majority of pensioners reside in the rural areas.

In December 1991, the United Nations General Assembly adopted the United Nations' Principles for Older Persons and again proclaimed these principles in 1999 (UN Principles for Older Persons, 1999). Since the inception of these principles, governments have been encouraged to incorporate the five principles, namely: independence, participation, care, self-fulfilment and dignity into national programmes to be able to accord senior citizens the respect and dignity they deserve.

As regards independence, the UN Principles for older persons stipulates that older persons should:

- have access to adequate food, water, shelter, clothing and health care through the provision of income, family and community self-help.
- have the opportunity to work and to have access to other income generating opportunities.
- be able to participate in determining when and at what pace withdrawal from labour force takes place.
- have access to appropriate educational and training programmes.
- Be able to live in environments that are safe and adaptable to personal preferences and changing capacities.
- Be able to reside at home for as long as possible.

With reference to participation in whatever category the UN Principles for older persons states that older persons should:

- Remain integrated in society, participate actively in the formation and implementation of policies that directly affect their well-being and share their **store of** knowledge and skills with younger generations.
- Be able to seek and develop opportunities for service to the community and to serve as volunteers in positions appropriate to their interests and capabilities.
- Be able to form movements or associations of older persons.

With regards to care, the UN Principles for older persons make it clear that Older Persons should:

- Benefit from family and community care and protection in accordance with each society's system of cultural values.
- Have access to health care to help them to maintain or regain the optimum level of physical, mental and emotional well-being and to prevent or delay the onset of illness.
- Be able to utilize appropriate levels of institutional care providing protection, rehabilitation and social and mental stimulation in human and secure environment.
- Be able to enjoy human rights and fundamental freedom when residing in any shelter, care or treatment facility, including full respect for their dignity, beliefs, needs and privacy and for the right to make decisions about their care and the quality of their lives.

With reference to self-fulfilment, the UN Principles for older persons stipulates that older persons should:

- Be able to pursue opportunities for the full development of their potential.
- Have access to the educational, cultural, spiritual and recreational resources of society.

In relation to dignity, the UN Principles for older persons make it clear that older persons should:

- Be able to live in dignity and security and be free of exploitation and physical or mental abuse.
- Be treated fairly regardless of age, gender, racial or ethnic background, disability or other status, and be valued independently of their economic contribution.

A critical study and analysis of the provisions of the UN Principles for older persons reveal that senior citizens have a role to play in the social, political, educational and economic development of their respective communities and countries. In particular, Botswana senior citizens can make positive contributions towards the achievement of the Vision 2016 revolution.

### **The theory of Senior Citizenship: An Introspection - WHO's perspective**

According to the World Health Organisation (WHO 2002), ageing is to be a positive experience and that longer life must be accompanied by continuing opportunities for health, participation and security. Active ageing is a concept adopted by WHO to express this process. The WHO document titled *Active ageing: A policy framework* (2002:12), 'Active ageing is the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age. This theory holds good for every living being, because, all things being equal, every living human being will eventually grow old and die'.

The WHO document referred to further explains the theory of ageing and adds that active ageing applies to individuals and population groups. It allows people to realise their potential for physical, social, economic and mental well being throughout the life course and to participate actively in society according to their needs, desires and capabilities, while providing them with adequate protection, security and care when they require assistance and unable to physically work

The concepts **active ageing** were first adopted by WHO in 1990, and as used by WHO in the referred document encompasses physical ableness. According to WHO the word active refers to **continuing participation in social, economic, cultural, spiritual and civic affairs, not just the ability to be physically active or to participate in the labour force**. The implication in this respect is that Senior Citizens who retire from work and are physically fit and those who are ill or live with disabilities can remain active contributors to their families, peers, communities and nations. This study proposes to seek the goodness in senior citizens and make them known to governments, organisations and individuals so that the huge potential of their expertise can be still utilised during their retirement years.

The African Union's (AU) (not dated) Policy Framework and Plan of Action on Ageing concurs with WHO's document and further stresses that governments should not undervalue the worth and wealth of experience of senior citizens and that ways should be found to make sure that they are used to help to develop our nations as they retire.

### **Tapping the expertise and experiences of Senior Citizens**

What follows is a detailed analysis and recommendations that our data sources revealed which we believe can help to unravel the potentials that lie dormant in senior citizens and use them to help in the social, political, educational, and economic development of Botswana to help in the attainment of the principles of Vision 2016.

### **Senior Citizens and Entrepreneurship Services Development**

Our survey revealed that most senior citizens have the desire to run their own small businesses upon retirement. However, they are forced by circumstances of inadequacy in entrepreneurial skills to successfully operate small businesses. This survey revealed that those who have ventured into small businesses fade out after a few months of operation. When asked about the circumstances that lead to such failures, they indicated that they have not had any training in entrepreneurial skills to be able to operate their small businesses profitably. When asked about what they would like the government and the corporate world to do for them to be able to succeed in their endeavours, the following recommendations were identified from their propositions:

1. That the government should set up a commission or hire an NGO to undertake to train them in small business management and entrepreneurship where they would be given both the theoretical and practical orientations of small business operation a few months before they go on pension
2. That this training should be organised and introduced to them 18 months [at least] before they go on pension so that they are able to steer clearly the path that they are going to take on retiring. For example those who are teachers and would like to set up nursery and pre-schools should be given adequate training to be able to set such schools up and run them successfully. Those who are health professionals could set up and run community health centres and provide health care services.
3. That the training should take into account the specific business interest of each retiree so that they are provided training in the business that they have interest to be able to successfully manage such business on retirement.
4. That such training should be on-going and that retirees who start such businesses after their training should be monitored and re-oriented in their pursuit so that evaluation and assessment could be initiated and the programme revised and implemented for greater success.

What have been listed above are what the senior citizens sampled for the study believe can help them to establish successful small businesses on retiring that will also help them to make visible contribution towards the social and economic development of Botswana.

One would-be senior citizen's analogy is worth to be included in this discussion. He indicated that if, for instance 10,000 people go on pension in 2006 and receive such training and are able to establish small businesses and employ two persons each, the senior citizens would have created 20 000 jobs. If for instance the two employees come from two families with four members each, that means 40 000 family members would have been financially supported and sustained through senior citizens involvement in job creation and that the contribution this could make to the social and economic freedom of Botswana would be substantial.

Further to all these, our literature reviewed revealed that there have been several senior citizens entrepreneurial programmes that have empowered senior citizens to make positive contributions towards the social and economic development of their countries. These countries include South Africa, Japan, China, Sweden, the United Kingdom and the United States of America  
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To this end would-be senior citizens reiterated that the Government of Botswana should put such mechanism in place to give would-be senior citizens skills that would enable them to operate small businesses of their choice to be able to make contribution after their retirement and still be part of the main stream of economic, social, political and education development activities of Botswana.

### **Senior Citizens and Health Development in Communities**

In 1999, which was the International Year of Older people, the World Health Organization (WHO) proposed the theme of active ageing. "Active ageing aims to extend healthy life expectancy and quality life for all people as they age, including those who are frail, disabled and in need of care" (WHO, 2002:12). WHO also proposed a life course perspective on ageing, to ensure that health promoting strategies are in place throughout the life span to ensure active ageing. For many countries including Botswana, the challenge therefore is ensuring that the concept of active ageing is adopted and applied in the face of many challenges such as globalization, changing family patterns, consequences of epidemiological transition, persistent inequalities and poverty, to name a few (WHO, 2002).

Nurses are the backbone of the health care delivery system in Botswana. The HIV/AIDS epidemic has put pressure on the limited resources of the health care delivery system. Although there is shortage of human resources of all cadres, the shortage of nurses seems to be acutely felt as the attrition of the nurses continues to rise. In response to the increased bed occupancy the Community Home Based Care (CHBC) programme was introduced in Botswana in 1995. Many retired nurses were hired to work in this programme at its inception. This is a good example of involving older nurses in community development as well as an example of active ageing which has been promulgated by WHO. Further, working in the community requires that one often works alone and makes decisions on their own without the immediate back up of other nurses and other health professionals as in acute settings, hence the advantage of having experienced nurses who draw a lot from their many years of experience in the workforce.

Other senior citizen nurses have been gainfully employed in other sectors of the health care delivery system like acute settings and local government. A common criticism has been that retired nurses are unable to cover vast distances on foot due to their old age and its associated musculo-skeletal disorders. However, where resources are available, vehicles are provided enabling them to see more CHBC clients and rendering quality care, as they are experienced.

Older people play an important role in community based models of care for chronically ill persons and other vulnerable populations. Several retired nurses in Botswana have established a day care centre for chronically ill patients and are rendering a community service that is needed given the high prevalence of HIV/AIDS in Botswana. Further, there are many families who have chronically ill patients and are unable to look after them during the day due to other commitments. The extended family is slowly being eroded due to social change and development, and for this reason, the services of senior citizen nurses offer a much needed

respite. Some of their clients include older persons and this is a necessary service given that more and more old people live alone (Bainame & Shaibu, 2003) and in times of illness may have no-one to look after them. These nurses require more resources for a scaled up response to these community needs.

An introduction of part time employment would also enable senior citizen nurses, medical doctors, teachers, and social workers an opportunity for flexi time and an opportunity to participate in gainful employment that suits their lifestyle. Most of such senior citizens have worked in the private sector on a part time basis. However, presently the Government of Botswana, which is the largest employer, does not offer part time employment. This needs to be reconsidered so that there is adequate involvement of senior citizens in the main stream economic and social development..

The Madrid International Plan of Action on Ageing (2002) commits all UN members to support older people living with HIV/AIDS with adequate information, training, treatment, medical care and economic support. The last BAIS II study indicated that 9% of older people (65 and above) were HIV positive. Yet, many of the HIV prevention programmes do not target older people (70-74 = 13.1%) as initially the highest incidence of HIV occurred among younger people who were within child bearing age. However, over the years, given that this epidemic has been around since 1985, we have seen a cohort of older people who are HIV positive. There is a need to recognize the sexuality of older people and their risk of becoming infected. Given that discussion of sexuality issues is taboo in Setswana culture, especially discussing this with older people, retired nurses could be mobilized to address older people on issues of HIV/AIDS and sexuality. At a Vision 2016 workshop that was held for older people in 2003, older people suggested that they would be more comfortable if older health personnel were to discuss issues of sexuality and HIV/AIDS with them rather than younger people. Therefore there is a need for inclusion of older people in programme responses to HIV/AIDS. Such programmes should reflect cultural sensitivity in order to be acceptable. Over the years, there has been a felt need for culturally sensitive care, especially when dealing with older people (Shaibu & Wallhagen, 2002).

The African Union (AU) policy framework and plan of action of ageing recommends that member states should undertake to guarantee the delivery of health services that meet the specific needs of older people. Although health is also a basic human right, access to health services is still problematic due to geographical and socio-economic reasons, even in Botswana where health services are free (Shaibu, 2002). Pensioners in the health arena could assist to mobilize health resources for older citizens. The role of older people in the care of sick individuals and orphans in the era of HIV/AIDS has been acknowledged. WHO acknowledges this role and maintains that for older citizens to continue to assist in this regard, they need to be healthy. It is in light of this that the WHO sought to do a study in several countries aimed at strengthening health services for older people in several countries, including Botswana. The results of this study have not been translated into policy yet. However, Botswana as a country needs to be commended for implementing the AU policy framework and plan of action of ageing as a needs assessment of older people has just been completed by the Department of Social Welfare and Services, and this is going to assist in the formulation of a Botswana policy on ageing.

In conclusion, senior citizens should not be considered to have exhausted their worth and that once their health which is pivotal in the accomplishment of active ageing and community development is still adequate, they should be given the recognition they deserve in our society to be able to continue to make contribution towards development. We can promote the active participation of senior citizens in community development by acknowledging them as

repositories of knowledge and expertise and bringing them on board. Better still, more non-governmental organizations that deal with senior citizens need to also come on board to assist in advocating the role of senior citizens in health, education and community development. Senior citizens are the last vestiges of progressive advancement in society and should be recognized as such.

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