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UNIVERSITY OF BOTSWANA

FACULTY OF SOCIAL SCIENCES

DEPARTMENT OF SOCIAL WORK



NAME OF STUDENT : Polly Mpho Lucas
ID NO : 9101290

OLD AGE PENSION AS A SOCIAL SECURITY INITIATIVE: THE CASE OF BOTSWANA.

A RESEARCH ESSAY SUBMITTED IN PARTIAL FULFILMENT OF THE MASTER OF SOCIAL WORK DEGREE.

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
BOCCIM	Botswana Confederation of Commerce, Industry and Manpower
BIDPA	Botswana Institute for Development Policy Analysis
CHBC	Community Home Based Care
CSO	Central Statistics Office
FWE	Family Welfare Educator
HIV	Human Immuno-deficiency Virus
ILO	International Labour Organization
MOH	Ministry of Health
MLG	Ministry of Local Government
MLHA	Ministry of Labour and Home Affairs
MTI	Ministry of Trade and Industry
NDP	National Development Plan
NGO's	Non-Government Organizations
OAP	Old Age Pension scheme
OVC	Orphans and Vulnerable Children
PDL	Poverty Datum Line
PHC	Primary Health Care

Declaration

I Polly Mpho Lucas declare that the research paper is my own original work except where acknowledgements are made in the text.

Mpho Lucas

Student's Signature

Dedication

This research essay is dedicated to my family, especially my husband Taolo Boipuso Lucas, my daughter Resego Dodo Lucas and my late mother Mercy Boitumelo Mogale who passed away before she saw the results of her good work. She was always a source of inspiration and a mentor in serious life situations.

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Abstract

The status of the older population has been an on-going social policy concern in both developed and developing countries for several decades now. This is reflected in research, policies and legislative provisions for the older people in the countries such as the USA, Canada and others. In developing countries, this concern is a recent phenomenon. It is only in the last three decades that scholars and policy makers have begun to pay some attention to the plight and situation of older people in developing countries. This paper uses secondary data sources to appraise Botswana's Old Age Pension Scheme. The scheme is non-contributory and covers all older persons aged 65 years and above. The paper acknowledges that the pension scheme has significantly contributed to the enhancement of the socio-economic profile of the older people in Botswana. It however, contends that the provisions of the pension scheme do not adequately meet the financial requirements of the older people. This is exacerbated by the fact that some older persons support unemployed and dependent members of their families from the same pension money especially grandchildren orphaned by AIDS. The paper also reveals that the pension scheme is wrought with administrative and implementation bottlenecks. Among the major problems affecting the pension scheme for the elderly are, congestion at paying points; traveling of long distances to the paying points; delays in processing life declaration certificates; exposure to criminal activities; failure by paying officers to honor paying schedules and problems associated with computer systems failure. It is the contention of this paper that there is an urgent need to develop a comprehensive policy for the protection and care of older people in Botswana. Such a policy should address the various needs of the older people and in particular set a clearer criterion for adequate financial provision for the older population.

1.0 CHAPTER ONE: INTRODUCTION

1.1 Background Information

Botswana has registered strong growth in the last decade largely because of a vibrant mining sector, prudent management of the economy and political stability. With an estimated GDP per capita of US\$ 6,354 in 2007 and a real GDP growth rate of over 5% on average since 1975, Botswana is one of the few Sub-Saharan African countries that have achieved middle –income status in a relatively space of short time. Diamonds are by far the most important source of income and account for 74% of total exports and 33% of GDP. Currently diamond revenue has declined due to the global economic credit crunch and recession. Other sectors contributing to GDP are meat and meat products, tourism, textile and services (Botswana Confederation of Commerce Industry and Manpower (BOCCIM) and Ministry of Trade & Industry (MTI), 2009). The remarkable socio economic performance of the country has led to extensive infrastructural development, general improvement of the overall quality of life of Batswana, and an increase in the older population. The medical achievements and social security systems have raised life expectancy of populations worldwide (Stolintz, 1994), and Botswana is no exception.

Traditionally, older people relied on the extended family network for both economic and social support, but in recent times, the rapid socio-economic changes that have occurred in Africa and most of the developing world have rendered extended families to be less effective as institutions of protection for the older people. In a modern cash economy where both men and women work, older people are sometimes left alone without proper care and protection. Across most of the developing world and Africa in particular, the situation facing the older people has deteriorated and continues to deteriorate (Apt, 1996; Help Age International, 2004). The limited research available largely supports the view that modernization is detrimental to the social and economic status of the aged (Barrientos and Sherlock, 2002). Older people, without the support of the extended family, continue to be among the poorest and most vulnerable groups in society.

With the advent of HIV and AIDS, which has decimated the able-bodied, the older population finds itself discharging roles as caregivers and guardians of orphans and caring for dying adult children with very limited resources at their disposal. Botswana's older people constitute an extremely vulnerable group. They are afflicted by conditions of poverty and lack of proper care and attention. In some situations, older people in the country are left alone in the villages to care for their grand children whilst their adult children are in towns and cities for paid employment. Still in other situations, older people provide care for their HIV and AIDS infected and affected adult children.

The government of Botswana has since Independence in 1966, designed and implemented a wide range of programmes to reduce the incidence of poverty and mitigate its impact. Most of these programmes have focused on creating opportunities for both wage and self-employment for citizens, providing welfare support for citizens who are unable to earn a living on their own, and providing rural-based social and economic infrastructure.

In keeping with the spirit of assisting those who are economically disadvantaged by providing means for sustenance, the government of Botswana in 1996 introduced the Old Age Pension scheme and the World War 2 Veterans Allowance. These schemes have served as useful income maintenance programmes for older people since then. It is however, worth noting that before these schemes were introduced, the older population of Botswana had comprised the largest population group of recipients of social benefits on the Destitute Person's programme. This was particularly true in the rural areas where most of the older people reside (BIDPA, 2001). The Destitute Person's programme has been in existence since 1980 and it provided basic food rations to the desperately poor of which the older people formed a majority.

The Old Age Pension scheme (OAP), it ought to be noted, has provided a useful social safety net for older people in the last decade or so but its significance rests not so much in the income available to the older people to meet their own basic household needs, but

perhaps more importantly in providing support to other members of the extended family who were either unemployed or did not qualify for other assistance programmes.

1.1 Statement of the Problem

The socio-economic changes that have occurred in Botswana in the last four decades have radically altered the Botswana traditional social support arrangements, leaving many people vulnerable without clear sources of care and protection. The disintegration of the extended family support network has left children and older people in particular, susceptible to deprivation of various kinds. Older people in particular now face new challenges and problems. The burden of care for their children and grand children falls squarely on their shoulders particularly since the advent of the HIV and AIDS pandemic. Formal responses to the situation of older people in Botswana have been inadequate and at times have failed to appreciate the myriad needs of this special population group. The Old Age Pension scheme is one such response to the needs of older people in Botswana. The scheme was created with good intentions and at the very least, it has provided basic material support to the older people in Botswana. However, the scheme's contribution to the improvement of the overall quality of life of older people in Botswana has not been sufficiently interrogated. It is the purpose of this paper to appraise the contributions of the OAP scheme to the welfare of older people in Botswana.

1.2 Aim and Objectives of the Study

The aim of the study is to assess Old Age Pension scheme as a social security initiative for the older population in Botswana.

- (a) To perform a policy analysis of the Old Age Pension scheme.
- (b) To assess the nature of the challenges associated with delivery of OAP scheme.
- (c) To evaluate OAP programme's provisions.
- (d) To recommend possible reforms to strengthen the OAP scheme.

1.3 Research Questions

- (a) What are the major deliverables of the Old Age Pension scheme?
- (b) What are the challenges associated with the implementation of Old Age Pension scheme?
- (c) What are the main provisions of the OAP scheme?
- (e) What reforms could be introduced to the Old Age Pension scheme to make it more effective?

1.5 Justification of the Study

In Botswana the topic of Old Age Pension has received little scholarly attention. The information available is obtained from media reports, workshops proceedings and Department of Social Services brochures. The absence of scholarly inquiry on the subject of the old age pension schemes has meant that there has not been sufficient information to inform the process of implementation of the programmes for the older people in Botswana. More often than not, it is taken for granted that the economic, social and psychological needs of older people could be met by the meagre monthly income provided to the older people through the schemes. There has not been sufficient inquiry into the challenges faced by older people in the context of receipt of the meagre monthly old age pension allowance. In a country where large numbers of young people are unemployed, HIV and AIDS levels are extremely high and where older people are called upon to provide care and support to other family members, it is important that an investigation be made into how such situations affect the use of old age pensions by the older people. Being an exploratory investigation, it was hoped the study findings would in a small way, contribute to the limited body of knowledge that exists on the issue of welfare of the older people in Botswana, and hopefully address the dearth of relevant information and literature on the subject. Undertaking this research essay would possibly encourage other researchers to focus on older people and old age pensions. Researchers who intend to pursue the subject of the situation of older people in Botswana could use the results of this study as part of their literature review or as part of the information they

need to raise other critical research questions. Government would also most likely benefit in terms of policy formulation.

1.6 Significance of the Study

1.6.1 Policy Implications

The general welfare of the older people and their quality of life as a policy issue has not received sufficient attention in Botswana. Currently apparently no comprehensive policy blue print exists for Botswana that deals with the situation of older people and how best to address their unique circumstances and conditions as a special population group. This study therefore provides a useful source of information to those in authority interested in issues of older people. For policy makers, the study provides some literature that could help in formulation of policies on older people. Politicians and other advocates for the improvement of the welfare of the older people can also use the findings of this research to make a case for the improvement of the welfare of this target group.

1.6.2 Practice Implications

The study serves as a basic information resource for a variety of stakeholders such as the private sector, non-government organizations (NGO's) and the government on issues pertaining to older people in Botswana. Practitioners in the areas of social security and social protection should be able to gain insights on best practices in working with older people.

1.6.3 Research implications

There is a dearth of relevant scholarly and academic information on the issue of older people in Botswana. This study attempted to fill that void. The study also provides useful basic data that could be used by other researchers to identify gaps as well potential areas of scientific investigation by other researchers. The subject of social security and older

people is a critical area of interest in countries such as Botswana and other developing countries as the transition from traditional forms of life to modernity presents new challenges that have not been adequately interrogated by existing literature. The issues and insights revealed by this study could help a great deal in providing leads and pointers to areas that require scholarly research attention.

1.7 Definitions of terms

Social Security

The International Labour Office (ILO) defines social security as “the protection which the society provides through a series of public resources against economic and social distress that otherwise would be caused by the stoppage or substantial reduction of earnings resulting from sickness, maternity, employment injury, invalidity and death; the provision of medical care, and the provision of subsidies for families with children” (ILO, 1984:2-3)

The International Labour Office standards are universal in nature. They are intended to be applicable to and capable of attainment by countries with very different social structures and at different stages of industrial development (ILO, 1986:22). Social security encompasses a range of mechanisms to provide safety nets and support to poor and disadvantaged members of society.

Older Person

The term is usually used to refer to people who are in the later years of their life and are unable to support themselves through work due to infirmities associated with old age. It includes most of those who are over age 60 and virtually all those over 65 years of age. Some countries give a clear cut-off age for inclusion and exclusion in the group. For example, in Lesotho the older people are those defined aged 70 and above (Nyanguru, 2007). In South Africa, the cut-off age is 65 for men and 60 for women (Kalula and Oliver, 2004). According to the Botswana Population Policy and Social Benefits Division brochure, the older people are defined as those who are aged 65 years and above.

For purposes of this study, the term older person is used to refer to any person aged 65 years and above.

Pension

The term pension is widely used to describe a range of cash income made available mainly to older people, including both non-contributory and contributory transfers of various kinds (Help Age International, 2004).

Old Age Pension

The concept refers to an amount of money paid by the government (of Botswana) to those who have attained the age of 65 years, for purposes of maintaining themselves.

Pensioner

The term pensioner is derived from the word pension. It refers to a person who is receiving pension. For example, the General Orders Governing the Botswana Public Service stipulate that the retirement age should be 60 years of age. At this age, officers are expected to retire and are officially recognized as pensioners.

The term pension may refer to money pledged by the government to assist those it deems deserving of such assistance. The amount available to individuals differs from one country to the other.

Universal Non-contributory Pension

This refers to pensions, which are unconditionally available to all irrespective of their socio-economic status.

Means- tested Pensions

This refers to pensions that are targeted at the poor and are conditional on levels of earnings, income and assets.

Omang

This refers to the Botswana National Identity Card, which citizens are obliged to acquire for the purposes of identification upon reaching the age of 16.

2.0 CHAPTER TWO: LITERATURE REVIEW

The literature review focuses on the situation of the older people first in the world in general, then in Africa and finally in Botswana in particular. The needs of the older people in Botswana are explored and particular attention is given to the economic, health, social and psychological needs of this population group. Support structures for older people available in Botswana and elsewhere are considered.

Overview of situation of older People in the World

Oladiran (cited in Machacha and Letsie, 2004) states that global estimates indicate that in 2000, some 500 million people were over the age of 60 years and it is estimated that by the year 2025, the number of people over 60 will reach 1.2 billion. Globally Seventy-two (72) countries have a social pension, 46 of these are low or middle-income countries, while 17 countries provide a social pension to over 24.3 million people. However a significant number of 83 % of older people do not benefit because social pensions are means-tested or the age limit is set too high (Research and Policy/Pension Watch, retrieved on 10/12/08).

Governments get involved in old age security for many reasons and their policies take many forms. In China, the government requires or encourages families to look after their old. Malaysia gives a rebate to adult children whose parents live with them and an additional tax deduction for parental medical expenses. Governments can also offer means-tested assistance to the old, a practice in many industrial and developing countries. Such assistance can take the form of cash or goods and services such as health care and housing. Singapore gives preferred housing assignments and Sweden provides a housing allowance to families willing to take care of an older relative. Respite care is provided in Canada, France and the United Kingdom. Israel and Singapore grant tax deductions to people who provide support for their parents or for other older people in the communities. These policies make it feasible for families to care for the old within their

households, by easing what could be an intolerable burden (Help Age International, 2004).

The United Nations has shown considerable interest on the issue of aging. According to Nyanguru (2007), the United Nations has endorsed the notion that older people's rights are human rights too, and as such the older population is entitled to the enjoyment of human rights like all other population groups. The UN sees the need for older people to benefit from the development process hence the need to enforce the right to development in respect of this population group older people. There are five principles that underpin the United Nations programme for the older people, and these are independence, care, self-fulfillment, dignity and participation. Taken together, these principles seek to bestow protection and respect upon the older people by allowing them opportunities to lead normal and productive lives. The extent to which these principles are incorporated into national policies for older people is a subject of continuing debate.

2.2 Africa's Older Population

It is estimated that 60% of the population of the world over 60 years live in developing countries. Help Age International (2002) has revealed that the older population in Africa was estimated at approximately 38 million and is projected to increase five fold to 212 million by 2050. There is no reason to believe that these projections are inaccurate statistics has changed. The increase in the number of older people provides a challenge for the African continent as a whole, as well as for individual countries. Growth in life expectancy offers new opportunities but also creates challenges. It is evident from existing research data that older people confront many challenges. For example, in most societies of the world, older people are usually the poorest and live below the poverty line (International Labour Organisation) (ILO, 1997).

The situation in Africa is worse than in the developed countries and the older people encounter enormous challenges and these range from inadequate incomes through poor access to resources, the pressure brought about by the HIV and AIDS pandemic, and the

denial and violation by the wider society of older people's rights (Nhongo, 2004). Older people are a neglected social group in most parts of Africa. They are still an invisible group to those who promote economic growth and plan for education and health facilities. Most development officials, especially planners, regard the aged as economically dependent and passive. Many studies have shown that in Africa no comprehensive policies exist on ageing. The lack of such policies contributes to the poverty situation in the sense that resources of states are hardly deployed towards programmes of older people (Oladiran, 2004; Nhongo, 2004). The lack of comprehensive policies on aging in Africa means that for the majority of the older people, their psychosocial, health and economic needs are disregarded.

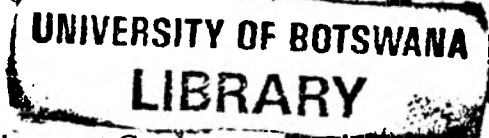
In Africa only six countries, namely Botswana, Lesotho, Mauritius, Namibia, Senegal and South Africa operate fairly comprehensive social pension schemes (Nyanguru, 2007). The schemes in South Africa and Senegal are means-tested. This means that the social pensions in those two countries are restricted in coverage, as they are mainly based on categorical tests on earnings, income or assets. Those in Botswana, Mauritius, Namibia and Lesotho are universal, that is, they are unconditionally available to all and eligibility is simply triggered by reaching an age milestone. Mozambique operates a cash transfer system targeting households headed by older, clinically sick and disabled people (Nyanguru, 2007).

2.3 Situation of older People in Botswana

The Central Statistics Office 1991/2001 projections show that by the year 2000, there were 6023 people aged 65 + and by 2010 the number of older people in this population cohort will be 7602. A Study conducted by Chimiri (2002) showed that the number of older people in Botswana was increasing. This was corroborated by Bainame and Shaibu (2003) who also noted that the population aged 60 years and above in Botswana is increasing rapidly. Whereas the number of the older population in this population group was 72573 in 1971, by the year 2001 it had increased to 190264. That is, the number of people falling into this population group had increased more than two fold in three

decades. Research has further shown that better access to health, nutrition, education, water and other services has increased life expectancy of the adult population, and contributes to a rapidly increasing population that is over 60 years.

Of the country's population of 1.7 million people as at the 2001 census, 38.3 % were between the ages of 0-14 years, 57.9 % in the age group of 15-64 years and 3.8 % in the age group 65 yrs and above. This suggests that the majority of the population is in the economically productive age group of 15-64 years (BOCCIM and MTL 2009). It is probable these figures have continued to rise.



Mugabe (1994) notes that an examination of past and current Government development objectives and policies in Botswana suggests that older people have not been distinguished as a discrete social group that merits particular attention. This position has not altered 15 years down the line. In particular, Botswana still does not have a comprehensive policy for older people, but only specific policies and programmes on young children and the youth. Because of lack of a legislative policy framework, the structure and organization of services provision for older people, have remained fragmented and confused (Mugabe, 1994). Hard (1991) points out that perhaps the reasons for this fragmentation stems in part, from confused boundaries of responsibility for the older people.

Mugabe (1994) further contended that the needs of the older people are multi-faceted (personal, health, economic and social) and hence are therefore not the responsibility of one Government institution. At present, sources of health and social services for the older people in Botswana fall within a tripartite structure. The Ministry of Health (MOH), Labour and Home Affairs (MLHA) and Local Government (MLG), have overlapping and complimentary obligations for older people.

The MOH provides technical and professional direction for health policy and planning. The MLHA is in charge of social security and welfare matters, while the MLG has the principal function of implementing health and social welfare services programmes

through the local authorities. The failure to appreciate older people as a discrete group that needs particular attention, has created two related difficulties, first the functions of the above institutions regarding the older people have remained uncoordinated, and second, none of the three Ministries has developed specific policies for older people. Partly because of this, older people are served under general health and social programmes.

2.4 Needs of the Older People in Botswana

2.4.1 Economic needs of the older people

Ngome's (1994) rapid assessment of the perceptions of the older people on the problem of ageing in Botswana reveals that most of the older people reside in rural areas and have low levels of literacy and formal education. In recent times, the situation has not changed. Some older people are relatively self-reliant and well off, but the majorities are struggling to sustain themselves, while some are extremely poor. Those who are living in poverty experience a host of challenges that impoverish them. They experience many hardships in terms of accessing food, medicines and other basic necessities of life. Their capacity to provide food becomes limited because of lower production levels (no draught power, inputs, equipment, energy etc). Nhongo (cited in Machacha and Letsie, 2004) states that other issues that expose older people to poverty include lack of income, cost of basic consumer goods, insecurity (personal and communal) and the fact that their psychological, emotional and spiritual needs are not met.

A study conducted by Chimiri (2002) found that in Botswana, the economic survival of older people is a cause for concern, in particular their lack of access to basic needs such as food, clothing and adequate housing. The study further showed that many older people were destitute. Lack of shelter was cited as a problem both in rural and urban areas. The majority of older people live in dilapidated houses, some in slums and shacks. Chimiri further notes that many older people have no access to tap water in their yards or

plots and they have poor sanitation. Decent clothing is considered a luxury among many older people and basic food items are generally inaccessible.

The majority of older people in Botswana lack education. Research cited by Mpuang (2000) shows that 47.3% of the older people never went to school. Available data also suggest that only about 31.5% of the older people have gone as far as primary level of education. Ten percent (10%) were reported to have gone up to junior certificate, while a further 10.5% were said to have teaching and nursing training. It is this state of minimal level of education of the older people that aggravates the status of poverty in most households (Mpuang 2000). Though it is generally accepted that they should work if they can and are willing to work, the reality is that older people are often denied employment opportunities in favour of younger, more energetic population groups. This means that they cannot earn a living for themselves and their families through formal employment. Older people have suffered and continue to suffer exclusion from the services that can deal with their poverty. These include education, employment, health etc. This observation by the ILO (1997) is also true in respect of older people in Botswana. It is difficult to access schooling or a job when one is old in Botswana. In fact, many young people in Botswana generally feel older people are crowding them in most job settings and as such they (older people) should give way to younger people.

2.4.2 Health needs of the older people

Shaibu (cited in Letsie and Machacha 2004) states that ageing is accompanied by physiological changes that often pose risk factors in function and health of the older people. Naturally the issues that concern older men tend to differ from those that concern older women. Clausen and Swodberg cited in Tlou (2002) assert that major problems of older men in Botswana include disease and conditions of the nervous system, low back pains, backbone problems, pains in the legs, blindness, and diseases of the genital system, such as hyperphasia of the prostate, hydrocele and phimosis. Cancer of the prostate is common among older men and to a lesser extent men may also develop testicular cancer.

Other common health problems include tuberculosis and diseases of the genital system (testicular cancer).

Furthermore, Clausen and Swodberg cited in Tlou (2002) state that major health problems experienced by older women include blindness, asthma, high blood pressure, chest pains, pain between the legs and knees, tuberculosis, back pains and conditions of the nervous system. Cancers of the breast and cervix are common diseases among older women. Lack of education on regular breast self examination and regular mammograms places them at risk. Among females, the most common health problems are blindness and high blood pressure. These have negative implications for the quality of their lives.

Shaibu (cited in Letsie and Machacha 2004) maintains that diabetes seems to increase among older persons particularly women due to changes in diet and lifestyles. Lack of a proper diet due to economic hardships tends to contribute to some of the diabetic complications. Shaibu further argues that HIV and AIDS is one of the diseases that threaten the lives of older people. This is due to the fact that there is a knowledge deficit about HIV and AIDS issues among older people as they were routinely excluded from health education on HIV and AIDS when the pandemic first surfaced. Yet older people are also affected or infected by HIV and AIDS. Older people's role as care givers of HIV and AIDS patients exposes them to infection of HIV through cross infection that is caused essentially by lack of knowledge on how to take care of people living with AIDS.

In Botswana health care services are freely available for persons over 60 years of age. Although older people receive free services through Primary Health Care (PHC) services, a growing number of them with chronic illness need on- going medical support and have to compete for scarce public resources (Pelaez and Kalache, 2001). Shaibu has noted that in Botswana there is a clinic or health post within 5 – 8 kilometers of every village. However, older persons face many barriers to accessing health care services, and these include lack of transport and inability to walk the distance to the nearest health facility. Lack of confidence in the health care system is another inhibitor to health seeking. There is still a belief among older people in the country that modern medicine only works for

certain ailments and is ineffective in what are known as typical Setswana diseases or conditions such as ritual cleansing after the death of spouse “boswagadi”, poison “Sejeso” and syphilis “thosola”.

Tlou and Sandberg study (cited in Bruun, Coombes and Mugabe 1994) revealed that lack of money was a major inhibitor to health care seeking among older people in Botswana. Although older people do not pay consultation and drugs fees at clinics, there are certain expenses connected with the drugs and transportation that they must meet, for instance situations where the prescribed drug is unavailable at the clinic and the older person has to buy this from a private pharmacy. Others fail to go and seek for assistance at health facilities due to lack of money to pay for public transport, for instance hire a vehicle or donkey cart to ferry them there.

Furthermore, Ngome (1994) notes that many older people in Botswana were born in rural areas and hence are governed by traditional laws and heavily dependent on the subsistence economy, traditional health care systems and traditional systems of education. This makes it difficult for older people to seek for medical assistance from modern health facilities instead of traditional doctors. In Tlou’s (1994) study, nurses reported that those older people who did not utilize health facilities preferred to use traditional medicine. The nurses negative attitudes towards the older people during the nursing care process also made them resist modern medicine. This means that older people do not derive maximum benefit from available modern health facilities.

Older people in Botswana are assisted by structures such as community home based care (CHBC) volunteers, family welfare educators and social workers. The volunteers mainly do household chores like cleaning, bathing, and providing moral support. This is done to relieve caretakers from the challenging task of caring for the sick. The family welfare educator (FWE) is the first contact person between the client and the health care system. S/he acts as a vital link between the community and the health sector, so as to secure effective community participation in health care. Through the FWE, communities express their problems and have overall input in the running of health services in their

community. FWEs also provide useful information on hygiene and the need for a clean environment. Social workers provide counseling to the infected and affected and facilitate the provision of food rations (Tlou and Sandberg, 1994). This has not altered fifteen years down the line hence no improvement in the care of older people.

2.4.3 Psychological needs of older people

There is a dearth of literature on the psychological impact and needs of the aged in Botswana. However, studies done elsewhere may shed light on some of the psychological challenges associated with old age. For instance, Bengston (as quoted by Huttman, 1985) maintains that ageing takes on a psychological dimension for the older people. Individuals react differently to the changes that occur in later life. These reactions can in turn, affect general functioning and social relations. Furthermore, physical health can be affected by the psychological and social problems associated with ageing (Birren, 1959). Major social and psychological changes that older people experiences at this stage of their lives include role loss and role change. With advancing age, older people are forced to drop earlier roles and gain a few often-insignificant, new ones. This causes a feeling of despair and hopelessness. Usdin (1978) indicates that depressive reactions are common in old age. These are conditions that foster depression such as loss of status or loss of a loved one, poor health status, economic inactivity, limited community support, poor medical care, and fear of becoming a burden on their families. Signs of depression include feelings of guilt, hopelessness, worthlessness, sexual impotence, early morning fatigue and marked loss of appetite (Tlou, 2002).

Most of the older people go through a range of recognizable emotions. They may feel sad, empty and depressed as they try to come to terms with the loss of their loved one. In most cases, the older people do not receive counseling so that they can come to terms with their grief situation. They are also not involved in work or social activities that may help to reduce stress. Consequently, their psychological needs are not given adequate attention.

The HIV and AIDS epidemic in Botswana has resulted in an increasing number of older people finding themselves without any support from their families, as they themselves become carers of sick adult, sons and daughters, or are left to bring up orphans and vulnerable children (OVC). This puts them under enormous physical and psychological stress. The older people continue to lose not only their children but relatives and friends as well. This places huge psychological pressure on them.

2.4.4 Social needs of the older People

The social needs of older people revolve around opportunities for interaction right from the level of the family through to the community. Several studies (Mpuang, 2000; Mugabe et-al 1994) have shown that some older persons do not have children nor relatives who can give them care and support. Some adult children and relatives neglect their older parents and leave them to suffer without anyone helping them. Mpuang's (2000) study showed that older people did not have care programmes that could provide daily services to them and support to caregivers. They did not have access to recreation facilities where they could meet and interact with their age mates nor a place where they could be entertained as well. In most cases they suffer from loneliness.

Older people's rights as human beings are often not recognized or valued. Nhongo (cited in Machacha and Letsie 2004) states that older people are denied participation in development debates, discussions, processes, activities and initiatives that affect their lives. They are also often denied participation in local and national development programmes. Furthermore, they are abused, beaten, murdered and raped by people from whom they ordinarily would seek protection. They are also sometimes accused of witchcraft and blamed for any bad luck that may befall some members of the community.

2.5 Social Support Systems for older People

Social support systems for older people can either be formal or informal.

2.5.1 Informal social support programmes for older people

Two types of informal social security systems exist in Africa, namely traditional support systems and self-organized mutual support systems. Traditional support systems operate on the basis of solidarity and generalized reciprocity and revolve around kinship and family ties. The majority of people, particularly the poor and vulnerable groups in society, still depend on the traditional and non-formal social security arrangements for their protection against hunger, sickness, old age, homelessness, unemployment, maternity and injuries. They set up their own mutual support schemes to cover these risks. For example, burial societies, rotating credit societies and “*stokvels*” are amongst the more common forms of such informal social protection initiatives. (Oliver, Klinck & Dekker; 2001). In addition, mutual support schemes promote savings, provide credit to members and enable the older people to meet their immediate needs.

Informal social security programmes have been part of the Batswana social structure since the pre-colonial and colonial eras. The impoverished older persons, in accordance with African values, were the responsibility of their next of kin, extended families, the community within which they lived, and society in general. Traditional Tswana society had various safety net arrangements for the less fortunate members of the community. The most widely known of these mechanisms is the “*mafisa system*”. Under this system, household with insufficient draught power could obtain further resources by borrowing cattle from wealthy members of the community. For those without immediate families and therefore were unable to rely on kinship ties, the community was expected to provide (Mugabe, 1994; BIDPA, 2001).

The other crucial mechanism was and still is to some extent, the extended family system. Although social changes have seriously weakened the Tswana extended family and its

traditional and informal social security system, the extended family is still the major form of informal social security for the majority of Batswana. Some older people have children who are working in the formal sector and take care of them. They provide them with food, clothes and money. Some older people are dependent on sympathetic relatives for economic support. Mpuang (2000) notes that support provided by adult children to their older parents is of useful economic value but she adds that it has limitations in that these same children do not always have adequate income to support their older parents. This then means that such support could be irregular and may not be depended upon.

Due to the demands of the modern cash economies, most children and grandchildren do not stay with their older members of the family and as such the family members are unavailable to assist such older persons. Consequently, many older people are lonely and have limited opportunities for interaction. This is exacerbated by the lack of facilities, such as day care centres and recreational facilities.

Traditionally the family has a moral duty and obligation to provide psychosocial care and assistance to their aging members. Children, grandchildren and relatives provided various forms of assistance to the older people. Grandchildren, for instance, often ran different household errands such as cleaning and fetching water. Adult children and older relatives at different times kept their aged members company and shared with them information on what was happening in the community. The older members also formed useful support, which they could use to network, share views and experiences. This served to uplift their morale. Weddings, funerals and “*kgotla*” meetings provided useful interaction opportunities for the older people to mix with other people and chase away boredom and alienation. The older people also, at such occasions, were presented with opportunities to exercise their authority and share their wisdom. Furthermore, voluntary associations would provide opportunities for social interaction for the older people. Since the arrival of missionaries, the church as a voluntary association has also played a role in promoting the welfare of older people. It has given them an opportunity for interaction (Mpuang, 2000).

2.5.2 Formal social support in Botswana

Formal social security programmes in Botswana consist of three major forms namely, social assistance social insurance and social allowance.

2.5.2.1 Social Assistance

This is a form of social security that provides assistance in cash or in kind to persons who lack the means to support themselves and their dependents. Social assistance is means-tested and is funded from Government revenue. The main objective of social assistance is to alleviate poverty through, among other things, the provision of minimum income support. Examples of social assistance initiatives in Botswana include Destitute Programme, Needy Students, and Labour Based Drought Relief and Remote Area Development Programmes (Ntseane & Solo 2007). The main objective of the above schemes is to provide minimum income protection to the beneficiaries. Beneficiaries receive assistance that meet their basic necessities such as food, clothing, shelter and psychosocial support.

Beneficiaries under the Destitute Persons programme mostly include older people, the disabled, mentally handicapped and individuals impoverished by drought. The older people fall within the category of the vulnerable groups. Social welfare schemes are necessary to enhance their well-being; they are registered and provided with food rations worth P166.00 per month, clothing and destitute allowance which is P61.00 per month. (Revised National Policy on Destitutes Persons, 2002). One major challenge with this scheme is that eligibility to benefits is determined by “means of testing” which is itself both a cost in the administration of the policy and quite demanding on the implementers.

Though the scheme ensures survival of some older people in Botswana, it does not economically transform their lives. The scheme has the potential to create dependency on its beneficiaries (BIDPA, 2001).

2.5.2.2 Social Insurance

This initiative is essentially employment related. It covers pensions, employment-related compensation and is designed to protect income earners and their families against a reduction or loss of income as a result of exposure to risk. These risks impair one's capacity to earn an income. Social insurance is a contributory scheme paid by employers, employees, self-employed persons or other contributors depending on the nature of the specific scheme. Examples of social insurance schemes in Botswana include Government Pension Scheme, Public and Private Health Insurance and Workman's Compensation (Ntseane & Solo, 2007).

Private insurance companies such as Botswana Life and Metropolitan Insurance also provide retirement and old age packages that private individuals who can afford have taken advantage of. For those who have been employed in government and parastatals, there is a contributory retirement package that includes pensions, that is drawn on a monthly basis. This monthly pension helps in meeting the economic needs of the beneficiaries. However, the pension for the lowly paid is normally inadequate to meet their needs.

2.5.2.3 Social Allowances

These are universal payments made to persons in designated categories that are in exceptional need (such as Orphaned Children, School Feeding Programme, Old Age Pension, World War Veterans and Community Home Based Care) designed to assist them in the realization of their full potential. The main objective of a social allowance is social compensation (Ntseane & Solo, 2007). Social allowance schemes are financed from the Government revenue and are not means-tested; they are paid out to all persons falling within the designated categories, regardless of their socio-economic position (SADC CODE, 2004). This suggests that even the well-to-do can draw from the scheme. Among social allowance is the Old Age Pension scheme, which is the focus of this essay.

There is a noticeable lack of formal psychosocial programmes for older people in Botswana. A few older people may benefit from counseling offered by social workers in

government and the non-government sector. Other than that, older people have very few opportunities for formal psychosocial support. There are no institutional homes, recreational facilities for the aged, and day care centers for the older people in the country. The care for older people has occurred essentially within their families and the older people do not live in formal agencies (Koff, 1982). This is in contrast with what happens in other developing countries such as Zimbabwe and South Africa whereby there are older peoples homes, recreational facilities for the aged and day care centers for the older people (and developed countries such as the USA). According to Alyce (1990) 80-90 percent of the older people in the USA are looked after in formal agencies and there is a provision for those who do not have a place to live.

2.6 Theoretical Framework

2.6.1 Modernization theory

The study utilized the modernization theory. The theory is relevant because of the unprecedented cultural, economic, social, and political changes that have occurred across the globe and in Africa in particular over the last five decades. The perspective argues that the Western model of development has components and sequences that are of global relevance and can be replicated in regions regardless of their history, culture and geography (Lerner, 1958:46). Proponents of this theory argue that the Western path of development is appropriate to development process in the developing world.

The study of modernization emerged in the 1950's as a loosely connected intellectual movement among prestigious social scientists from several disciplines such as economics, sociology and psychology (Hardman & Midgley 1982). Modernization embodies not only a set of scholarly interests but also idealism and humanitarian impulses. It functioned as an anticommunist ideology and development strategy (Harper, 1993). In short, in the view of proponents, the modernization perspective is a description, an explanation and set of prescriptions that the Third World must embrace, emulate or copy.

At its core the modernization perspective sees industrialization as central element to the modernization process. It argues that the introduction of complex Western technology produces not only economic development but also a variety of other structural and cultural changes. It produced new material conditions, technologies and needs. This in turn stimulated new (modern) attitudes, values, expectations and a transformed division of labour. People became more oriented to the future and open to change, and the rights of individuals became more important. In addition, the process of modernization changed individuals as well as social structures, such as the economy, politics, the family and the stratification system (Harper, 1993). Furthermore, social relationships shifted from extended family towards nuclear and populations became more urban. Furthermore, the process of modernization changes individuals as well as social structures, such as the economy, politics, the family and the stratification system. Lerner (1968) argues that modernization involves a dramatic transformation of the “modal personality” of people, in terms of their cognitive functioning and value orientations.

According to Haralambos (1990), modernization theory emphasizes two types of societies, modern society, which has very different forms of social cohesion between its members, and the traditional society that performed the limited tasks of the agrarian community based on groups, families or clans. Atchely (1985:45) argues that the “central thesis of modernization theory is that the processes that cause societies to evolve from rural, agrarian, social and economic systems, to urban and industrial ones also cause change in the positions that older people occupy in the society and the esteem afforded to the aged”. He adds that usually the direction of change is assumed to be for the worse.

Status relationships based on the rigid criteria of race, age and gender tend to be replaced by ones that are based on skills and competence, and social mobility increases. Traditional sources of authority such as respect for the older people tend to weaken as bureaucratic institutions such as schools and the state gain increasing responsibility and power (Johnson, 1986; Harper, 1993).

To some scholars, one of the most influential theorists of modernization was Rostow (1960). He provided a blueprint for developing countries to follow in achieving status. Rostow (1960) projected that the developing countries would go through five stages that would take them from traditional (beginning), "to a take-off stage" (middle) "to a society with growth in employment opportunities, an increase in national income, rise of consumer demands and formation of a strong domestic market." The final stage was labeled the "high mass-consumption society." For Rostow, the movement towards modernization was considered a positive move. But, he didn't give much thought to the negative consequences such as the diminishing role of the extended family. He, like others, assumed that once a country reached industrialization/modernization, there would not be any significant negative consequences such as this being addressed in this essay. According to Rostow, successful industrialization/modernization would eventually benefit all segments of society.

Another concept is the thesis posited by Emile Durkheim (quoted in Graab 1984) on the concepts of mechanical and organic solidarity. Mechanical solidarity is associated with traditional societies. The key characteristic of this form of society is collective conscience, where the society is held together by common beliefs and sentiments. The beliefs and sentiments provide the social glue that binds people together so that they can work for the common good. Societies that operate on the basis of mechanical solidarity are highly integrated, coherent and united by their likeness either of religion or custom. Durkheim argues that as societies develop, mechanical solidarity is replaced by organic solidarity where collective conscience is replaced by the culture of individualism and the dominance of personal conscience. In these modern societies, division of labour becomes more specialized and people become differentiated by the distinctive role that they perform. It is worth noting that Durkheim, like Rostow believed that this progression from mechanical to organic solidarity is a normal and acceptable aspect of modern life.

2.6.2 Application of Modernization Theory to Aging in Botswana's Context

Applied to the issue of ageing, modernization theory would naturally argue that the process of industrialization has necessarily changed the social structure of society. Whilst in pre-industrial societies, the older people were cared for by the extended families, modernization has diminished the significance of such families and instead promoted the concept of nuclear families. Nuclear families, consistent with modernization growth tend to care only for their immediate family members, and the expectation is that those not catered for by extended families be assisted by the state through a system of services and network of interventions located within a bureaucratic structure. Modernization theory sees the current status of the older people as a positive culmination of the development process, and as such should not attract undue uncertainty and insecurity. According to this theory, as the old gives way to the new, governments must see it as their responsibility to generate resources to cater for the well-being of the most vulnerable in society, hence the need for social security arrangements spearheaded by governments.

The theory of modernization has some relevance to the development paths and patterns in Botswana. The theory posits that modernization involves the evolution of societies from a traditional agrarian mode to a modern industrial state. Botswana has for many years been an agrarian economy with livelihoods dependent on subsistence agriculture. The discovery of minerals in the 1970's led to rapid economic growth which accelerated the pace of industrialization and urbanization (Bar-On, 1999). Industrialization and urbanization meant that many people abandoned agriculture for paid employment. These developments in large part disrupted family and community life. New values, attitudes and practices evolved. Power relations and roles among family members changed as more women also got enrolled in formal sector employment. The patterns of care, socialization and production in families also changed. Whilst women and children gained status due to schooling, older people became increasingly alienated and their status gradually diminished. It is for this reason that from the 1980's it became clear that older people would need the support of the Government to survive as the extended family

gradually disintegrated and no longer provided the same level of support. This led to the introduction of the Destitute Policy, which by and large, catered for the older members of society. In 1996, the Old Age Pension scheme was introduced, as further recognition that the family was no longer able to adequately support its older members.

It is thus clear from the discussion above that modernization theory explains the evolution of Tswana society as well as the loss of power of the older people. The theory most importantly shows how the social glue that bound members of extended families and communities got severely disrupted by industrialization. In Botswana the migration of men to find paid employment in South Africa meant that traditional structures of socialization, consumption and production were replaced by new structures, attitudes and beliefs induced by industrialization and paid employment. These developments weakened the bonds of solidarity based on communalism and likeness to different forms of relationships based on distinctiveness of individuals and competition. The theory of modernization provides a useful tool for understanding the development process in Botswana and in particular, the loss of power of older people in society. As society industrialized, the economic imperative took precedence over "primitive" loyalty based on likeness, hence the lower status occupied by the older people. The theory provides useful pointers and important lessons that could be used to understand the current status of the older people in Botswana. As is shown elsewhere in this paper, the use value of modernization theory becomes very limited in so far as it sees modernization as an end in itself and it becomes oblivious of the problems posed by this process.

3.0 CHAPTER 3: RESEARCH METHODS

3.1 Data sources

The aim of this study was to analyze the Old Age Pension Scheme as a social security initiative for older people in Botswana. To achieve the aim a number of specific objectives were developed for this desk or secondary research. This type of research entails using existing sources of information. Data were gathered from a variety of sources that included academic and scholarly works in the area of ageing and older people, publications and reports from government and non-government organizations, the internet, newspapers and magazines. Specifically, the researcher conducted literature searches on social security and older people in Africa and other regions of the world, with a view to gain insights into the situation of older people, including support systems and structures available for them. Information on Botswana's Old Age Pension was sourced mainly from the Department of Social Services brochures on the subject.

3.2 Data presentation

Secondary data collected needed to be presented in a systematic and coherent manner. In this study, the data gathered were divided into basically three parts. First, the literature review that focuses on the situation of older people in the world, Africa and Botswana. This section also discusses the needs of the older people and provides a theoretical framework and its application to ageing generally and in Botswana. The purpose of the literature review is to provide a basis for understanding the situation of older people with a view to informing the analysis of the available data. Second, is the presentation of data on the Old age scheme and how the scheme operates in Botswana. The third section discusses or analyses data informed by the literature review, finally is the conclusions and recommendations presented at the end of the paper.

3.3 Data analysis

The analysis of the data is essentially anchored on establishing relationships between the different data parts such as literature, content of the scheme and the theoretical framework. The analysis entailed pulling out common themes and variables that were then used to formulate arguments and conclusions about the scheme. Variables that proved important in the analysis included; adequacy of the provisions of the scheme as per different needs identified, correlation of needs and content of the scheme.

3.4 Limitations of the study

Limitations of the study include that it is based primarily on secondary sources of data and where such data or information are scanty as is the case with the Old Age Pension Scheme in Botswana, the results yielded may be inadequate and narrow in scope. A study based on secondary sources of data has limited utility to generate new information and knowledge on the subject under study as it is confined to existing literature.

4.0 CHAPTER FOUR: ANALYSIS OF OLD AGE PENSION (OAP) IN BOTSWANA

4.1 Introduction

The Government of Botswana introduced the Old Age Pension Scheme (OAP) in October 1996. The scheme targets all older persons who are sixty-five (65) years of age and above and are citizens of Botswana. The beneficiaries of the scheme should have a valid national identity card (Omang). In this scheme, the benefit is in the form of a monthly allowance that is adjusted for inflation on a yearly basis. The beneficiary is not supposed to be receiving another of the country's old age pensions. Individuals who are registered under the Destitute programme will however still receive their benefits as long as they meet the stipulated requirements. Potential beneficiaries are not expected to contribute anything towards implementation, as the scheme is non-contributory. The person who benefits should also have registered with the Department of Social Services (Social Benefit Division Brochure, 2004). The primary objective of the OAP scheme in Botswana is to offer some financial security to the older citizens, thus providing income maintenance to those who are 65 years of age and above, regardless of their income status. In other words the benefit is universal.

Records show that the number of beneficiaries had increased from 84 577 in 2006 to 90896 by April 2009 (Department of Social Service Monthly Report). The 2002/2003 Household and Income Survey (HIES) indicated that over 95% of the older people were registered for the Old Age Pension. The Commissioner for Social Benefits in the Ministry of Local Government administers the Old Age Pension Scheme (OAP) in conjunction with the Ministry of Finance and Development Planning (MFDP) and the Ministry of Labour and Home Affairs (MLHA).

4.2 Modes of payment

Information in a brochure provided by the *Social Benefit Division* indicates that there are three modes of payment for all benefits and beneficiaries choose the method that is most convenient for them. One method is payment by cash where paying officers from the Department of Social Services follow pensioners to their respective villages and settlements. In villages where there are post offices, beneficiaries can collect allowances from the post office over the counter. The beneficiary is issued with a booklet containing leaves for each month up to the end of the financial year. The beneficiary presents the order book to the paying officers at all times whenever he or she goes to collect the allowance. The second method is that of paying by bank credit; here the money is deposited directly into the beneficiary's bank account. The beneficiary must identify her/himself with an Omang; in this case no order book is required. The third method of payment is by cheque; here the beneficiary's cheque is sent to his or her private post office box address. This beneficiary should identify her/himself to the post office officers with a valid Omang, before presentation of the cheque.

A beneficiary who is confined to bed due to old age or physical disability is allowed to appoint any person of his or her choice, preferably a relative, to receive the allowance on their behalf. The proxy must produce his/her Omang to be paid. The beneficiary who receives the allowance through the bank credit, by cheque and through the proxy is required to make a "life declaration" once in three months, failing which the name is automatically suspended until they show up. When they eventually show up, they are entitled to arrears (*Social Benefits Division Brochure, 2004 page 4*). In addition, a beneficiary who is unable to collect his or her allowance during payment for up to three months may be paid arrears at any point without applying to the head quarters. However, if the beneficiary continues to be absent for up to six months, he or she will be removed from the pay roll and re-instated only when located.

Persons with mental disabilities also have the right to receive the allowance if they are aged 65 years and above. Proxies are identified for them by their guardians in

collaboration with social workers and are appointed by the District Commissioner or officers. If the beneficiary is serving a prison term, payments are stopped up to the month he or she is released from prison. In this case, a beneficiary does not qualify for arrears for the period he or she was in prison. Even those who serve their sentences outside prison doing extra-mural work (that is, community service) do not receive their pension until released (Social Benefits Divisions Brochure, 2004, page 5).

Social benefits committees have been set up in all districts throughout the country to assist the Department of District Administration in service delivery. At the district level there are Age Assessment Committees whose duties include assessing citizens who have no birth dates in their Omang cards, to recommend to National Registration Offices for age reassessment. The assessment targets those who are believed to qualify to receive the Old Age Pension, but do not have relatives who may be able to vouch for them at Omang offices. At the village level, Pension committees are responsible for monitoring payments, to encourage beneficiaries to turn up for payment and to advise paying officers on problems encountered in their villages.

4.3 Impact of old age pension on the older people in Botswana

The Old Age Pension Scheme has had relative success in meeting some of the basic human needs of older people of Botswana. Studies of pension schemes have found that they do reduce individual and household poverty, increase older people's status and improve their family's access to basic services and employment, and that pensioners have become the main income earners in many extended families. Several studies in Botswana (Mzingwani 2000/Seabueng 2000) have shown the pension scheme has a positive impact on the well-being of members of households with whom a pensioner resides. The pension money is used to buy food for the household, clothes, pay medical bills and pay school expenses of grandchildren (Seabueng 2000). This clearly shows that in the vast majority of cases, pensions do not appear to be consumed solely by pensioners themselves. The pension money is therefore pivotal in the lives of older Batswana and apparently a lifeline for entire households. Mzingwani and Seabueng (2000) studies reveal that the OAP

scheme was introduced at a time when it was greatly needed because older people at the time claimed that they could not meet some of their basic needs, (e.g. food and clothing). They saw the scheme as important because with the allowance they were no longer economically a burden to their children and grandchildren, but rather active contributors to the family income. The beneficiaries felt that the scheme had boosted their economic and social status and enhanced self-esteem and participation in community affairs.

According to Helpage International (2004), evidence from those developing countries that provide social pension also indicate that cash transfers have a positive impact on individual poverty, enabling the poorest older person to pay for at least some of the basic necessities of life. Pensions make a tremendous difference in the lives of older people, their families and communities, they enable the older people to access food, water, clothes, thereby promoting health and the ability to generate income.

4.4 Challenges encountered in implementation of the OAP

4.4.1 Inadequacy of pension income

Phillipson and Walker (1986) assert that the state pensions and other social benefits around the world have failed to eradicate poverty. In the case of Botswana, despite the fact that the older persons get P220.00 every month, it is still evident from Seabueng's (2000) findings that many of them are still in great poverty. The data show that the allowance they get is too little to cater for their basic needs.

4.4.2 Logistical Challenges

Problems encountered in the implementation of the old age pension scheme include the misplacement or loss of the order books by the beneficiaries. In some instances as indicated above, beneficiaries fail to turn up for payments on scheduled days. Beneficiaries who are supposed to renew their "life declaration" certificates also fail to do so for any number of reasons. Paying officers sometimes fail to honor the monthly

payment scheduled date and that creates a problem for the older people who often would have to travel long distances to reach the paying points or post offices. There is also a problem of congestion at the post offices and other pay points (Social Benefits Division Brochure, 2004, page 7&8). There is a further problem of transport for those who stay far from the paying points, or in remote areas where transport is not guaranteed.

The production of life declaration certificates for pensioners also creates some problems particularly for those older people who have been immobilized by age. It becomes too difficult to transport them to such places where they can get assistance. In this regard, in March 2006, the Member of Parliament for Bobirwa, in a parliamentary discussion, recommended to the Ministry of Local Government that it would be appropriate to permit chiefs to provide a written confirmation and verification of the availability of old age pensioners periodically, rather than to expect such pensioners to be physically conveyed or delivered to the offices for such confirmation. However, the recommendation was rejected as the Assistant Minister of Local Government insisted that old age pensioners should at all times present themselves personally and sign the "life declaration" certificates. He said his Ministry had put mechanisms in place to assist old age pensioners who might be having difficulty in presenting themselves to the offices. He stated that the officers would follow to their homes, those older people who cannot walk on their own (Botswana Daily News). However, many beneficiaries do not seem to be aware of this arrangement. Still, during the parliamentary discussions, the Member of Parliament for Tswapong South pointed out that other problems that exist include lack of toilets at the pay points. He stated that in his constituency, the post office where pensioners get their payment had no public toilets which can be used by the pensioners when they have come to get their money (Radio Botswana News, 16/03/06). Thus a number of logistical challenges make it difficult for pensioners to access their money.

4.4.3 Security issues in implementing the cash component

Seabueng's (2000) study reveals that pension officers are often at a serious risk because they have to deliver the cash to beneficiaries who live in villages where there are no post

offices. Pension officers and the police that accompany them are often at risk of being attacked, as the latter are unarmed. The study also reveals that some government officials also carry out fraudulent activities leading to loss of money. For example, the Ministry of Local Government (MLG) reported that in 2005, it lost over P500.000 due to fraud. Issues of safety are not only of concern to government. At household level, as is the case in Lesotho (Nyanguru 2007), some of the older people are robbed of their money or own food items by relatives and strangers as they push their trolleys home.

4.4.4 Policy and administrative issues related to the Old Age Pension Scheme

Ntseane and Solo (2007) have noted that social security arrangements in Botswana are general, scattered and fragmented across Government ministries and departments. This also applies to the Old Age Pension Scheme. The scheme is administered by the Commissioner of Social Benefits in the Ministry of Local Government, implemented by social workers and the District Commissioners offices in the Local Authorities. Allowances are received at post offices which fall under the Ministry of Local Government. No single department is responsible for the older people, unlike with women and youth as special population groups. The other issue is that of lack of a comprehensive policy on the older people that guides assistance to this population group. Guidelines exist but they are narrowly found inadequate. The guidelines on assisting the older people have not been turned into law and as such provision is not guaranteed as a right and it can easily be withdrawn.

5.0 DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.1 Discussion

Botswana's socio-economic transformation marked by high levels of economic growth and social mobility has inevitably altered the social structure, social roles, values and social relations in the country. The relationship between men and women has changed so have the relationships between children and parents. The relationship and expected obligations of family members to one another have shifted considerably. The state has become an important player in the social and economic life of the people. While informal social support systems were the norm in the past, today formal bureaucratized structures are in place to assist vulnerable members of society. It is quite evident that modernization theory has some measure of validity in so far as it explains the progression of societies from traditional to modern state. In traditional societies, the extended family provided social support but development brought with it changed attitudes and sentiments that undermined the solidarity of earlier societies. Modernity brought about alienation and isolation of collective structures in favour of individualism and distinctive forms of division of labour. The members of society who were rendered unproductive by their age were thus left without support. The need for government intervention then became eminent.

Since Botswana attained budgetary self-sufficiency in the early 1970's a variety of programmes aimed at poverty alleviation and the general improvement of the welfare of the people, were introduced. The older population has been affected by the changes going on in society. The care and support they received from the family has waned and the state had no option but to intervene. It is on the basis of this state of affairs that in 1996 an Old Age Pension Scheme was introduced in Botswana to meet the income needs of older people.

Botswana's Old Age Pension Scheme has been in existence for over twelve years now. It has provided limited income security for the older people. It has also ensured that the

older people are an economically active age group in society. In this way, it has raised the social and economic profile of the aged. The older people are not seen just as a burden to the economy but also as contributors to the family economy. The Old Age Pension scheme has been found in many jurisdictions to have the effect of reducing poverty levels and stimulating economic activity. This seems true for Botswana. Willmore (2001) observes that there is evidence that non-contributory pension schemes of a universal nature normally make significant dents in poverty at family and community levels. Through this allowance, older people can access food, clothing, and water, pay for their bills or use the money to generate more income. Along the same lines, Binoli (2000) argues that if the effectiveness of the old age pension scheme is measured by the extent to which the living standards of the people have improved over the years, state intervention in the area of pensions has been a success story in many countries. He further noted that in Western Europe pensioners moved from being a deprived group to one enjoying conditions of relative affluence. In Botswana, Maundeni and Ntseane (2004) record some level of satisfaction among old age pensioners. They asserted that (in Botswana) people of diverse backgrounds are always eager to receive money provided under the Old Age Pension Scheme. They say that the pension gives older people a sense of being appreciated. Furthermore, the collection of social benefits offers older people an opportunity socially to meet and share experiences.

Though this might be the case, the Old Age Pension Scheme in Botswana offers inadequate benefits. The money that is currently offered (in 2009) by the scheme is around P220-00 and this falls far short of the amount of money one needs to purchase basic commodities for a month. Given the rate of inflation that stood at 11.5% as in March 2009, and the rise in the cost of living that has occurred over time, it is patently clear that the money is inadequate. The meager benefit from the scheme might well explain the poverty recorded among older people in Botswana. A study conducted by Seleka, Siphambe, Ntseane et al (2007), revealed that older people are the most badly hit by poverty as they recorded the poverty head count of 36%. In a country that has enjoyed a sustained economic growth for three consecutive decades and one that is ranked among middle-income economies by the World Bank and IMF (Private Sector Development

Strategy, 2009), it is inconceivable that such poverty and low levels of income maintenance benefits could be recorded. It is further revealed by the study that older people in Botswana live in households that live below the poverty datum line (PDL). Currently the PDL is set at around P600.00 (CSO 2003). This happens against the backdrop of policies designed to alleviate such poverty. It must be noted that the little money afforded to old age pension in Botswana is a result of a perception in government that the extended family will provide for part of the financial requirements of their older members. This thinking is probably flawed in that it fails to recognize and appreciate that many of the employed people cannot meet their own basic survival needs and as such they cannot be expected to assist their older members. The situation has been exacerbated by the global credit crunch which is currently affecting economies around the world.

A worrying aspect in the provision of the Old Age Pension Scheme in Botswana is that it is not part of a comprehensive old age policy package for older people that would normally cover the psychological, health, education and esteem needs of this older population. Government sees the provision of money as a solution in terms of assisting older people. As noted elsewhere in this paper, the needs of the older people are diverse and to think they could all be addressed by the amounts of money currently disbursed through the Old Age Pension Scheme, is unrealistic. There is need for a comprehensive policy to spell out how basic needs other than the financial and material requirements of the older people, could be met. It is becoming increasingly clear that some older people for example, need shelter, while others need psychosocial support, which is not readily available to this special population group. The fact that in many instances older people are primary care givers for HIV and AIDS infected and affected members of their families, places a heavy emotional burden on them and such sacrifices should be recognized through helping the older people with meaningful assistance.

The policies for older people in Botswana do not seem to tally with the principles of the United Nations on the older people as referred to elsewhere in this paper. The principle of participation that requires that the older people be active participants in decisions that directly affect them has generally been ignored as schemes and guidelines for older

people have been the preserve of the ruling elite at the exclusion of older people. The types and levels of benefits for older people are normally determined without the input of the affected population group. Older people's right to be consulted on decisions that affect them has not been recognized. The right to self-fulfillment that recognizes the right of the older people to continue to pursue opportunities for the development of their potential is also under assault in Botswana. The right of older people to education, skills training and employment is not promoted in respect of the older people in Botswana. As for dignity, older people in Botswana are fast losing the respect that was traditionally accorded them, as young people have adopted new cultures that denigrate old age. The principle of care is yet another important one for older people. In the case of Botswana care for the older people starts and ends with receiving old age pension allowance and beyond that, it is the older people who are carrying the burden of care for their sick adult children and orphaned grandchildren. The situation has greatly worsened in the era of HIV/AIDS. Older people in Botswana need to be given greater recognition and accorded the respect, protection and independence they require to lead satisfying lives.

5.2 Conclusion

Botswana's social security provisions are many and generally they provide protection and income security to a sizeable proportion of the population. It is also true though that even with this social service provision scattered across government ministries and departments, a significant proportion of the population of Botswana remains poor and vulnerable. The older people in Botswana constitute such a vulnerable group. The Government of Botswana came up with a number of initiatives to address the plight of this population group since the early 1970's, through the 1980s. In the 1990's, the Government introduced a universal non-contributory scheme for the older people (OAP). Older people in the country have derived positive benefits from this scheme. The provisions from the scheme are however, inadequate and insufficient for a country that has enjoyed economic prosperity for prolonged periods. The scheme also falls short in terms of addressing adequately the five UN principles for older people, which include independence, care, self-sufficiency, dignity and participation. Older people are not

active participants in the pension scheme, except that they receive monthly allowances. There is very little dialogue between the older people and originators and implementers of the scheme. The absence of a clear policy framework and robust coordinating mechanisms for the delivery of old age programmes, has compounded the problem for this special population group.

5.3 Recommendations

In light of the above discussion, the following recommendations to address the situation of the older people in Botswana, are made.

1. Currently there is no comprehensive policy in Botswana that deals with issues of older people. There is no specific instrument that guides stakeholders such as the private sector, NGOs and even the government itself, on issues pertaining to older people. It is against this background that this study recommends that the Government, through the Ministry of Local Government and other stakeholders, formulate a comprehensive policy to address the needs and care of older people in Botswana. This policy would help in the regulation and provision of guidelines on caring for the older people.
2. For purposes of proper coordination of the policies, activities and programmes for the older people, it is imperative to have a specific government department “one stop shop” that addresses in a specific way, issues pertaining to older people.
3. The Pension amount given to the older people should be such that it can help meet the basic monthly financial requirements of older persons. There is therefore need to review the current amount of P220.00 to at least P600.00 per month.
4. There is a need to encourage the formation of civil society organizations that advocate for the improvement of the living conditions of older people. In particular there is need to open Help Age Botswana whose mandate will be to address the needs of older people in the country in the same way as the Help Age Zimbabwe and Help Age Kenya etc have been constituted.

5. Most of the current service charges in Botswana are relatively high for an average person, let alone for older people who do not have much income at their disposal. It is recommended that the government should formulate policies that will create an enabling environment for service providers and other interested parties to offer preferential services to vulnerable groups, including the older people, at an affordable cost. For example, traveling by public transport at reduced or no cost and paying reduced costs in service levy charges. In addition law could be passed which gives older people preferential treatment to occupy the first two seats on a bus as happens elsewhere.
6. There should be clear monitoring and evaluation criteria that seek to ensure that all older people benefit maximally from programmes designed to help them.
7. The age limit of 65 is not consistent with the retirement age of 60 for public servants in Botswana. It is therefore necessary to reduce the age of eligibility to 60 and in this way, coverage will be broadened and more people will be assisted.
8. Pensioners who are serving a prison term should continue to draw their Old Age Pension allowances for the benefit of their families and dependents. It does not make sense that benefits are stopped at the time when the family of the incarcerated needs them most (given that the breadwinner will be behind bars).
9. Further research to determine the comprehensive needs of the older people in Botswana should be commissioned, and could inter alia focus on issues as the extent to which the 5 UN principles are being adhered to in the country.

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