

Critical Challenges to the Livelihood Options of the Aged in Rural Zimbabwe: Evidence from Mubaira

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ABSTRACT This study used an explorative approach in its quest to understand challenges related to the livelihood strategies of the elderly in Zimbabwe. In-depth interviews and life histories were utilized as data collection instruments. In addition to this inductive and qualitative research approach, the study used the sustainable livelihoods framework to examine the different facets of vulnerabilities and obstacles to the livelihood options of the elderly in Mubaira in their attempts to stave off poverty in old age in the absence of social security systems and a declining Zimbabwean economy. Through the livelihoods approach's vulnerability framework the study also analyses the various factors affecting the attainment of sustainable livelihood outcomes. The study revealed that threats to livelihoods in Zimbabwe ranged from social, health, economic to political factors. The study concluded that the vulnerability context that emerged from the economic collapse rendered the aged caretakers for the young who had lost their jobs as well as those who had become burdens after contracting HIV/AIDS.

INTRODUCTION

The Zimbabwean economy has been characterised by a high inflation rate, shortage of foreign currency, inadequate investment, budget deficit and stagnating employment (Dekker and Kinsey 2011). By 2007, Zimbabwe's inflation rate was 2,200% (USAID 2007). This threatened both urban and rural livelihoods. In the 1990s, Zimbabwe's Economic Structural Adjustment Programmes (ESAPs) resulted in the loss of jobs in most sectors of its economy (Bratton and Masunungure 2006). Consequently, rural livelihoods that were historically subsidised by urban wages have become increasingly vulnerable, resulting in untold hardships for ordinary Zimbabweans, and especially the vulnerable, including the aged (Knodel and Ofstedal 2003).

Migrant youths in urban areas who hitherto remitted parts of their incomes to the aged in the rural areas are hampered from carrying out this role, even though the crisis in agriculture means that remittances are an increasingly important source of livelihood finance for the rural elderly. Consequently, unemployed young people became dependent on ageing parents for shelter and livelihoods. This situation was further exacerbated by the spread of HIV/AIDS which has caused a further reduction in the flow of remit-

tances to families in rural areas, as the most infected were the economically active members of the population. An estimated 34% of the Zimbabwean population were infected with HIV at the end of 2002 (UNDP 2004:11). HIV and AIDS have also increased economic and social dependence on the elderly, as they are often left to care for orphaned grandchildren (Nyamukapa et al. 2008; Watts et al. 2007). As a corollary to the above, rural livelihoods in Zimbabwe have been threatened by the loss of farm employment opportunities, which formed an important source of communal farmers' off-farm income (Hartnack 2005). In 2000, the Fast Track Land Resettlement Programme was initiated, resulting in the transfer of land from large-scale white commercial farmers to black smallholders (Hartnack 2005). The process of transfer, which was sometimes violent, has had a negative impact on agricultural productivity, and has resulted in the loss of formal and casual commercial farm employment opportunities (Tibaijuka 2005: 46). In addition, these factors have had an adverse effect on the rural livelihoods of the aged people.

The Present Study

Much of the research on livelihoods and poverty alleviation has focused on populations

without a specific focus on age groups. In fact, much of the attention has been focused on how poverty affects groups such as women (Amanor-Wilks 1996), orphans and vulnerable children (USAID 2006), the disabled and unemployed youths (Rakodi 1995). However, there have also been efforts to focus particularly on the plight of the aged people (Chadaya and Mayavo 2002). Chaumba (2003:66) showed how agrarian reform in Zimbabwe transformed the livelihoods of poor rural people, revealing that this reform had greatly helped poor people to reduce the levels of poverty. Although Chaumba's study cuts across age boundaries, it falls short of capturing how the livelihoods of the aged had been transformed and their efforts at livelihood maintenance. Similarly, Nyagura et al. (1994) explored the well-being of the elderly in three different communities and reported that once a critical decline in fitness occurs, elderly people died as a result of diminished medical and physical support. These findings were relevant to future plans for elderly care in Zimbabwe. The present study built upon such studies and sought to determine what can be done to assist aged people overcome barriers to sustainable living by identifying barriers to livelihood construction. Data on the challenges to the livelihood strategies of the aged in Zimbabwe will enhance the design of effective policies on how old age poverty can be tackled and the livelihoods of this group of people enhanced. In Zimbabwe, the majority of older people, especially in rural areas, belong to the poorest and most vulnerable groups. Their capacity to satisfy their basic needs decreases as age increases. It is often taken for granted that older people in developing countries are protected and looked after by their families, and accorded respect by young people (Madzingira 1997). However, experience in Zimbabwe indicates that the stress and strain of poverty, market forces and changing cultural norms means that family care and respect are often being undermined (HAI 2002: 36).

Using the Sustainable Livelihoods Approach (SLA), this study attempts to uncover threats and obstacles to the aged people's strategies to attain sustainable livelihoods and also to combat the effects of poverty. The core principles of the SLA are that it helps in the understanding of the complexities of poverty and presents a set of principles to guide action to address and overcome poverty.

The Sustainable Livelihoods Approach

The notion of a livelihood has proven to be a useful concept to explain vulnerabilities as it draws a picture of the ways in which people construct a living. Chambers and Conway (1992) proposed that a livelihood comprises of the capabilities, assets (including tangible and intangible resources) and activities required for living. A livelihood is sustainable when it can cope with and recover from stresses and shocks, and maintain or enhance its capabilities and assets both in the present and in the future, while not undermining the natural resource base (Scoones 2009). According to Ellis (2000), SLA starts with assets owned, controlled, claimed or accessed by the household. Assets are important elements in the livelihood framework which enables an individual family to survive, engage in labour markets and participate in reciprocal exchanges with other households (Moser 1998: 162). Therefore, for the aged to avoid the poverty trap, various assets such as human capital, physical capital, financial capital, social capital and natural capital are necessary. Ellis (2000: 10) identified entry points and critical processes that assists with prioritizing catalysts for change that can improve people's livelihoods. According to Rakodi and Jones (2002: 10), livelihood approaches propose that thinking in terms of strengths or assets is vital as an antidote to the view of poor people as passive or deprived (see also Scoones 2009). As Chambers and Conway (1992) indicated, the construction of livelihoods begins with the available resources, that is, assets including capabilities or skills to produce outcomes. Assets comprise capital (natural, physical, human, financial and social capital), the activities and the access gained to these that together determine the living gained by the household (Ellis 2000: 10).

The Vulnerability Context

Societies include vulnerable groups such as elderly persons, orphaned children, widowed or divorced women, disabled people and refugees (Adger and Winkels 2006; Scoones 2009). As Bohle et al. (1994) argued, the likelihood of such groups of people falling into traps and misfortunes is high, given that they are susceptible to shocks and risks. Some of the factors that contribute to vulnerability include lack of social net-

works, social stigma, especially for the aged people, experience of traumatizing events and lack of a general voice and empowerment. Watts and Bhole (1993) identified three co-ordinates of vulnerability including the risk of exposure to shocks and trends, inadequate capacity to cope with shocks and trends and the risk of severe consequences of, and attendant risks of creeping or limited poverty due to crisis, risk and shock. As Scoones (2000:8) argued, the vulnerability context describes structural processes that can materially disrupt different aspects of the livelihoods. For example, climate change will directly affect the long-term characteristics of the resource base, with other consequences, whilst a devastating cyclone will have massive immediate impacts and can cause structural change to the characteristics of a household's livelihood processes (Kelly and Adger 2000). In other words, changes in political, economic, climatic and social contexts have either a positive or negative impact on how livelihoods are met. According to DFID (2000), vulnerability may be due to many factors which relate to policies and institutions and to lack of assets rather than the particular trends, shocks or aspects of seasonality. For example, many urban poor residents suffer vulnerability due to their informal legal status, poor living environment (both physical and social) and lack of subsistence production (Adger 2006; Scoones 2009).

The more affluent and asset-rich a household is, the more options it possesses in the face of shocks, and therefore, the more resilient it is to disruption in its livelihoods base. Kelly and Adger (2000) advocated for a different facet of vulnerability when they argued that it is the capacity of individuals and social groups to respond to, and cope with, recover from or adapt to any external stress placed on their livelihoods and well being. An analysis of vulnerability must therefore involve identifying not only threats to individuals and households and their assets, but also their resilience, that is, their ability to mobilize assets, exploit opportunities and resist or recover from the negative effects of the changing environment. Thus the ability of individuals and households to avoid or reduce vulnerability and to increase economic productivity depends upon the availability of assets and also upon the ability of the victims to transform those assets into income, food or other basic necessities, by intensifying existing, developing new or

diversifying strategies (Moser 1998). Livelihood insecurity is therefore a constant reality for many poor people and insecurity is a core dimension of most forms of poverty. The assets which poor people possess or have access to, the livelihoods they desire and the strategies they adopt are influenced by the context within which they live.

MATERIAL AND METHODS

Respondents were selected through purposive sampling. Purposive sampling increases the likelihood that variability common in any social phenomenon will be represented in the data, whereas random sampling tries to achieve variation through the use of random selection and large sample size. From the population of elderly persons in Mubaira, 15 elderly people were interviewed and 10 were selected for the life narratives. Two representatives of support organizations that provide services for the care of the aged people were interviewed about the challenges faced by the aged and the support they provided. Using content analysis, the qualitative data collected was post-coded and sorted in order to determine common themes, shared by the elderly pertaining to their lived experiences of obstacles and threats in constructing livelihoods

FINDINGS

The 2006-2008 drought left aged people in absolute poverty after crop failures. In addition, the impact of the HIV/AIDS pandemic has affected social capital by disrupting the flow of remittances after the death of the children. The study found that absolute poverty is present in Mubaira as some elderly people reported that they live under the poverty datum line of \$1US per day. They face food insecurity and have to rely on help from others. An extract from the study supports this assertion as follows:

"I am facing a lot of challenges and the major being poverty. I'm facing the challenge of a proper diet. I used to eat good food before I became old as I could fend for myself and used to get enough income. When one gets old he/she needs good food especially soft food because most of the aged people no longer have teeth. My diet is always clearly defined from Monday to Sunday as I eat mealie porridge and vegetables in the morning and then eat the

same meal in the evening. Usually when I receive food aid from the NGOs that's when I can have a different meal as I get sugar beans and some other things. I wish to have a proper breakfast with bread, tea and even eggs but my situation does not allow for that. So I can say that I am in dire poverty" (Life narrative no. 7, June 2010).

The failure of the Zimbabwean government to provide a social security system has left aged people in severe poverty. Life history narratives from the present study revealed that the aged people felt that they were in poverty for lack of essential assets needed to make a living, such as, livestock, harrows, scotch carts, ploughs and land. Those who lacked these assets had to rely on those who had them and this exposed them to poverty compared to others.

The study identified the various factors and challenges that have affected old age rural livelihood options. The elderly people revealed that political, economic, social and environmental factors have hindered them from achieving and maintaining sustainable livelihoods. An old aged person interviewed during the study said:

"The major problem I am facing is the inadequate money. I had thought that when I age I need not to work that much as I have children who would take care of me but the economic hardship in our country has also shaken their pockets such that the little they send us is not enough for sustenance. At 65 years one is expected to be out of employment and doing less work as the body becomes frail. However as a result of poverty you have no option but to work so that you can make a living. The produce I get from farming is only enough for consumption. I have four grandchildren who need school-fees, clothes to wear and food to eat and without enough money I cannot take good care of them" (In-depth interview no.10, June 2010).

Another interviewee stated,

"If we do not receive good rains it becomes difficult for me to access food as I rely on farming to get my food. Yes we buy here and there but most of what we rely on comes from the produce from our fields. For the past years we have been experiencing droughts here in Mubaira Mhondoro and this greatly affects our food security as most people rely on rainfall for their farming activities. Not only have the droughts affected us as people, our livestock have been affected too as they cannot get good

nutritious grass" (In-depth interview no.7, June 2010).

Below follows an elaboration on the factors hindering the achievement and maintenance of sustainable livelihoods, starting with the economic factors.

Economic Factors

Old age people in Mubaira reported different factors that affected their households' well being and increase their insecurity. To understand the vulnerability context one must know what is meant by the term vulnerability itself. The elderly in Mubaira reported that the hyper-inflationary environment in the country did affect their livelihoods, especially their incomes. One of the respondents interviewed during the study reported that:

"Since the year 2000 prices of goods have sky rocketed as a result of the government's land reform. At times prices of basic commodities would rise two or three fold in a space of two days. This has resulted in many people failing to live the lives they once enjoyed. For me the non-cash remittance I used to receive from my children has dried up mainly because my children can no longer afford the high prices of commodities in the retail shops" (In-depth interview no. 13, June 2010).

The diminished production in the critical sectors of the economy, including industry, manufacturing, commerce, mining, tourism and agriculture resulted in the increase of prices of goods and services. In addition, the Zimbabwean dollar lost its financial strength as inflation rose to around 231 million percent (UN 2008). The biggest threat to livelihood improvement is therefore inflation which is a symptom of fundamental macroeconomic disequilibrium. The continued rise of prices of goods and services meant that people had to adapt to new livelihood strategies. Aged people indicated that the money that they had saved for later use became totally worthless. The failure to control inflation resulted in the government printing higher denominations of money. One of the elderly interviewees revealed the worthlessness of the Zimbabwean dollar which could not even buy a loaf of bread. The situation was exacerbated in 2007 when the country faced food shortages in the shops, a situation that exposed rural people to food insecurity. The effects of recurring droughts meant

that rural older people had to resort to buying food. The elderly now faced starvation and hunger. The food crisis caused poor households to reduce food expenses and cut down on non-staple food consumption. These coping mechanisms first affected the diversity (micronutrient content) and adequacy of diets, the size of portions eaten and, ultimately, the energy intake. This was compounded by cutbacks on other expenditures, such as health, which further jeopardized the health situation of the vulnerable (UN 2008).

Owing to the deepening economic crisis in Zimbabwe the government restructured the monetary policy by scrapping the local currency. This led to the country adopting multiple currencies. Consequently, savings, investments and profits in the local currency came to nothing. For Mubaira's elderly this was a big blow as it affected all their plans. The fact that they were not employed and that they relied on income savings meant they had to go back to the drawing board. The following interview comments reveal the concern of the aged about the switch to foreign currency;

"The economic woes in this country have made life so difficult for the aged people. Even before the government officially introduced foreign currency in the economy, most businesses had already resorted to the use of foreign currency as the Zimbabwean dollar had lost its value way back in 2006. Resources such as building materials and farm implements were sold in foreign currency and the prices were too high such that it became unbearable for us to buy them. Instead some companies resorted to barter. For instance, one tonne of maize was exchanged for a tonne of fertilizer. This situation was perpetuated by the shortages of food stuffs...at that moment maize is the most sought after commodity" (Life history no. 1, June 2010).

The results from the interviews further revealed that after the switch to foreign currency the government stopped paying retired elderly people their occupation pension benefits. The pretext the Zimbabwean government had for this was that the switch necessitated the creation of a new payment system. This stoppage impacted negatively on aged people who were relying on them for basic commodities. In fact, it was later established that the actual reason for non-payment of pensions was because the government was broke as during this period it also froze all

wages of public workers to US\$100-00 per month. A lot can be said on how the economic crisis caused the difficult situations to which Zimbabweans have been subjected, but what should be noted is that this factor has seriously affected the livelihoods of the aged as their life savings were devoured by inflation. Clearly the economic context in which rural livelihoods are pursued has been a matter of great concern to aged people. The economic situation in the country can be attributed to the tensions within the political spheres. It is therefore important to outline how the political factors contributed to the challenges facing elderly people in Mubaira.

Political Factors

The economic crisis in Zimbabwe has been widely blamed on poor politics by the government's poor economic policies and human rights abuses which attracted the attention of the international community resulting in sanctions on the country that have negatively impacted on poor people. Mubaira's elderly people reported that they have suffered from political persecution through police brutality. They also reported that at times they were excluded when food was distributed by government agencies because of being affiliated to opposition parties. Voices from the study confirm this:

"The local leaders did not consider me to be among the government food assistance scheme beneficiaries solely because I support the opposition party. This really affected me as I do not have anywhere to get assistance. I wish I could also get the assistance which other elderly people are getting" (In-depth interview no. 6, June 2010).

Such exclusion and discrimination had an impact on livelihood outcomes, as aged people were subjected to hunger and starvation. According to Bratton and Masunungure (2005), state repression has been one of the political tools that affected aged people immensely. In the year 2005, the Zimbabwean government initiated a violent campaign both in urban and rural areas that was called *Operation Murambatsvina* (OM), loosely translated as 'Operation Restore Order'. From the government's point of view OM was meant to restore order and sanity in human settlements by getting rid of illegal activities by the demolition of illegally built struc-

tures such as business premises and houses. The result however was that some poor aged people lost their sources of livelihood, as informal businesses were shut down in urban areas and their houses demolished because the city councils due to political expediency are said to have deemed them unfit for human habitation. This brutal activity by the state affected livelihoods both in the urban and rural areas. Those displaced in the urban centers relocated to the rural areas where they exerted more pressure on the already scarce resources.

One interviewee recounted the pain aged people went through due to the government's order to destroy houses;

"...It was a painful event as a lot of people lost their property. After our house was destroyed by Operation Murambatsvina we were left with no option but to relocate to the rural areas. Surprisingly we were not the only people affected in that village as some people who were in Harare had to return back to their roots after their shacks were destroyed" (Life narrative no. 3, June 2010).

Owing to this rural people had to compete with the victims of OM in the scramble for scarce resources. Furthermore, in view of the fact that SLA places state policies, regulations and processes in the institutional context that impacts on the livelihoods positively or negatively, OM can be seen as having placed aged people in jeopardy as it destroyed their sources of livelihood, their physical assets and their well-being. From 2008 to 2009, the government of Zimbabwe through its Ministry of Social Welfare and Services ordered the suspension of operations of all humanitarian organizations in the country. This was a political move sparked by the government's understanding that these humanitarian organizations campaigned for opposition parties through their distribution of aid. The withdrawal of Non-governmental organisations (NGOs) from the rural areas exposed the poor aged people to hunger and starvation (Moyo 2005). In the absence of support, the livelihood security of vulnerable groups such as orphans and vulnerable children (OVCs), HIV/AIDS patients and aged people was threatened. Clearly, political decisions meant to maintain the hegemony of those in power affected poor people who depended heavily on private assistance. The elderly in Mubaira criticized the government for this move as it destroyed their livelihood

sources provided by the services of these organizations. This was echoed by the national marketing officer of National Association of Non-governmental organizations (NANGO), an association that represents NGOs in Zimbabwe, who said:

"Banning the NGOs would jeopardize the livelihoods of millions of Zimbabweans to the point of being catastrophic. Millions of Zimbabweans depend on NGOs for food, medication, education, human rights and democracy support." (www.newzimbabwe.com/2008/june)

Although the above mentioned government decision was later reversed, the damage had already been done as most of the NGOs who operated in Mubaira did not resume their services to the vulnerable groups. From a political economy perspective, this clearly shows that changes in the political sphere exert influence on the social front thus affecting the livelihoods of the poor. Economic sanctions against the country do not hurt those in power, rather, it is the ordinary poor men and women who suffer as lifelines for the impoverished in the country are cut off. The situation of the aged in Zimbabwe is compounded by the fact that the country is ravaged by the HIV/AIDS pandemic which makes the eking out of livelihoods more difficult.

HIV/AIDS

The HIV/AIDS epidemic has had a negative impact on the livelihoods of the aged in the Mubaira community. Although the aged are often not the ones infected by the HIV virus, they have assumed the duties of caring for the grandchildren left behind by their parents who died of AIDS. The relationship between poverty and HIV/AIDS needs not be overemphasized. The conventional view of the poverty-HIV/AIDS nexus is that HIV/AIDS undermines livelihoods by eroding affected households' resource base, thereby increasing vulnerability to future collapse (UNAIDS 2002). The central argument being that the experience of AIDS by individuals, households and even communities can readily lead to an increase in the number of impoverished households and intensification of poverty among those that are already deprived. This was found to be true for Mubaira according to the people interviewed. Due to the AIDS pandemic aged people have lost livelihood sources in the form of children and relatives who had

been supporting them with remittances. As Masanjala (2006) pointed out the AIDS epidemic depreciates social capital in that death and sickness erode social networks. As a result of these deaths, income available to the aged was reduced and they had to look for other options. Moreover aged people end up caring for the children left behind by their parents. In fact it has always been believed that elderly-headed households or female-headed households are vulnerable groups of people in the first place. Care for orphans only adds to vulnerability where the elderly person has limited income ability and the orphan is too young to help provide for the family (Nyamukapa et al 2008; Nyamukapa and Gregson 2005; Watts et al. 2005). Younger children put a strain on the household, both in terms of the cost of material needs and requirements. Aged people struggled to take care of themselves and now they struggle to meet the needs of others in terms of health, educational and clothing among other needs.

Many studies showed that HIV/AIDS affects food security and livelihoods in very different ways for different households (for example, Nyamukapa et al. 2008; Watts et al. 2005). The present study found the elderly to be concerned about their care for orphaned children as they struggle to obtain food to meet their nutritional requirements. Elderly people can eat the same meals without changing their diet but younger children need a variety of balanced meals to ensure their good health. This has caused aged people to look for other income earning opportunities. Lack of nutritious diet results in malnutrition for the children and, in turn, to emotional stress on the aged people as they fail to adequately meet the needs of the younger ones. One aged person said:

"....As an aged widow I face a major challenge taking care of orphans who were left behind by their parents because of the HIV/AIDS epidemic. I don't have enough to take care of them and my only working son is doing his best but cannot end my problems...." (Life history no. 9, June 2010)

Such an elderly person really finds it difficult to cope with the effects of the HIV/AIDS pandemic in rural Mubaira. These households fail to meet the nutritional needs of the young ones as they lack income. It is only the better-off who are able to fully take care of the orphaned children, but the rest of the poor are not in a

position to do so. Additional health issues which affect livelihoods of the aged are discussed below.

Health Issues of the Aged People

The health of the aged people has been a concern in the construction of livelihoods (Mudege and Ezech 2008). Health and livelihoods strategies are linked in that good physical and mental health are needed for production, reproduction, learning and participation. The formally employed retire at 65 because they are considered less fit for work. The elderly in Mubaira indicated that one of the inhibiting factors in their attempts to construct livelihoods is their deteriorating physique. Furthermore, the results from this study showed that aged people in Mubaira have been vulnerable to sicknesses and illness due to the poor health care system. The implementation of economic reforms in the early 1990s, such as structural adjustment programmes resulted in the government scrapping subsidies on primary health care, giving rise to user fees. Initially, since Zimbabwe's Independence in 1980, the Ministry of Health adopted a policy of 'Primary Health Care for All' that expanded health services to the majority of the rural population. The components of a Primary Health Care system for the elderly included pension, social security and welfare schemes, housing, nutrition, water and sanitation. The system further includes rehabilitation and disabilities control, treatment of diseases; health education as well as demography and health information system (Ramji 2000; McIntyre 2004). The introduction of user fees saw aged people paying for these services. Health care became very expensive for aged people who lacked the income to cover themselves. In many developed countries aged people are fully covered and therefore are able to live long lives. As one aged person remarked:

"I have health problems, my knee has been swollen for a long-time and I cannot afford to go for an operation. One of my children managed to take me to the hospital and I was told that I developed a growth in my knee that needed to be removed by a specialist doctor in Harare. I cannot get the required \$5000-00 for the operation to take place. Sometimes I get herbs from a local friend to ease the pain but that does not stop the knee from swelling again" (Life narrative no 4, June 2010).

The study therefore showed that the health problems affecting aged people's livelihoods would be easily dealt with if they had primary health cover. Among most common problems are those of eye sight, arthritis and frailty. These ailments hinder aged people from carrying out their livelihood activities, often causing them to stay in bed rather than working. Due to the higher cost of proper health care elderly people in Mubaira have been relying on traditional medicine instead. Aged people in Mubaira have always believed in the power of traditional medicine as a source of healing. As already indicated from the life history narrative number 4 above, herbs from the forest are used to ease pain and to make one strong.

Absence of Credit Markets

Studies have shown that access to credits and market is essential for smallholders to raise incomes from agricultural production, natural resource management and related rural enterprises (Fenwick and Lyne 1999; Zeller et al. 2001; Chirwa et al. 2005; DFID 2005; Osborne 2006; Markelova et al. 2009). Poor people in Mubaira have not intensified their activities because they lack adequate financial, physical and human capital. For that purpose aged people in Mubaira indicated this as a hindrance to social mobility. As many of the aged lack collateral security banks will not lend to them. Ellis (2000) contended that the severity of this constraint is typically due to the poor functioning of rural financial markets in developing countries. This applies to the rural economy of Mubaira where there is only one small bank that merely allows people to deposit and withdraw funds, rather than for the provision of loans. Agribank has been the leading finance house in supporting poor farmers. The bank's mandate is to encourage agricultural development by assisting historically disadvantaged farmers to access finance. In areas such as Bindura, Murehwa and Mutoko local small scale farmers receive loans from Agribank to purchase agricultural inputs, such as, fertilisers and seeds (USAID 2004).

The Grain Marketing Board (GMB) is the only viable agricultural marketing institution available in Mubaira. Rural farmers made mention of their failure to deliver crops because of the dysfunctional marketing board. This has really affected rural livelihoods as failure to deliv-

er crops results in loss of expected income. The reason is that, at times, the aged fail to find transport to the nearest marketing depots. Poor road networks have seen most transport providers pulling off their fleets as they fail to repair them. Organizational incapacity to deliver services has negatively affected the livelihoods of the aged people. This is shown in the failure to pay rural farmers for their agricultural produce on time. After selling their agricultural produce rural farmers may have to wait for up to three months to receive payment. This in addition affects preparations for the following farming season and jeopardizes the entire livelihood construction process. In times of hyper-inflation the payment received after three months may be worth much less than it was at the time of the sale. One of the aged people reported as follows:

"There is a problem that I always face each and every season. Whenever I deliver maize to the GMB it takes months for me to receive my pay cheque. This is disadvantaging me as I rely on this cash so much. My job is that of a full time farmer and in so doing financial resource is the major aspect if you want to be successful. Sometimes a new season can start without even receiving the money for the previous year. The marketing of our products is a concern as the buyer fails to deliver his/her mandate. This therefore affects all my plans and also my livelihood. I have two workers who work in the fields and they also need to be paid. Without money I fail to buy food, clothes, blankets and access health care at the hospital." (Life narrative no 1, June 2010)

This account reveals how the failures of marketing bodies have affected the livelihood patterns of the aged in Mubaira. The SLA framework recognizes the impact of institutional processes on livelihood outcomes and here institutions such as the GMB negatively affected aged people and contribute to sustaining old age poverty. In addition to the aforementioned constraints, there are constraints occasioned by changes in the environmental conditions as discussed below.

Effects of Climate Change

The effects of rising temperatures and changes in precipitation are undeniably already affecting ecosystems, biodiversity and people (Eakin 2005). Mubaira community is no exception to

climatic change as witnessed by recurring droughts in the area. The resultant changes in the rainfall patterns have led to a series of droughts in the past 10 years. This has seen crops drying up before harvest time and vegetation and grazing pastures becoming depleted. There are strong links between climate and rural livelihoods. As rural people in Mubaira depend heavily on rain-fed agriculture, livelihood portfolios and food security become highly vulnerable to climate variability. The study found that aged people have been greatly affected by poor harvests caused by droughts, resulting in food insecurity. In the years 2002, 2007 and 2008 the government declared a national disaster as millions of people were in need of food aid after the failure of crops. Failure to harvest crops means that one has to adopt coping strategies to combat the effects of hunger. For the aged people in Mubaira the situation was exacerbated by shortages of food commodities in the shops, making aged people to skip meals and sometimes eating fruits for supper. Thus climate change has negatively affected rural livelihoods in Mubaira.

CONCLUSION

Using the vulnerability context as the model of analysis the study found that aged people are affected by both endogenous and exogenous factors, from political, economic, social or ecological points of view. These factors, some of which have been initiated and perpetuated by institutional processes (global and government policies) have negatively affected the construction of livelihoods in Mubaira. As the results from the study showed, the most striking factor is the economic crisis that has seen aged people losing their life time savings as a result of rampant inflation. Loss in real income and deflation of their currency left aged people very vulnerable as they lacked social security. This resulted in the food crisis, inability to access health care and more deaths among the elderly population. Persistent droughts had a negative effect on food security since aged people rely on agriculture as their main livelihood strategy. The results from the study further showed that the HIV/AIDS pandemic also placed an extra burden on the livelihoods of the aged who had the added burden of providing care for their grandchildren left behind by parents who died of AIDS. The study however found that not all

elderly people are vulnerable, nor can vulnerability be inferred from a well-defined set of risk factors. This is because aged people have different access to capital and are endowed with different capabilities. The better-off aged people managed to ensure livelihood security but the poor who lacked assets were left to eke out a living in poverty.

The study established that old aged people in Mubaira have been able to engage in different livelihood strategies. It was also shown that various factors impinge on their efforts. Using the vulnerability approach, it was noted that external factors, mainly the economic, political, ecological and social, have affected the construction of sustainable outcomes and consequently have plunged aged people into poverty. The hyper-inflationary environment witnessed from the year 2000 eroded the incomes, savings and investments made by the aged people throughout their lives. The local currency could not buy anything meaningful such that in the year 2009 it was replaced by the adoption of multi currencies in the Zimbabwean economy. Such a switch to foreign currency meant that all the savings in the banks were useless as no one was compensated for such changes. For those who had pension money it was ruined and this plunged them into poverty. As the results from the study affirmed, poor government policies played a part in accentuating the plight of the aged people. National policies banning the activities of NGOs saw a number of humanitarian organisations stopping their support services in rural Mubaira, a move that resulted in many falling into poverty. Therefore the government can be blamed for the demise of the aged people's livelihoods. From a social point of view, old aged people interviewed indicated that the impact of the HIV/AIDS has forced many of them to take care of the orphans who were left behind by their parents who die of the disease. With little resources, old aged people indicated they are failing to meet the needs of the children ranging from food, school fees and medical fees. This has seen aged people looking for more livelihood opportunities to ensure the survival of their grandchildren. The results from the study also showed that aged people in Mubaira have been affected by their ailing bodies such that they cannot fully complete some of their duties. Many of the Women interviewed during the study indicated that they often experienced difficulties

working for many hours in the fields, a situation that compromises their outputs. The study further showed that climatic changes also presented a burden upon the aged people, who indicated during the interviews that in recent years, recurring droughts have prevented them from achieving greater harvests. This has affected the food stocks of the elderly who depend much on natural rainfall for farming.

As a result of these militating external factors, it can be argued that the livelihoods of the aged people in Mubaira have been greatly affected by the context in which they live. It has been shown from the findings of the study that although the elderly in Mubaira community do not receive any assistance from the government, they have not been idle but, with access to various capital assets, have engaged into various livelihood strategies that have managed to minimize poverty in their lives. With little external support from their families, relatives and civil society organizations, old aged people in Mubaira are making a living on their own. It can be concluded therefore that whilst poverty and deprivation leave the less resource-equipped vulnerable, addressing the factors that inhibit the pursuit of sustainable livelihoods will alleviate the vulnerabilities that serve as obstacles to sustainable livelihoods.

RECOMMENDATIONS

Not much research exists on the aged people in Zimbabwe. This study has therefore laid a platform for future research by revealing the major livelihood strategies of the elderly in Mubaira. More elaborate quantitative studies, for example, household surveys, could be used to test the effectiveness of livelihood strategies herein identified. The outputs from agricultural production, income and expenditure patterns of the aged could be further studied using household income models.

The following recommendations are proposed for the care of the elderly in Zimbabwe:

1. The formulation and implementation of a national social policy.
2. The re-introduction of free primary health care for people above 60 years.
3. The re-introduction of subsidies on agricultural implements.
4. Compensation for elderly people who lost all of their savings and investments after the government replaced the Zimbabwean dollar.
5. Free access to public transportation for people over 60 years.
6. A fair identification of beneficiaries for humanitarian aid.
7. More income generating projects for the elderly in rural economies.

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REFERENCES

- Adger W 2006. Vulnerability. *Global Environmental Change*, 16: 268–281.
- Adger W, Winkels A 2006. Vulnerability, poverty, and sustaining well-being. In: AG Dietz, S Neumayer (Eds.): *Handbook of Sustainable Development*. Elgar: Cheltenham, pp. 189–206.
- Amanor-Wilks D 1996. Invisible hands: Women in Zimbabwe's commercial farm sector. *Southern African Feminist Review*, 2(1): 37–57.
- Bohle H 1994. Climate-change and social vulnerability-Toward a sociology and geography of food insecurity. *Global Environmental Change*, 4(1): 37–48.
- Bratton M, Masunungure E 2005. Popular Reaction to State Repression: Operation Murambatsvina in Zimbabwe. *Afrobarometer Working Paper No. 59*, pp. 1–19.
- Chadaya J, Mayavo P 2002. The curse of old age: Elderly workers on Zimbabwe's large scale farms, with particular reference to 'foreign' farm labourers up to 2000. *Zambezia*, XXIX(i): 12–26.
- Chambers R, Conway R 1992. Sustainable Rural Livelihoods: Practical Concepts for the 21st Century. *IDS Discussion Paper*, 296. Institute of Development Studies, University of Sussex, pp. 1–29.
- Chaumba J, Scoones I, Wolmer W 2003. New politics, new livelihoods: Agrarian change in Zimbabwe. *Review of African Political Economy*, 30(98): 585–608.
- Dekker M, Kinsey B 2011. Coping with Zimbabwe's Economic Crisis: Small-scale Farmers and Livelihoods Under Stress. *ASC Working Paper 93 / 2011*. African Studies Centre, Leiden, The Netherlands.
- Department for International Development (DFID) 2000. *Vulnerability Context: Sustainable Livelihoods Guidance Sheets*. London: DFID.
- Eakin H 2005. Institutional change, climate risk, and rural vulnerability: Cases from Central Mexico. *World Development*, 33: 1923–1938.
- Ellis F 2000. *Rural Livelihoods and Diversity in Developing Countries*. New York: Oxford University Press.

- Hartnack A 2005. My life got lost: Farmworkers and displacement in Zimbabwe. *Journal of Contemporary African Studies*, 23(2): 73-92.
- Help Age International (HAI) 2002. *The Ageing and Development Report: A Summary. Poverty, Independence and the World's Older People*. London: Help Age International
- Moser CN 1998. The asset vulnerability framework: Reassessing urban poverty reduction strategies. *World Development*, 26(1): 1-19.
- Kelly P, Adger W 2000. Theory and practice in assessing vulnerability to climate change and facilitating adaptation. *Climatic Change*, 47: 325-352.
- Knodel J, Ofstedal M 2003. Gender and aging in the developing world: Where are the men? *Population and Development Review*, 29(4): 677-698.
- Masanjala W 2006. The poverty-HIV/AIDS nexus in Africa: A livelihood approach. *Social Science and Medicine*, 64: 1032-1041.
- Madzingira N 1997. Poverty and ageing in Zimbabwe. *Journal of Social Development in Africa*, 12(2): 5-19.
- Markelova H, Meinzen-Dick R, Hellin J, Dohrn S 2009. Collective action for smallholder market access. *Food Policy*, 34: 1-7.
- McIntyre D 2004. Health policy and older people in Africa. In: P Lloyd-Sherlock (Ed.): *Living Longer, Ageing Development and Social Protection*. London: UNRISD, Zed Books, pp. 160-183.
- Moser CN 1998. The asset vulnerability framework: Reassessing urban poverty reduction strategies. *World Development*, 26(1): 1-19.
- Mudege N, Ezeh C 2008. Gender, aging, poverty and health: Survival strategies of older men and women in Nairobi slums. *Journal of Aging Studies*, xxx: 1-13.
- Nyagura AC, Hampson J, Adamchak D, Wilson AO 1994. Family support for the elderly in Zimbabwe. *Southern Africa Journal of Gerontology*, 3(1): 22-36.
- Nyamukapa C, Gregson S 2005. Extended family's and women's roles in safeguarding orphans' education in AIDS-afflicted rural Zimbabwe. *Social Science and Medicine*, 60: 2155-2167.
- Nyamukapa C, Gregson S, Lopman B, Saito S, Watts H, Monasch R, Jukes M 2008. HIV-Associated orphanhood and children's psychosocial distress: Theoretical framework tested with data from Zimbabwe. *American Journal of Public Health*, 98(1): 133-141.
- Rakodi C 1995. Poverty lines or households strategies? A review of conceptual issues in the study of urban poverty. *Habitat International*, 19(4): 315-342.
- Rakodi C, Jones TL 2002. *Urban Livelihoods: A People-centred Approach to Reducing Poverty*. London: Earthscan Publications.
- Ramji S 1990. A discussion: A strategy for Primary Health Care for the elderly in Zimbabwe. *Journal of Social Development in Africa*, 5(2): 45-59.
- Scoones C 2000. *Rural Livelihoods and Diversity in Developing Countries*. New York: Frank Allis.
- Scoones I 2009. Livelihoods perspectives and rural development. *Journal of Peasant Studies*, 36(1): 1-26.
- Tibaijuka A 2005. *Report of the Fact-finding Mission to Assess the Scope and Impact of Operation Murambatsvina by the UN Special Envoy on Human Settlements Issues in Zimbabwe*. New York: United Nations.
- United Nations Programme on HIV/AIDS (UNAIDS) 2002. *Report on the Global HIV/AIDS/AIDS Epidemic*. Geneva: UNAIDS.
- United Nations Development Programme (UNDP) 2004. *International Development Report*. New York: United Nations.
- United Nations (UN) 2008. *Organic Agriculture and Food Security in Africa. UNEP-UNCTAD Capacity Building Task Force on Trade, Environment and Development*. New York: United Nations
- United States Agency for International Development (USAID) 2006. *Final Assessment USAID/Zimbabwe Assistance to Orphans and Vulnerable Children*. The Global Health Technical Assistance Project. Washington, DC 20005.
- United States Agency for International Development (USAID) 2007. *Zimbabwe Food Security Warning*. Washington: USAID.
- Watts M, Bohle HG 1993. The space of vulnerability: The causal structure of hunger and famine. *Progress in Human Geography*, 17: 43-67.
- Watts H, Gregson S, Saito S, Lopman B, Beasley M, Monasch R 2007. Poorer health and nutritional outcomes in orphans and vulnerable young children not explained by greater exposure to extreme poverty in Zimbabwe. *Tropical Medicine and International Health*, 12(5): 1365.