

AN ETHNOGRAPHIC STUDY OF THE WELL-BEING
OF ELDERLY PEOPLE IN A MATRILINEAL SOCIETY IN
MALAWI, AFRICA

by

Mala Mwanjiwa NyaManda

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APPROVED

Jay A. Mancini, Chair

Katherine R. Allen

Mark J. Benson

Rosemary Blieszner

Charles M. Good

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Blacksburg, Virginia

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Mala Mwanjiwa NyaManda

Jay A. Mancini, Committee Chair

Department of Family and Child Development

Virginia Polytechnic Institute

and State University

(ABSTRACT)

An ethnographic study of 30 elderly men and women was done in a matrilineal group in Malawi, a small landlocked country in southeastern Africa, with the purpose of determining how societal change influences the well-being of the elderly. The study was carried out on the outskirts of the capital city and in a rural area so as to draw a comparison on societal change.

Well-being was defined as the subjective evaluations of personal life experiences in terms of health and functional status and access to resources (George & Bearon, 1980). A theoretical framework that combined symbolic interaction, social exchange and modernization theories was used in order

to get a larger understanding of human relationships at both the micro and macro levels. The combination of exchange theory and symbolic theory has been suggested by other researchers (Mancini & Blieszner, 1989 & Mutran & Reitzes, 1984).

Qualitative data analysis method was adapted from McCracken (1988). The purpose of the analysis was to develop themes of logical interpretation of the respondents view of well-being. Four interrelated themes emerged in the study as affecting the well-being of the elderly. Societal change had the most influence with presence of biological children, socio-economic status of adult children and gender of adult children as the other themes. Societal change was occurring even in rural areas such that the extended family which traditionally provided care to elders, is seen to be shifting its responsibility to biological children. Results also showed that environmental factors such as drought and inflation also affect the well-being of the elderly.

This study was the first documented gerontological study in Malawi. It is hoped that the results will generate interest at the action, policy and research levels. Therefore recommendations were made as to future research.

DEDICATION

With love to
my late father, Mr B. Itole Manda
and
Apakatamanja NyaSangano Manda, my mother

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First, I would like to thank my parents for providing a loving and stable home in which we could thrive. I thank my late father for teaching and showing me the value of humility. As I have grown older I have come to appreciate that it takes strength of character to be unpretentious in life. I thank my mother for encouraging me to be the best that I can be in a man's world. I know that my late father would have been very proud of my success just as my mother is now, I am also most proud to be their daughter.

I would also like to thank my siblings Ronald, Chopa and Lydia who have provided me with a healthy rivalry throughout my life. I have felt your love and support throughout this process even though we are thousands of miles apart. But, I especially thank you my sister for without you I would not have been able to go through this process. You effectively took over the care of my children in your usual calm and competent way. I am very lucky and blessed to have you in my life. In addition I would like to recognize my uncle Frank Sisya for his encouragement and support.

Many thanks go to my children Karungama, Kondwani, Fumbani, Karumba and Chifwiri. Having to be away from you

for four and half years was extremely hard and even more unbearable to leave Chifwiri at the age of four and half. I drew my strength to endure this process from you. Your letters and our telephone conversations I will always treasure. Also thanks Karungama for accompanying me during the interviews. I look forward to being among you all, your love, once again.

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CHAPTER I

INTRODUCTION

Purpose and Significance of the Study

Malawi is a nation that is slowly moving from an agrarian based economy to a more modern industrialized economy. This modernization trend has been reported as affecting the family, the traditional support system (Adamchak et al., 1991: Dixon, 1987). The family is increasingly seen as being less effective in providing support to its members. And yet at the same time, the numbers of elderly people in Africa are increasing. Societal change therefore is seen as negatively affecting the support and care of elderly people. How societal change is affecting the well-being of the elderly in Malawi is the issue that underlies the current study.

A substantial amount of work, mostly in Western countries, has documented various issues affecting the elderly but none has focussed on Malawi. An exhaustive literature search led to the conclusion that no study had ever been done or reported on the situation of elderly people in Malawi. The study was designed to address that deficit.

The main objective of the study was to determine how

societal change influences family patterns and well-being of the elderly in Malawi. This was achieved by looking at well-being from the viewpoints of older people themselves. Through in-depth interviewing the participants related their experiences and in that way provided a subjective viewpoint of their well-being.

In this study well-being was defined in terms of subjective evaluations of personal life experiences. Well-being was assessed subjectively in terms of individuals' perceived evaluations of themselves with regards to their health and functional status, and access to resources (George & Bearon, 1980).

The care of elderly people in Malawi has always been invested within the extended family. The family traditionally took care of its own people and this was eased by the cooperation of a larger extended family group. The extended family was close in terms of emotional, residential and social proximity and thus care for the elderly was adequate in the past.

But cohesiveness of the extended family in developing countries has been questioned (Apt, 1993; Goldstein et al., 1976; Rosenmayr, 1983; Trease & Logue, 1986). The movement towards industrialization and urbanization has often been

used as the argument for the disintegration of the extended family. Even with a rapid rate of social change, changes in social values have tended to lag behind because values are deeply ingrained in the cultural history and are not readily abandoned.

Kilbride and Kilbride (1990) describe the desertion of Nairobi city in Kenya, East Africa, over Christmas holidays where almost everybody 'goes back to their village'. This picture can be repeated over and over in most African cities showing the strong influence and cohesiveness of the extended family. In Malawi for example, a person considers the ancestral village as their home even if they no longer reside there. This forms an integral belief of the extended family such that upon death (except under exceptional circumstances) one is always buried in the ancestral village. The main determining factor as to one's home is guided by the family structure, either patrilineal or matrilineal.

Industrialization and urbanization have indirectly affected the close residential proximity of the extended family. Mobility has become easier due to better infrastructure, educational ambitions, and wage employment. How has physical distance affected family relationships?

Hashimoto (1991) points out that:

Physical distance is not equivalent to emotional distance Change in living arrangements alone neither implies a change in family systems, nor a change in family relations per se. Thus, in the discussion of changing household composition, the assumption of concomitant weakening of ties between the elderly and other family members is often misleading (p. 359).

From personal experience and observations it can be stated that the extended family is the mainstay of family structure and survival in Malawi. The argument of the break up of the extended family is empirically derived from a Western perspective and its generalization to non-Western societies needs further study and analysis (Baranwal & Ram, 1985; Hashimoto, 1991).

It is generally accepted that in Malawi, whether in matrilineal or patrilineal systems, the major part of caregiving is provided by women. In patrilineal groups for example, men are supposedly responsible for providing and ensuring caregiving for their parents, but in reality it is their wives who provide the main caregiving. A single man, on the other hand, is never expected to assume caregiving

responsibility of his aging parents.

Assumptions

The study is based on the following assumptions:

1. The extended family in Malawi takes care of its elderly members.
2. The major responsibility for the caregiving of the elderly rests in the hands of the female members of the family.
3. The caregiving of the elderly has been greatly affected by societal changes.

Research Questions

A review of literature and application of modernization theory, exchange theory and symbolic interactionism seem to show that families and societies are adapted to providing caregiving for members that have special needs as long as family patterns remain stable. Societies are not static and changes from both within and outside the system initiate change in social relationships. Such changes are evident in Malawi and therefore raise new questions about the situation of older persons. Of special interest to this study are the dynamics of societal change and its impact on the well-being of older adults. The study draws attention to these issues by focusing on the following research questions:

1. What are the attitudes and feelings of elderly people towards the care that they receive from their adult children and the extended family?
2. How does education, gender, health status, marital status, and place of residence of older people affect their well-being?
3. To what degree are the physical and emotional needs of elderly people satisfied?
4. To what extent does the situation (economic, education etc.) of older people's children affect their well-being?

Definition of Terms

The following is a list of terms used in this study and an explanation of how they were applied:

Caregiver - The person who gradually assumes the major role in providing the basic needs of the elderly as they increasingly become less able to.

Chichewa - A local language spoken by more than half of the Malawian people. Chichewa is considered a national language and is taught in schools.

Chitengwa - The practice of marriage where a man in a matrilineal family system gains the right to settle with his wife and family in his village of origin.

Elderly - In this study elderly was defined as men and women aged 55 years and over.

Matrikin - Members of an extended family who are related and trace their lineage to a common female ancestor.

Matrilineal - The family structure that is based on female ancestry.

Matrilocal - Where normal residence is with the wife's matrilineal kinsmen.

Well-being - The subjective viewpoint / evaluation of personal life experiences of the participants in the study. In this study well-being includes (1) health and functional status; and (2) access to resources.

Summary

This is an important study because Malawi will soon need to address the situation of the elderly. The study creates awareness in an area that policy makers have ignored and academicians have relegated to the background because of the perception that other issues that the country faces are more important. The study can also be seen as contributing information to families that take on the important and necessary responsibility of the caregiving of the elderly. It is hoped that this study will generate interest and that other researchers will expand and continue research in other

aspects of the well-being of the elderly in Malawi.

CHAPTER II

LITERATURE REVIEW

Overview

The worldwide upward trend in population aging has been well documented by demographers. Torrey et al. (1987) reported a 2.4% per year growth of the elderly population world wide. Additionally gerontologists and other researchers have made substantial efforts in increasing the knowledge base and understanding of the complex issues in aging. However, most of the work has concentrated on the developed regions of the world with little or no attention paid to developing countries (Neysmith, 1991; Tout, 1989; Treas & Logue, 1986).

At a glance, the population distribution in developing countries appears demographically young with less than 6% of their population over the age of 60. Yet it is projected that every month the net balance of the world's older persons (55 years and over) increases by 1.2 million persons and that more than 80% of this monthly increase occurs in developing countries. Further, it is estimated that over 70% of the world's population aged 60 and above will be found in the developing regions of the world (Adamchak et al., 1991; Kinsella, 1988; Neysmith, 1991; Okojie, 1988;

Sokolovsky, 1990; Treas & Logue, 1986).

The graying of Africa, for example, has not received much attention and yet according to Hampson (1985):

It is estimated that [Africa] in the last quarter of our century will see the highest percentage increase of the elderly population in any continent, rising from 19 million to 42 million, a 116% increase Thus Africa and other less developed regions of the world are being faced with a dramatic increase in their elderly population (p. 39).

So what has been the response to the rapid increase in the elderly in Africa? Unfortunately, gerontological research has had little interest on Africa. The point of reference therefore has been almost exclusively from western industrialized societies. Such a focus according to Neysmith (1991) means that "the problems posed, the questions asked, the causes and explanations considered, and the social policies and programs designed are marginal to the needs of the majority of the world's aging peoples" (p. 312).

Thus total dependence on research findings from developed countries' which are often based on western driven theories, is inappropriate. At the same time, I believe

that current theories on family life can be used to inform research in Africa. Consideration of the applicability and appropriateness of such theories should be an important feature on family life research in Africa. It will be noted later that my conceptual framework is a combination of modernization, symbolic interaction and social exchange theories.

Aging Trends in Africa

Unfortunately, the relative absence of gerontological studies based on Africa makes applicable literature review difficult. Localized academic authority and tradition in Africa has lagged behind that of western countries because the study of aging is still not perceived as important and urgent in comparison to other issues such as poverty, illiteracy, infant mortality, malnutrition and agricultural problems (Adamchak, 1989; Tout, 1989). In examining the few studies on aging trends in Africa that are available, Tout (1989) suggests a consideration of the following four facts in order to clear misunderstandings on the situation of aging in Africa:

1. The existing extreme diversity of cultures, environments and aging processes, for example the variations in the cultures and environments between

Sudan and Malawi, or Somalia and Zaire.

2. The wide economic variation, for example the range between Libya and Malawi, where Libya has a GNP per capita above the world average and Malawi is among the world's poorest poor.
3. The existing large variation in religious traditions from Muslim, to Christianity, to Spiritism.
4. The rates of modernization, industrialization and urbanization which vary both within the continent and within specific countries.

African people are very diverse in physical, cultural and tribal attributes. This diversity exists between countries and regions and within specific countries. Understanding the complexity of the African people and their continent will serve to avoid the tendency to treat them as homogeneous. This complexity by itself calls for an urgent need for data generated by localized research studies.

By the end of the century Africa will experience a high increase in the number of persons aged 60 and over. Unfortunately this population aging is occurring against a backdrop of "economic stagnation, minimal health and social services resources and infrastructure and grossly inadequate (and sometimes non-existent) pension schemes" (Minkler,

1990, p. 847). Further, Okojie (1988) mentions two issues that are weakening traditional sources of care for the elderly: (1) migration of the young people from rural communities to urban centers in search of employment and education; (2) increased female labor force participation (women have traditionally been the backbone of the actual caregiving).

Peil (1991) in her study on family support for the Nigerian elderly found out that family support networks were still very strong. The notion that modernization causes breakdown towards care for the elderly was not upheld in her study. Rather care of the elderly was impeded by resources of the caregiver. This is a strong indication that the trend towards breakdown of the extended family is not evident in Nigeria and thus the notion of having many children as security for the future is upheld.

The problem of support is more acute for older women than men. Men tend to be heads of households and often involved in polygynous relationships that include young resident children. The men are therefore assured of care, for they demand it. Old women, on the other hand, are often widows whose children are grown and have moved away. Widowers generally remarry but widows are not expected to

and so either live by themselves or else are dependent on whatever assistance they are given.

Rosenmayr (1988) in his study of a village in Mali, West Africa, reports that the "old person, particularly the old man, has prestige and power on account of his age" (p. 21). The elders are ascribed leadership roles not because of their wisdom but their age. The principle of seniority is ingrained in traditional Mali and Africa generally because aging is often accompanied by power and prestige.

Rosenmayr, though reported beginnings of the breakdown of the seniority principle and the mythology that surrounds it when the young migrate to the cities. Schools are blamed for stimulating the "ability to contradict or at least to remain silent and think differently. Children learn to become critical of the old power figures in their villages" (p. 37) which is contrary to traditional African culture where the young are expected to listen and to respect elders without questioning. Modernization is also blamed for fostering a spirit of individual achievement which is contrary to the principle of seniority. Rosenmayr suggests that instead of helplessly deploring the breakdown of the traditional African seniority principle, new attitudes and structures should be developed to forge the old and new

socioeconomic order. In a continent without social welfare, maintenance of the traditional care system is critical for the well-being of the elderly.

Adamchak et al., (1991) interviewed 150 elderly persons on elderly support and intergenerational transfer in Zimbabwe. The results were similar to what Peil (1991) reported in Nigeria. That is, children provide considerable support to elderly parents; 45% received cash support and 61% received non-cash support. On the other hand, 23% of the elderly parents provided financial support to younger generations. The amount of resources transferred is related to the economic means and situation of the adult child. Otherwise children still place a high value on support to aging parents (Peil, 1991). The impact of modernization was not directly observable but the authors speculate that as rural-urban migration occurs, a decline in family support for the elderly will result.

Demographic Profile of Aging in Malawi

Malawi presents an expansive population profile which is characteristic of countries with high rates of both fertility and mortality. The 1987 census report showed about 8% of Malawi's population as aged 55 and over. Such a low proportion of the elderly in the population gives an

impression of youthfulness but at the same time fails to reflect a real increase in the numbers of the elderly. The increase is caused by developments that have slowly been occurring at the younger end of the population. Malawi has a very high fertility rate, estimated at 7.16 births per woman in 1987. The very high fertility rate, when coupled with a slowing down of the infant mortality rate, results in a large population of young people who will eventually grow old (House & Zimalirana, 1992; Malawi population Census, 1987). The demographic impact of the AIDS epidemic in Malawi is beyond the interests of this study, but House and Zimalirana (1992) state that "even with the worst case AIDS scenario, the population would be one-and-half times greater at the beginning of the twenty-first century than in 1987" (p. 145).

The well-being of the elderly in Malawi will inevitably come to the forefront as their numbers gradually increase. This is compounded by a changing environment as the society embraces a more technological advanced labor economy. A technologically advanced society manifests new issues such as rural to urban migration, increasing numbers of women in wage employment and increasing poverty due to unemployment and underemployment. The impact of such changes on the

elderly and their caregivers has yet to be documented but they indicate a loss of key sources of agricultural labor and economic and social support.

The lack of a specific policy that addresses the concerns of the elderly by the Malawi government (DEVPOL, 1987) is typical of African nations. As in most "sub-Saharan Africa, comprehensive social security programs do not exist, and few people are involved in pension schemes" (Adamchak, et al., 1991, p. 505). Treas and Logue (1986) state that policy makers in developing countries "believe that they have more important things to worry about than the needs of the old age population and that . . . problems associated with aging populations are typically thought to be comfortably far in the future and overshadowed by current crises" (p. 653).

Families have continued to be the basis of care for the elderly but this might be another myth about the elderly in Africa. Apt (1993) noted "irreversible social and economic trends that could have detrimental effects on the aging situation if no serious efforts are made to forestall them" (p. 310). For example, the majority of Africans are experiencing a rapid decline in their living standards due to inflation, unemployment and underemployment, and failing

external trade. This is bound to impact young adults' abilities and attitudes towards the care of their elderly parents as well as themselves, their children and their extended kin (Apt, 1992).

But what is meant by care in the Malawian context? And who needs care? Keith (1992) links the notion of care with the definition of old. A lot of variation exists as to how old is defined but basically it is linked to either functional ability or chronological age. In traditional societies, such as Malawi, people are considered 'intact' if they can carry out activities of daily living and old if they are not able to. Functional ability must be understood within the context of the group of people under consideration. From a personal insider's viewpoint, I know that the elderly in Malawi do not retire but continue to function according to their energy levels. They will continue to work on the land, as an example, but the size of the gardens gradually becomes smaller, of course affecting the amount of harvest.

Care is not a one-way support mechanism. The young mainly provide the physical and material resources. The old are perceived as ritually powerful and as such have special access to the supernatural. Additionally, they control land

resources and the traditional pool of knowledge for survival. Dependence, or the need to be taken care of, is a strongly held value of successful aging in Africa. Thus in order to receive care in old age, it is considered necessary to have children and a stable residential pattern (Keith, 1992).

Family Support in Developing Countries

Societal norms prescribe the caregiving of aging parents by adult children with the extended kin and community helping when there is a need. The extent of the actual caregiving has yet to be documented. The extended family is functionally seen as a "large cocoon which envelopes the individual in a soft wool of warmth of fraternal love and care, developing a network of social duties and responsibilities as well as material expectations and communal safeguards" (Nkosi, 1976, pp. 50-51). The elderly look upon the extended family as a 'safety net', in that their economic and social needs are assured as they are surrounded by their "numerous children and grandchildren" who have the responsibility to "supply the necessary care as their aging relative's strength and self-reliance diminishes" (Okojie, 1988, p. 12). At the same time the elderly have the advisory role as well as the responsibility

of socializing the children.

The extended family can also be equated to the modern (western) social security system. Membership in an extended family carries with it the obligation of assisting "each other in times of crisis and to share the achievements and glory that individuals bring" (Apt, 1993, p. 303). Thus whoever needed care, the old, young and sick were catered or, cared for to as the need arose. The picture presented here though is the 'ideal' but the reality might be different in some cases. Apt (1993) and Rosenmayr (1988) both cite examples of old people who had been abandoned in the rural areas.

The prevalence of the extended family in developing countries has been reported elsewhere. Goldstein et al., (1983) reported that "because of the persistence of extended families and households, the situation of Third World adults is commonly believed secure and satisfactory" (p. 716). This viewpoint is also commonly held in Malawi.

The above is also echoed in a message by the former Prime Minister Indira Ghandi of India to the 1982 World Assembly on Aging that "in developing countries, the problem is not serious [as in developed countries]. Old people are revered as elders and sheltered within the joint family" (as

quoted by et al., 1976, p. 716).

But is life in an extended family always secure and satisfactory for the elderly? Samarasighe (as quoted by Treas and Logue, 1986) "dismisses the extended family as a 'romantic myth', because the resources to be shared are often meager" (p. 651). Therefore even those families with the best intentions towards its aged are handicapped by the challenge of how to best allocate scarce resources for maximum benefit. It can be argued that the supposed protection provided by the extended family to their elderly is a myth.

The care of the elderly in traditional Africa was the responsibility of the large extended family but in modern Africa it is increasingly becoming the responsibility of the immediate family. This does not imply a total abandonment of the traditional family patterns but points to the importance of considering structural conflicts and tensions, such as gender, income, place of residence and personality which are likely to be magnified as social change occurs. Peil (1991) noted that "social change affects different people in different ways, depending on sex, location, size of cohort, economic resources, . . . norms inherited from the past and personality" (p. 85). It is apparent that the

well-being of the elderly is closely linked with the economic resources and location of the residences of their immediate family.

A contrasting picture emerges in a study by Draper and Keith (1992) where they reported that for the !Kung of Botswana care is embedded in the extended family:

Most elders receive attentive physical care from people they have always known. Although they lack such basics as regular medical care or clean water, the quality of their declining years is high, at least measured by proximity to important others, ability to remain in familiar surroundings and opportunity to remain in touch with everyday events (p. 129).

The value of interdependence is held highly in extended families and it serves in easing the "social and psychological transition into the aged role" such that adults "make their demands with a confidence to which they believe age entitles them" (Draper & Keith, 1992, p. 132). Cowgill (1972) asserts that the status of the elderly "tends to be high in societies in which the extended form of family is prevalent and functions as a household unit" (p. 11).

Theoretical Perspectives

The lack or limited research directed by theories or

conceptual framework in gerontology has been pointed out as a major limitation and as the reason why most of its research is targeted at addressing defined problems. The weakness of such research is that it is limiting and does not lead to an understanding of the larger picture and prediction of future behavior (Mancini & Blieszner, 1989). I took such concerns into consideration as well as that my research was outside the realm of the formation of current theories in family studies in coming up with a theoretical framework that utilized the strengths of modernization theory, symbolic interaction and social exchange theory.

The following three paragraphs explain the strengths and applicability of the three theories to my study. I have already pointed out that use of each of these theories in my study by themselves would not be applicable because they are western based and thus do not directly respond to the culture under study.

Symbolic interaction helps to explain how people makes sense of their environment and why they respond in specific ways. It can be theorized that each culture has unwritten rules that govern who will assume the role of the caregiving of elderly parents and maybe answer why women tend to be over represented in the caregiving role.

Generalized social exchange theory on the other hand ties in the interdependence of people particularly in extended societies. Social relationships in traditional societies such as the group in this study are guided by unwritten social norms that guide cooperation within the larger extended family.

Modernization has been criticized in the West because it presumes that life was better in the past and yet data shows a much more difficult struggle for survival (Bengtson & Allen, 1993). Yet, for this study modernization theory is applicable when tied in to the decline of the effectiveness of the extended family and that such changes in society are currently observable. It can be correctly argued that material aspects of life are getting slightly better for some Malawians as the society moves from an agrarian base but this is at the cost of a reliable social and emotional support system. Industrialization and urbanization comes along with changes in society. This will be shown later particularly since there is no governmental assistance for the aged in Malawi.

Modernization Theory

Modernization has been used frequently to explain how aging and the caregiving of the elderly has been impacted in

developing countries. Rhoads (1984) states that the "major hypothesis of the aging theory is that the status of the aged declines with societal modernization" (p. 243). The trade off for industrialization and urbanization according to this theory is the reduction in power and prestige for the elderly. This has been reported or inferred to by many researchers (Adamchak, 1989; Apt, 1992; Coleman & McCulloch; Fowler & McNamara, 1993; Ingstad et al., 1992; Kinsella, 1992; Okojie, 1988; Rosenmayr, 1988; Wilson, et al., 1991).

Formal education stands out as the most obvious change resulting directly from modernization. Illiteracy in Malawi is still very high in the general population but tends to be higher among the elderly. Malawi introduced universal education for the elementary level in the 1994/95 academic year. Even though accessibility to education was for a long time mainly controlled by ability to pay tuition, other factors such as gender and distance to schools also contributed to the high illiteracy rate where the national literacy rate in 1987 was reported at 42 per cent for the population aged 5 years and over and 29.8 per cent for the 50 year and above age group (National Statistical Office, 1991). Illiteracy is a limiting factor in many facets of modern life, for example salaried jobs, such that one is

confined to low paying jobs with no status and future security. One consequence of social change is that educational achievement is more and more being equated with status. With illiteracy being more prevalent among the elderly they find themselves losing their power to those with political and economic influence (Apt, 1992; Kinsella, 1988; Torrey et al., 1987).

Hashimoto (1991) gives three reasons why the breakdown of the extended family thesis in Western industrial societies could not repeat itself elsewhere in the world:

(1) it assumes structural determinism of the development process, which is difficult to maintain in light of the divergence of family systems around the world. (2) Historical evidence from England and the United States indicate that nuclear households was the prevalent form of living arrangement in pre-industrial time . . . extended families became more prevalent during industrialization. The notion that the extended family was 'lost' during the demographic transition and industrialization is thereby challenged. (3) Nuclear families in the industrial West do not necessarily experience isolation from the extended kin network where geographical mobility has been prevalent (p.

360).

Modernization theory views interactions with a wide world angle on modernity where effects are assumed to be the same regardless of divergent factors such as ethnicity and thus is limited in explaining interactions at the micro level. Modernization theory therefore is best applied if used in conjunction with other theories that look at interaction at the micro level. The use of modernization theory together with symbolic interactionism and exchange theory will incorporate interactions at both the micro and macro levels.

Integration of Exchange and Symbolic Interaction Theories

The integration of exchange and symbolic interaction has an early tradition. For example Mutran and Reitzes (1984) showed that the symbolic interaction perspective and exchange theory share a similar orientation to the study of social interaction as regards behavior choice. Thus they were able to apply this shared orientation to analyze empirical data for understanding parent-child relationships and the well-being of the elderly. Ritzer (1992) also argues for the integration of exchange theory and symbolic interactionism as a way of combining the micro and macro analysis in human relationship interaction studies. Mancini

& Blieszner (1989) suggest a need to combine various theories in order to have an understanding of the larger picture of family relations and they point out that the use of exchange theory alone does not "sufficiently explain the multiple facets of a relationship" (p.284).

Mutran and Reitzes (1984) mention three converging points between exchange and symbolic interaction:

- (1) an active individual's appraisal and assessment of self and other;
- (2) the contents of role expectations and the value of benefits are relational and dependent on definitions of the situation; and
- (3) roles and role outcomes are not predetermined or fixed but at least somewhat flexible and open to negotiation and exchanges (p. 117).

Symbolic Interactionism

Symbolic interactionism has a broad perspective with contributions from a number of people. The focus of symbolic interaction is on human beings as actors with thoughts. In other words it rejects the view that people blindly respond to stimuli but that they consciously do so, acting on the basis of meanings they ascribe to their experiences. LaRossa and Reitzes (1993) explain symbolic interactionism as the "connection between symbols and

interactions" (p. 135).

The society is recognized as important in providing the norms that individuals use in learning about various roles in their interactions. Socialization is recognized in the development of self, identity and thought. In symbolic interactionism, socialization goes beyond learning to conform to societal expectations to looking at how individuals use the tools gained to form the ability to think and develop self-identity. Socialization therefore is a dynamic process which an individual uses to adapt the information as to their own needs (Cheal, 1991; LaRossa & Reitzes, 1993; Ritzer, 1992).

Interactions. Ritzer (1992) defines interaction as "the process in which the ability to think is both developed and expressed" (p. 349). In social interaction, there is need to take into account the other people involved in the interaction and this is done through the developed thinking process.

The socialization process is important because through it individuals learn the meanings of objects and symbols which are used in social interactions. Mutual influence occurs in a social interaction environment because people use symbols to communicate about themselves to others and at

the same time the others interpret those symbols and respond accordingly. In any social interaction, people are consciously conveying and interpreting the identity of the other. But as LaRossa and Reitzes (1993) point out that "the presentation of self also has an underlying moral character . . . the individual is expected to live up to the rights and responsibilities of her or his validated identity and others are obliged to respect that identity" (p. 149).

The society that one is born into then places and expects certain obligations in accordance to the roles that we occupy. An adult child then may be expected to assume the responsibility of taking care of elderly parents and members of one's society would show disapproval if they fail to satisfy the expectations.

Roles. Roles represent what is expected of actors in a given situation, for example the role of parent typifies what society expects of parents. Future behavior of both the role occupant and others can then be anticipated (LaRossa & Reitzes, 1991). People are able to anticipate future behavior because of shared norms that are learned through social interactions again pointing to the importance of the socialization process. The process of socialization is on the development of self and identity which are closely

tied down to how we perform our roles.

Social Exchange

The social exchange theory has its origin in behavioral sciences and economics. It has developed into two main general forms: the individualistic framework which is credited to an American sociologist George Homans and the collectivistic framework which is linked to the French anthropologist Levi-Strauss. The interpretation of the position of social systems and its resulting norms and regulations as regards to the individual forms the basis of the difference between the two frameworks. Collectivism explains that social norms guide behavior in social relationships, while as individualism points out that social norms are used by individuals as a means to best meet their needs (Ritzer, 1993; Sabatelli & Shehan, 1993). Collectivism framework was adapted for this study.

Generalized family exchange / collectivism

Generalized family exchange is a phrase coined by Peterson (1993) which is an adaptation from Levi-Strauss exchange framework. Peterson (1993) states that generalized exchanges "need not be completed within a single generation . . . participation in generalized exchange represents an investment in the future welfare and prosperity" (P. 572).

This type of exchange tends to promote interdependence and cooperation while promoting solidarity in extended families.

Collectivism argues that the "behavior of individuals in social relationships emerges in response to the demands and needs of the social system . . . and thus social norms regulated the behavior observed within social relationships" (Sabatelli & Shehan, 1993, p. 386). Peterson (1993) reports the breadth of generalized exchange among the people of Benguet Province in the Philippines. Generalized exchange cuts through all aspects of the social and economic life of these people and in such a way "produces a highly effective support network capable of achieving economic diversity to meet crises and expand economic options" (p. 579).

Exchange in family relationships is at times directed by need (Peterson, 1989). She reports families making deliberate decisions to "establish some siblings as farmers in environmentally different areas, or some as wage earners in the city" (p. 136) so as security in order to support the siblings who might be in need or have a lean harvest.

Summary

The increase in elderly population in developing countries in general and Africa in particular has been well documented. Despite this acceptance limited research on

gerontology in Africa has been done and as for Malawi none has been done or at least documented. This has limitations because such studies cannot be applicable to Malawi for example, because they address questions that may not be applicable to the local situation.

The aging trend in Africa is occurring against a backdrop of a stagnating economy and poor social services. Such a situation makes the elderly vulnerable and can affect their well-being negatively. Even though care has always been invested in the extended family there is an indication of changes to this traditional care system due to the impact of industrialization and urbanization. The above concerns call for the need to do studies that are based on the local situation.

A theoretical framework combining symbolic interaction, social exchange and modernization was used to get a broader picture of family relations. Modernization is useful at the macro analysis level while as symbolic interaction and social exchange combine to analyze social interactions as regards behavior choice. The framework is used for the macro and micro analysis of human relations interaction studies.

CHAPTER III

METHODOLOGY

Sample

Sample Selection and Criteria

Selection of participants in the study was purposive mainly because no household lists were available in the research areas with information on people's ages. As explained in the next paragraph, participants had to be personally contacted before recruiting them for the study. Therefore it is necessary to point out at that since my sampling was purposive care should be taken as to the extent of generalizing the results.

Access to the participants in both locations was done through a '3-level approach' where the initial contact was with grassroots level Extension workers who then introduced me to the village leaders (who in most cases were the village headmen or their representatives) and these would then introduce me to prospective participants.

I chose to do the '3-level approach' based on the experiences of other researchers in Malawi. Malawians tend to be deliberate about whom they talk to and the type of information that they disclose. This is a result of having been under an oppressive dictatorial government for 30

years. It was important that the participants, particularly those in rural Chinguluwe area, felt untroubled to be involved in the study. Therefore even though time consuming, this process worked best. This becomes distinct as the method is explained further below.

The purpose of my study was stated and explained to the village headmen during my initial contact with them. I also explained the steps that I had been through to get approval for the study at Virginia Tech and obtain clearance to conduct research in Malawi from the University of Malawi Research and Publications Committee (Appendix B). Finally I sought permission to conduct the study among their people as well as assistance in identifying possible participants. All this was done in the presence of the Extension workers. Their presence was important because (1) as civil servants at grassroots level they represented government and thus an indication that my study had been approved by higher authorities and thus could be carried out without any future repercussions and (2) their familiarity with the area and people was advantageous to me because they were able to point out pertinent customs and expectations from the people of me and my behavior. It was very important to make the right impressions at the initial community entrance in both

areas as this can make the differences as to levels of cooperation from the people.

The initial contact with the village headman which on average lasted about an hour would end after agreeing on the day and time when I could come back to meet the potential participants. This period also gave the village headmen time to contact potential participants and make them aware that I would be visiting them and that the purpose of my visit had been sanctioned by them. This proved useful when I met the potential participants because they stayed close to their homes waiting for me on the day that I came back and thus made my task of identifying participants much easier and speeded up the whole process.

I used the initial contact with the prospective participants to explain my study and to introduce myself and get them to know me and for me to know them too, in other words to create rapport with them. It was important to create some level of rapport because even though I was a Malawian I was perceived as an outsider because I represented the 'outside' world. Obviously my arrival in their villages aroused attention and curiosity. I knew about the 'insider-outsider' phenomenon (Chambers, 1983) and always tried to minimize its effect by paying attention to

local customs but I did not realize how much of an 'outsider' I had become until I looked at some photographs that we had taken in some of the villages. I stood out as a sore thumb, different and somehow not quite fitting into the environment. The impact of this realization unfortunately came after I had completed the interviews but it helped me understand the frustrations I encountered when my participants were not straightforward or unwilling to explain certain things to me during the interview process. It might also explain why most of the participants refused to have photographs taken and that the few who agreed asked me not to include them in my report.

The initial visit usually lasted an average of about 45 minutes. Our discussions were not audio recorded but I would take a few minutes after each visit to make a few notes about the visit and any pertinent issues that had come up in our initial contact that I wanted to explore in depth when I conducted the interview during my second visit.

I mostly considered age as the determining factor to their participation in the study. It was interesting that even though the people mostly agreed on the definition of an old person as one who is "physically frail and like an infant is not able to fend for themselves" that I was often

introduced to middle aged people who had been physically incapacitated by diseases as being old. In the Malawian context as will be shown later, age alone does not qualify one as being old, it is more of a person's capacity to function in the society. So one would be categorized as to the ability to carry out basic activities of living, such as, farming, drawing water and cooking. I therefore had to meet personally each prospective participant to determine whether he or she fell within the age parameter of this study before inviting her or him to participate.

At the time of my study, Malawi was experiencing the brunt of a 3 year drought which had hit most of the country. The people's minds were preoccupied with programs that the government were about to begin on food distribution. At times I had to refute rumors that my visit actually had a hidden agenda on the food distribution program. This caused awkward moments when I had to exclude some people from participating in the study. I was uncomfortable with the whole process because I had found people at a vulnerable time and then always wondered as to the extent of harm that I had caused by inadvertently causing hope. I was also concerned that their willingness to participate was driven by the desire for food in return for their participation.

The participants all verbally agreed and volunteered to participate in the study. None of the participants were asked to sign or thumb-print a form of consent as originally planned because the process became a point of contention during the pilot phase. I decided to go ahead with the in-depth interview once I got a verbal agreement because I observed during the piloting of the interview guide that it was culturally inappropriate to ask the participants to endorse the form to signify their consent, as one participant retorted:

My verbal consent is enough . . . if you ask me to sign a paper then I will suspect that there is more to your study than you are revealing. Have you lost that much of our culture to question the 'words' of your elders?

Several participants indicated their reluctance to participate in the study when asked to sign the form of consent. I could see a lot of indecisiveness and lack of interest thereafter.

Instrumentation

The choice of a qualitative approach for this study was mostly because of the exploratory nature of the study. As far as I could ascertain this was the first study ever done in Malawi that focused on issues of the elderly. The data

generated would be a beginning in creating a data base on the elderly in Malawi. A qualitative approach therefore was ideal because such an approach would yield data with the participants' viewpoints because "recounting of life histories in old age [can be viewed] as current and cumulative constructions of reality that informants have created over the life course" (Detzner, 1992, p. 88). This approach provides the participants the opportunity to share their subjective experiences and how social change has affected them in their own words.

McAdams (1988) pointed out that people can be best understood through their life histories for within them people share their past and orient us towards the future. In-depth interviewing also provided "an insider's long-term perspectives on the events, socio-historical context, and everyday life experiences of individuals and groups (Detzner, 1992, p. 88). Another advantage of in-depth interviewing is that it provides the researcher a way to "capture complex, real-life events and process" (Matocha, 1992, p. 70).

Pilot Testing

An interview guide covering broad areas that answered the research questions was used for pilot testing. The

questions were open-ended to allow the participants the opportunity to respond in their own way as to their personal experiences. Prompts were used for clarification and to elicit more detail wherever appropriate. The interview guide covered the following areas: demographic data, marital status, access to resources, health and functional status. I pilot tested the interview guide in a rural area with six participants (3 of each gender). This was a very useful exercise for I was able to streamline my questionnaire guide by removing questions that were redundant or troublesome to the participants. For example, questions that needed the participants to make some type of comparison elicited responses that were at most vague.

Pilot testing also allowed me to get the feel of the interview environment, being able to tell if the interview was not flowing smoothly and steps to take in order to enhance the process. This stage also enabled me to become more familiar with the interview guide such that I did not need to continually refer to it during the interviews which could have affected their flow.

An important lesson also came out of the pilot testing experience in that I would not be able to ask the participants to endorse the form of consent signifying their

voluntary participation in the study. Each time I tried to ask the participants to endorse the form I found myself taking a long time explaining over and over the purpose of the form but was not getting through to them. I was able to learn that people are generally suspicious of endorsing forms. In going through the village headmen before approaching individual participants indicated to them that I had respect for their tradition. Village headmen are the peoples' representatives and thus have the responsibility of protecting their people from the outside world. Therefore when they make decisions it is assumed that they do so with the best intentions for their people in mind therefore all the participants felt comfortable that their verbal agreement was sufficient.

The In-Depth Interview

The interviews were conducted between the months of July and October 1994 in the participants homes or compounds. All the interviews except for two were conducted in Chichewa language which is the second national language in Malawi. The other two interviews were conducted in Yao language. The interviews were taped on 120 minute audio-cassette tapes so as to have all subsequent interviews on the same tape even though in four cases I used two tapes.

The audio-recorder had an auto-reverse and therefore there was no need to break the interview process if one side of the tape ended. The interviews took an average of 45 minutes. I did not have any opposition to tape-recording the interviews, in fact they were very happy to hear their recorded voices. I would start by explaining that I would be using the audio-recorder because it would be easier for me to remember all the information.

The first 5 to 10 minutes were used for 'idle chatting' on any topic that came up and then I would play the tape back in order to make sure that the recording was clear and for the participants to hear themselves. For most of these participants this was fun because it was the first time that they had ever heard their voices in recorded form. Thus this became an important rapport building technique. It was only after this that the in-depth interview would start.

The interviews were conducted in their homes because it was important for the participants to feel in control of the situation due to familiar surroundings. This also provided me with an opportunity to get a glimpse of their living conditions and where possible verify some of the data I was collecting. Observation as a method was also used in conjunction with the interview. I also used field notes to

record pertinent issues that I wanted to follow on my next visit and information on the homestead and the overall appearance of the participant.

It was often difficult to insure privacy and confidentiality because in most situations we had to conduct interviews outside the houses. My presence alone attracted attention and as is customary in Malawi, neighbors would come to greet me and stay around to chat with the 'visitor'. It would have been considered extremely rude to ignore the people as they came around to greet me and so there were continual interruptions during the interviewing process which at times affected the flow of conversation. It proved useful that I had an interview guide that I could refer to whenever we were interrupted. Sometimes the people stayed around as I conducted the interviews and so I had to make on the spot decisions not to ask questions that would complicate the respondents' lives after I departed. It was possible in some situations that I could ask those lingering after the greetings formalities to leave, particularly if they were younger than I. Here I took advantage of age as a controlling factor knowing that they would not question my doing so as I was older and it would be disrespectful of them to do so. This is an example of a situation where using

myself as a tool in the study became important as I could fit myself in the culture of my own people in Malawi.

Data Analysis

The objective of the analysis was to search for patterns or themes in the data. This was achieved by following a method adapted from McCracken (1988). In addition I used my personal experiences throughout the whole process. Van Manen (1990) points out that my own experiences are "immediately accessible to me in a way that no one else's are (p. 54) . . . and recognition that one's experiences are possible experiences of others and also that experiences of others are the possible experiences of oneself" (p. 57).

A computer word processing system was very useful in that I could move data around easily during the analysis apart from the ease of carrying a diskette instead of stacks of paper. The data were transcribed verbatim in the original language and selected texts have been translated into English and included in the dissertation. McCracken used five stages in his method starting from a detailed analysis of each interview and progressively moved to identifying topical groups in the final stage. Due to the volume of data that I collected I found it easier to modify

McCracken's method into four stages as follows:

Stage 1

This stage involved a detailed analysis of each interview transcript without looking for relationships with other interviews with the main goal of making a judgment as to the identification of important information from the unimportant. This was achieved by the use of (1) my own self as an instrument, (2) conclusions from literature, and (3) my cultural knowledge as a guide.

This detailed analysis involved use of the interview transcript as well as listening to each interview. I listened to each interview at least twice and made notes on key utterances and the voice inflections for hidden meanings. These notes together with my field notes were then used as tools in the analysis of each interview transcript.

Stage 2

This stage involved an extension of the first stage observations by looking at their implications and possibilities. This involved further observations on the interview transcripts by concentrating on the relationships made on the same interview transcript. This stage also involved the consideration of all logical relations of

identity and similarity and also those of opposition and contradiction.

Stage 3

Still working within each interview further observations were done in order to refine the previous observations in the preceding stage. The transcript was used only to confirm or discourage developing possibilities otherwise the file created in stage two was the focus for analysis. At this stage patterns and themes of the study began to emerge. Thereafter, I made decisions on the interrelationship among the themes that had been identified based on redundancy and pertinence to the objectives of the study. Themes that were redundant were discarded for this study.

Stage 4

During this final stage, themes from each interview were all brought together into a general theses and conclusion. In my analysis one main theme emerged with four sub themes. The final process was rearranging the sub themes hierarchically as to level of influence on quality of well-being of the elderly in Malawi.

Summary

A qualitative method using in-depth interviewing was

utilized in order to yield data with the participants viewpoint. This was useful because this was an exploratory study planned to generate data to create the beginning of a data base on elderly people in Malawi.

In-depth interviewing allowed the participants to share their experiences in their own words, expressions and feelings. At the same time it also enabled me to get a deeper understanding of their situation as I could probe beyond the surface or initial responses.

CHAPTER IV

Results and Discussion

Overview

This study was exploratory in nature and it would thus be premature to make any inferences. I struggled with the presentation of the results for I needed to be careful as to whose voice was coming out. I wanted the participants to talk through me and yet I was cautious of the fact that I was bringing all my experiences to the situation.

Complicating the issue was that I had to translate their language and gestures into English. It was a difficult task to try and express their feelings, nuances and intonations in a different language for often in translations some aspect and beauty of an expression is lost. Certain gestures and intonations just cannot be translated.

I tried to be cautious not to judge their lives through my value system otherwise I would have missed the subtlety of their everyday lives. For example, even though the participants were mostly poor with an extremely limited material lifestyle, among them were some of the happiest people that I had met in a long time. This was an indication to me of a high quality of life and well-being at least in their social life. Draper and Keith (1992)

reported similarly on the elderly among the !Kung of Botswana that even though they lacked basic medical care and clean water they nevertheless had a high quality of life because they lived among people they knew and in familiar surroundings - aging in place. This security though is being threatened by environmental factors such as famine and rural-urban migration. Famine necessitates changes in behavior as people become almost solely concerned with finding food for their families at the exclusion of other activities. There were situations where the very old were left alone for most of the day with very young children in the villages as people went in search of either food or water.

Malawi: Location and People

Malawi (Fig. 1) is a small country with a population of about 10 million. Malawi is located in southeastern Africa (Fig. 2) and occupies the southern part of the Great Rift Valley lying between 9 degrees and 17 degrees south of the equator. It is bordered by Mozambique to the east and south-west, Zambia on the north-west and Tanzania to the north.

Malawians are members of the Bantu ethnic group who are found in most of the African region south of the equator.

Malawians are predominantly a rural people with only 11 per cent reported as urban in 1987 (National Statistical Office, 1991). Illiteracy is a major problem because it was only since independence (July 6, 1964) that a sizeable number of Malawians begun to receive primary school education. Thus among many reasons subsistence farming remains the main economic activity.

Matrilineal System

I had planned to include participants from both the matrilineal and patrilineal systems in order to draw a comparison on the impact of social change in relation to the well-being of the elderly. Due to some unforeseen problems such as transport I was only able to draw participants from the matrilineal family system and none from the patrilineal system for comparison. It was only after I got to Malawi that I found out that my employers were supposed to provide me with transportation to and from the research areas but due to miscommunication they had not budgeted for it. The resources that I had necessitated that I concentrate in the matrilineal areas which were closest to where I was based.

The following is a brief description of the matrilineal culture in Malawi. The description centers on family formation and residence patterns. I theorize that it

is extremely important to understand the culture under question because it impacts on the care of the elderly. The whole culture evolves around the family. The word family as understood in the western context does not completely describe family as understood in a matrilineal culture. Two types of 'family' can be distinguished where 'banja' describes a man and woman with their children and 'mtundu wakwathu' which describes the matrilineal kin. This does not imply non-recognition of patrikins but stresses the importance put on matrikins. The links with patrikins are usually weak.

The kinship system therefore stresses the bond between men and women within the same matrilineal extended group. Every male member regardless of age is a guardian - 'nkhoswe' to the women - 'mbumba' of his clan. Of interest is that the power though not vested in the husband is instead in the hands of the 'nkhoswe' who is responsible for the welfare of his 'mbumba' for example he appears in court and pays fines for them, is the chief mourner at the funeral of any of them and the most important person at marriage negotiations for any of them and their offspring. What is apparent according to Mvula (1986) is a strong sense of possession, identity and solidarity between the 'nkhoswe'

and the women members of his family group.

Upon marriage residence is usually matrilocal and it is only under a few strict conditions that the husband - 'mkamwini' can move and live with his wife in his village. This is called 'chitengwa'. Chitengwa is rarely practiced because it is viewed as a temporary state. The term 'mkamwini' that is used to refer to the son in-law literary means a 'borrowed rooster', in other words he is considered an outsider in his wife's village and clan.

Even after moving and living in the husband's village, it is always understood that the children belong to the female lineage and that the wife can always move back to her village. The children are excluded in any discussions and decision making process that involve the fathers matrikin for they are considered to be outsiders. Thus upon the death of her husband, a woman under 'chitengwa' moves back to her own village within a very short period. Similar actions would be expected of a man residing in his wife's village upon her death.

The importance of and preference for daughters is obvious then since the men (brothers, sons, uncles) move out of the village. Daughters are therefore preferred because they and their offspring remain in the village and thus

reside near or next to their parents. They are best positioned to provide the main caregiving to their elderly parents and other kin.

Daughters and their offspring are very important in the matrilineal culture and their position is pivotal. The following experience illustrates the case in point. In listening to the first few interviews during the interviewing stage I began to notice that the responses to the question on number of grandchildren often did not agree with what I had been told during my initial introductory visit. This concerned me because it would have meant that either I was asking the wrong question or that the participants were not telling me the truth. I decided to go back and talk with some of the participants about my observation. The responses I got from them were revealing and intriguing. The following exchange is a typical example:

Question: How many grandchildren do you have?

Answer : I have five.

Question: Do these include those of all your children, men and women?

Answer : No, these are children of my daughter. Those from the boys we don't count because they belong to

their mother (daughter-in-law) and will end up living among their own people (Laughter). I cannot combine grandchildren from that side with mine after all their grandmother is also counting them . . . that would be stealing.

And yet another participant had similar observations:

Question: How many grandchildren do you have?

Answer : My daughter had nine children . . . as of my sons I don't know how many they have, maybe if you asked them or their respective grandparents.

Such information was an exciting revelation to me because it was the first time that I learned this (or more likely listened!). In this way I became open to new ideas. It is apparent that I had been applying my own preconceived ideas based on patriarchy on everybody that regardless which child was the parent all grandchildren were equally important. The responses from the participants clearly indicated that even if their sons had children, those that mattered most were those of their daughters. The importance of daughters and their offspring in the caregiving of the elderly in a matrilineal society will further be explored in the paper as the themes of the study are discussed.

Place of Residence

In the following section I give a brief description of the two research areas. The discussion will include residence patterns.

Chisapo Village Community

Chisapo village is located on the outskirts of Lilongwe city, the capital city of Malawi. Chisapo used to be a typical rural village community which is slowly losing its identity and culture due to the encroachment of Lilongwe city. This community is a good example of a place caught in the transitional stage from rural to urban. Kivett (1984) shows that in rural America such areas of rural to urban transition are characterized by mobility of the second generation and high employment of women. This was also evident in Chisapo where a large number of women were involved in economic activities at varying degrees. Even though Chisapo is a home of origin for most of the people who live there, it is also obvious that more and more people from other parts of Malawi who are involved in some sort of economic activity in the city have also settled there (Table 1.1). Some of such people end up making Chisapo their permanent home which removes them from their kin group and thus cuts them off from their traditional support system.

Table 1.1 Residential Patterns: Chisapo

	Gender	Age	Marital Status	Current Place of Residence
1.	Female	66	Widow	Matrilineal home
2.	Female	63	Married	Matrilineal home
3.	Female	80	Married	Matrilineal home
4.	Female	70	Widow	Matrilineal home
5.	Female	75	Married	Matrilineal home
6.	Female	75	Widow	Matrilineal home
7.	Female	70	Widow	Matrilineal home
8.	Male	68	Married	Neutral place ¹
9.	Male	80	Divorced	Neutral place ¹
10.	Female	95	Widow	Matrilineal home
11.	Female	76	Widow	Matrilineal home
12.	Male	74	Widower	Matrilineal home
13.	Male	78	Widower	Neutral place ¹
14.	Male	64	Married	Neutral place ¹

¹Neutral place refers to setting up residence away from both the wife's and husband's villages

Table 1.1 shows some of the participants residing in what I term 'neutral place', meaning that residence has been set up away from both the man's and woman's villages. On the other hand none of the participants in rural Chinguluwe (Table 1.2) reside in a neutral place. Setting up residence in a neutral place is an attempt to shift power from the woman and her lineage to the man. It has been explained earlier that in a matrilineal society, the power is invested in the woman's matrilineal group. 'Mkamwini' according to one of my male participants is only valued as a 'bull useful for procreation'. Women on the other hand are very

assertive after all they are living among their own people. Change though is slowly coming in as men find ways to get a more powerful position in the relationship. There is a tendency among men with some economic means to gain the upper hand by either marrying from the patrilineal group so that they can pay bride wealth which entitles them to move the wife to their villages or place of choice; or else if they marry from the matrilineal group they purchase land and move their families to this new and neutral place. This is unlikely to happen among the men in Chinguluwe as they tend to be more restricted by tradition and possibly a lack of money. Residing in a neutral place for a woman from a matrilineal culture brings in new challenges where her position is more likely to be subordinate. This slow encroachment into the woman's authority is likely to have dynamic implications on the matrilineal society and as well as the well-being of the elderly. This study did not go into such implications but it would be an area of profound interest.

Chisapo community has tried to retain some of the 'old ways' such as leadership which is still invested in village headmen. The 'old families' still lay claim to pieces of land and tend to follow kinship ties in their settlement

patterns.

The dwelling units are of either round or rectangular shape with either grass thatched roofs or iron sheet roofs. The walls are usually made of adobe or mud / wattle walls. Those who have acquired a measure of material wealth construct burnt brick walled dwelling units which were fairly common. Most of the dwelling units had iron sheet roofs mostly due to the urban nature of the location. As pointed out earlier the dwelling units are clusters of related kin, in this case the same matrikin. This characteristic is changing as other groups of people move into the community. Thus there are some people who have settled in Chisapo permanently even though they may come from other parts of the country.

The Health Department of the city has recently instituted health and social related programs such as dispensaries, primary schools and piped water projects to ease the daily lives of the people. Despite these, the daily lives of the people require substantial exertion of energy because some of the necessities are getting harder to acquire. Provision of water within the communities has eased the need to go far in search of it even more so because most of the country was experiencing the brunt of

the drought at the time of the survey. But even then the girls and women still have to go further and further out in search of firewood for cooking. This therefore makes life difficult for those who do not have adequate energy such as the elderly, young and frail. They have to depend on others for their daily sustenance.

Chinguluwe Extension Planning Area - Salima District

Chinguluwe is located in Salima district, a distance of about 70 miles to the east of Lilongwe city. The area is basically rural and the economy is mostly dependent on agriculture. The effects of the drought were felt strongly in this area as it is normally in the rain shadow.

The common dwelling units are grass thatched and are either round or rectangular in shape with adobe walls or mud / wattle walls. Burnt brick walled dwelling units were few and these mostly had iron sheet roofs. The houses are not enclosed in a fence or wall subscribing to an open social life often spent outdoors. Obviously there are few secrets.

Table 1.2 Residential Patterns: Chinguluwe.

	Gender	Age	Marital Status	Current Place of Residence
1.	Female	93	Widow	Matrilineal home
2.	Female	60	Widow	Matrilineal home
3.	Female	58	Married	Matrilineal home
4.	Female	61	Widow	Matrilineal home
5.	Male	63	Married	Wife's matrilineal
6.	Female	69	Married	Man's matrilineal home ²
7.	Male	74	Married	Matrilineal home ¹
8.	Male	65	Widower	Wife's matrilineal home
9.	Male	60	Married	Wife's matrilineal home
10.	Female	74	Widow	Matrilineal home
11.	Female	55	Married	Matrilineal home
12.	Female	80	Widow	Matrilineal home
13.	Male	78	Married	Matrilineal home ¹
14.	Male	74	Married	Wife's matrilineal home
15.	Female	66	Widow	Matrilineal home
16.	Male	74	Married	Wife's matrilineal home

¹They practice the chitengwa form of marriage.

²Bride wealth was paid for her.

The family structure in Chinguluwe is matrilineal (Table 1.2) and it is only in very few cases that 'chitengwa' is practiced. The people residing in a village tend to be related matrikin with the women folk and their families living close together. The basis of the formation of a village is that all are related, and it provides a big extended network of relatives that one can draw on for the provision of caregiving.

The distance between the houses is within calling distance and therefore one is always within the hub of the

village affairs. For a person to be 'alone and lonely' is rare. Old people are also considered by society to be reservoirs of indigenous knowledge in basically all aspects of life and this in an indirect way ensures their inclusion in the everyday lives of their extended families. It is not strange to see people converge at an elderly person's place for a chat or to relax. Old people who were not infirm are often left in the villages with young children to look after. I often found grandparents carrying young ones on their backs (traditional young children are carried in this manner in Malawi) as their mothers did other activities.

Everyday life requires a very heavy expenditure of energy particularly for women. Water, for example, is collected mostly by women in big pails and buckets on the head. The drought made it harder for almost all the wells and rivers in the area were dry. The people were having to walk distances of 1 to 5 miles in search of water. This meant waking up very early and sometimes they would be gone for most of the day for just a bucket of water. The use of ox-drawn carts could have eased the situation as they would have been able to haul more water at one go but most of the cattle had died or been slaughtered because of the drought.

Firewood collection is also a woman's job that requires

a heavy expenditure of energy. Chinguluwe is a cotton cash crop farming area which has had some positive economic gains but as more people clear land for farming some deforestation has also occurred. This then means that the women have to walk further and further out in search of firewood.

It is no wonder then that being elderly was defined in relation to being functional. In agrarian groups, as shown above, being functional requires one to be physically strong because there is a very high expenditure of energy to obtain basic needs. The elderly then cannot fully participate and need the help of the younger and physically able members of the community to help them.

Sample characteristics

In this section, I present a description of the participants, a definition of elderly and also the health situation, economic activities and physical and emotional needs of the participants.

Description of Participants

The 30 participants were 55 years of age and older. I had proposed to include 15 of each gender but this did not prove possible in the field. The final composition of the sample was 11 men and 19 women (Table 2.1 and Table 2.2). The higher number of women is similar to the report of the

Malawi Population and Housing Census (1987) which reported a sex ratio of 93 males per 100 females. It was increasingly apparent to me while conducting the study that I came across more elderly women than men particularly among the very old, 75 years plus. This has similarly been reported as a world trend in age and sex ratio (Kinsella, 1988).

Table 2.1 Demographics: Chisapo

	Gender	Age	Marital Status	Ability to Read & Write Chichewa ¹
1.	Female	66	Widow	No ²
2.	Female	63	Married	No
3.	Female	80	Married	No ²
4.	Female	70	Widow	No ²
5.	Female	75	Married	No ²
6.	Female	75	Widow	No ²
7.	Female	70	Widow	No ²
8.	Male	68	Married	No ²
9.	Male	80	Divorced	Yes
10.	Female	95	Widow	No ²
11.	Female	76	Widow	No ²
12.	Male	74	Widower	Yes
13.	Male	78	Widower	Yes
14.	Male	64	Married	Yes

¹Chichewa is a local vernacular language

²Age was estimated

Table 2.2 Demographics: Chinguluwe

	Gender	Age	Marital Status	Ability to Read & Write Chichewa ¹
1.	Female	93	Widow	Yes ^{2,3}
2.	Female	60	Widow	No ²
3.	Female	58	Married	No ²
4.	Female	61	Widow	No ²
5.	Male	63	Married	No ²
6.	Female	69	Married	No ²
7.	Male	74	Married	Yes
8.	Male	65	Widower	No ²
9.	Male	60	Married	No ²
10.	Female	74	Widow	No ²
11.	Female	55	Married	No ²
12.	Female	80	Widow	No ²
13.	Male	78	Married	No ²
14.	Male	74	Married	No ²
15.	Female	66	Widow	No ²
16.	Male	74	Married	Yes

¹Chichewa is a local vernacular language

²Age was estimated

³She grew up near a Christian mission station which run educational institutions

Twenty-three participants did not know their ages and for them, age was determined using the following: (1) participant's memory or recollection of stories about specific historical events such as the 1915 Chilembwe uprising (Wilson et al., 1991); and (2) I visually assessed the participant's age. Visual assessment was done only as an additional tool to verify age. It is possible within the

Malawian cultural context to visually assess within certain broad categories a person's age, for example, in the way they carry themselves, talk and even dress.

Data in table 2.1 and table 2.2 also show that 8 of the 11 men (73%) were married as compared to 6 of the 19 women (32%). Most of the men had remarried after a divorce or the deaths of their wives and yet most of the women chose to remain single after divorce or death of their husbands. Peil (1991) reported a similar trend in Nigeria where it is considered a taboo for old women to marry and yet old men would marry a younger woman who would then care for them. The impact of this for both the female and male gender will be discussed further under caregiving patterns.

The literacy level of the participants was extremely low with only 7 out of the 30 participants (23%) able to read and write Chichewa, a vernacular language that is taught in schools. Of particular interest is that only one female participant was literate (Table 2.1). This particular participant had grown up near a Christian mission station which had and still runs both primary and secondary schools. It can be presumed that the presence of the mission in her locality among other reasons contributed to her ability to attend school. Literacy is generally low in

Malawi. The 1987 Malawi Population and Housing Census revealed that only about 42 per cent of the population aged 5 years and over was literate and this broke down to 52 per cent for males and 32 per cent for females (National Statistical Office, 1991, p. 11). Wage employment as will be seen later is a function of literacy and it is therefore of no surprise that none of the participants were receiving a pension.

Definition of elderly. What is meant by the term elderly? When does one get old? These were very important questions because they guided me in establishing parameters of my study. Literature often points to chronological age as a cut-off point for defining what being old is. Is this practical in a society where only about 10% of the total population (National Statistical Office, 1991, p. 11) are in pensionable employment? The majority of the population, about 51% (National Statistical Office, 1991, p. 11) work as subsistence farmers and this they continue to do until they can no longer do so. Thus it was not unusual that 10 of the participants were smallholder farmers. Smallholder farmers are defined as subsistence farmers with less than 1.5 hectares of farming land (DEVPOL, 1987, p. 22).

I feel that it is important to make it clear before

continuing to discuss the results to bring out the participant's understanding of what being old is. This question evoked interesting responses and discussions when asked from those who were forthright to those who were bewildered as to why I had to ask because to them it should be obvious. I got a range of answers but none were based on chronological age alone. The participants explained aging as:

You become like a fool. You are unable to work . . . you cannot farm. Being old is bad, I blame it for all my problems. (An 80 year old female participant)

You have lived for too many years such that you are no longer as strong as you used to be. . . . but prolonged and sometimes serious illness can also make one old because you lose your strength and people have to look after you like a young child. You know when you are old you become a child and sometimes people also treat you like a child. (A 66 year old female participant).

Not being able to work for yourself. I cannot work now because my body is tired. (A 65 year old male participant).

Being constantly tired such that one has to sit down

and rest after a small activity. One is then having to depend on others to provide for you. (A 78 year old male participant).

A bad and frustrating stage in one's life . . . you are often sick, your body is weak, you cannot walk far . . . All I do these days is totter around my house and compound, I cannot go far. (A 95 year old female participant).

When you fail to perform all the jobs that you could do earlier, and your body is weak . . . in the true sense you are now useless and have to depend on others. It is hard to just sit and wait for someone to give you food . . . but what else can you do. (A 55 year old female participant).

You are on your way . . . the final approach, a journey taking you to the grave. (A 76 year old female participant).

It is obvious from the answers that the participants link aging with inability to perform normal activities. It has nothing to do with chronological age. The participants continually pointed out that they did not enjoy being old for "there is nothing good about being old" because they had to depend on other members of the family for simple basic

needs. Being active provides a measure of independence even though their dependence was accepted and expected by their families and community. In an African society independence is valued in the "sense of ... capability to initiate a physical activity and carry it out for themselves" but adjusting to "other forms of dependence poses no special problem" (Draper & Keith, 1992, p. 121). I thus considered both the social explanation of aging as well as life expectancy in Malawi which is put at 49 (House and Zimalirana, 1992). The choice of age 55 as the lower end of the age parameter in my study seems reasonable coupled with the fact that other researchers in similar situations in sub-Saharan Africa have also used the age 55 (Adamchak, et al., 1991) in defining the elderly.

Health Status

Table 3 reveals the common diseases that the participants mentioned as suffering from at frequent intervals.

Table 3. Common Diseases

<u>Name of Disease</u>	<u>Frequency</u>
Abdominal complaints	5
Anemia	7
Arthritis	19
Asthma	6
BPH ¹	2
Tuberculosis	3
Migraine	7
Malaria ²	30

¹BPH - benign hyperplasia

²Malaria is a common tropical disease which afflicts almost everybody in Malawi. It has come to represent any type of fever.

The well-being of the elderly is greatly influenced by their status of health. Nutritional status and accessibility of hospitals when sick are important factors in the well-being of the elderly. Two types of hospital services, free government medical services and paying private medical services, were available within a radius of 10 miles for each of the research areas. The participants also resorted to traditional herbs when they could not get to hospitals. Use of hospitals was not maximal because of non availability of transport to reach the hospitals and some of the participants had almost given up the fight for their lives. Contrary to western countries, infrastructure is not well developed in some areas of Malawi. Chinguluwe

area does not have all weather roads nor are the roads meant for large vehicles such as buses. People in Chinguluwe get around by walking. Walking is difficult for the old and infirm. The following quotations show why there is low utilization of hospitals:

My problem is on how to get to the hospital since I lost my sight . . . modern grandchildren do not assist. So I use pain killers whenever I am sick, that is, if kind people give me some (74 year old blind man).

I do not want to bother people with my continual illness . . . I get embarrassed. I also have no money to get on public transport so as to reach the hospital . . . so I do not go (95 year old woman).

No, I do not go to the hospital because my time is gone, I have lived long enough. I am very tired of living with pain . . . I will be better off dead (76 year old woman).

I am tired of seeking for and taking medication for my illness . . . I am waiting for Jesus (death) (61 year old woman).

Access and Availability of Resources

None of the participants were involved in wage employment nor were they receiving pensions. The question

of access and availability of resources then becomes crucial. Table 4 (a) and Table 4 (b) show that none of the participants were receiving pension and that some participants had no source of income at all. For such participants most of their livelihood depended on others and as will be seen later their main caregivers were either daughters or wives.

Table 4.1 Sources of Income: Chisapo

	Gender	Age	Main Source of Income
1.	Female	66	Beer brewing
2.	Female	63	Beer brewing
3.	Female	80	Beer brewing
4.	Female	70	None
5.	Female	75	Beer brewing
6.	Female	75	None
7.	Female	70	Beer brewing
8.	Male	68	Basket weaving
9.	Male	80	Piece work
10.	Female	95	None
11.	Female	76	Farming
12.	Male	74	None
13.	Male	78	None
14.	Male	64	Farming

Sources of income in Chisapo (Table 4.1) reflect an urbanization trend where land is scarce and people have to look for alternative means of survival. Beer brewing does not require many resources and is sold from the home which makes it easier for the elderly. Interestingly this is a

woman's trade for none of the men are involved in beer brewing. This could be a reflection of culture for men do not normally cook. The picture is different in Chinguluwe (Table 4.2) where farming is still the main economic source of survival. The growing of cotton as a cash crop for those who are able bodied has been beneficial and has also helped to stimulate growth in the area. The intricacy of growing cotton as a cash crop are beyond the interests of this study but it would be interesting to study how it has affected the lives of the elderly. Nevertheless smallholder farming requires a heavy expenditure of energy as there is very little usage of mechanical power in the farming process. Thus a person's participation would decrease with old age and the person would have to fall back on the family for help and sustenance.

Table 4.2 Sources of Income: Chinguluwe

	Gender	Age	Main Source of Income
1.	Female	93	None
2.	Female	60	Farming
3.	Female	58	Farming
4.	Female	61	None
5.	Male	63	None
6.	Female	69	Farming
7.	Male	74	Farming
8.	Male	65	None
9.	Male	60	Farming
10.	Female	74	None
11.	Female	55	Farming
12.	Female	80	None
13.	Male	78	None
14.	Male	74	Farming
15.	Female	66	Beer brewing
16.	Male	74	Farming

Physical and Emotional Needs

The interview environment as described earlier made it difficult to ask questions that I felt were sensitive. At most I left it to the participants to bring up physical and emotional needs then I would follow up on their comments. It also was difficult to get a response to questions such as what they felt was unsatisfactory in the care they received. Most of the participants would be vague and not specific in their responses.

It was obvious to me that most of my participants could do with much more physical and material needs for their material lifestyles are very minimal. But when asked what

things make them happy, availability of sufficient food was always mentioned first, absence of illness next, a cooperative kin group next and then only after these three that needs of better houses and clothes would be mentioned. It was not surprising to me that the need for sufficient food was mentioned first for most of the people had a poor harvest due to the drought and worried about their next meal.

As far as emotional needs are concerned, it can be surmised that most of my participants, particularly those who lived in rural Chinguluwe, had a satisfactory emotional attainment. The participants as mentioned earlier were never alone, surrounded by their kin and their offspring. The culture of villages is such that the grandchildren will tend to congregate at the homes of their grandparents during the day as their parents carry on day to day activities. The elderly as a rule are never alone or isolated often involved in the heart of village affairs. They are surrounded by the extended kin which means that there is always a kin nearby and so even if it is not the biological kin, they can be the kin through descent or affinity.

Phenomenological Themes

One major theme with three sub themes emerged as

factors that determine whether aging is successful or not. Societal change emerged as the main theme with the following as sub themes: (1) socioeconomic status of adult children, (2) gender of adult children, and (3) the presence of biological children. All the themes are interrelated and mutually reinforcing.

Societal Change

Societal change emerged as an important issue impacting the quality and type of caregiving for the elderly as well as the cohesiveness of families and communities in general. This issue was not limited to one group only but appeared as an important factor among both the urban and rural participants. It is interesting to note that such issues were prevalent in both the rural and urban population. To any Malawian it is a well established behavior that descent is often the only consideration when seeking for and giving assistance. It was never the amount of resources that one had that determined the care that one gave while as in urban areas it is the availability of money which determines how much a person can do for others. In a society where interdependence is encouraged within the extended family and beyond, such a shift from the norm is of real concern. This is of urgency in Malawi where social policy is based on the

assumption that families take care of their own such that no policy currently exists that addresses issues of the elderly (E. Tembo, personal communication, July 14, 1994).

I was struck by how readily the participants responded that "money and development has spoiled and changed people" into becoming uncaring and unloving. The following quotes show this:

Things have changed, in the past we used to take care of each other, which was good. In today's modernity everybody stands by herself, it is your own business . . . nobody else cares. It is you alone and your children. The ways of our ancestors have been forsaken, it seems that everybody is now concerned with money at the expense of their relatives. Life has really changed (78 year old widower in Chisapo).

The following participant was despondent as to a possibility of salvaging a society that he had once known:

All our ways of doing things are gone . . . they will never come back. The young ones of today are more interested in money and accumulating material wealth. They are not concerned with their relatives particularly the poor. Let me explain to you how money has destroyed relations . . . in the old days we were

poor but relatives cared for each other. But these days if you are poor nobody wants you because they say that you are a bother, always asking for assistance. Even if you are sick they will not take time to take you to the hospital . . . they would rather be making or searching for more ways to make money (74 year old man in Chinguluwe).

Another participant went further and included the influences of formal education:

I believe that the society has changed as the nation has developed. In the old days. . . . even though we were poor we respected the old ways. Nowadays all that is gone, we have abandoned our culture and customs favoring those of white people. It is even worse when you educate your children . . . a big mistake because they don't even take care of you . . . well not all of them some of them do listen to their adults, but still very few (95 year old widow in Chisapo).

Children are valued highly in the Malawian culture and also serve as an assurance of the provision of caregiving to elderly and infirm parents. The parents who invest in their children's education have higher expectations of being provided for in their old age and thus become strongly

disappointed if their expectations are not met as shown in the above quotation. This came up often but my analysis showed that only three of the participants had children who had education beyond primary school. As for the rest, none of their children had gone beyond primary education which severely limited the types of wage employment they could be involved in. The children themselves were often in need and so there is a discrepancy between what the children can manage to do for their parents and their parent's expectations. The predicaments that have arisen due to this situation are further discussed under the theme - socioeconomic status of adult children.

Sometimes external factors that go beyond a perceived selfishness, such as the famine which hit Chinguluwe area due to the prolonged drought, necessitated practical changes in the lifestyle. I understood it as going beyond the money economy as the following two quotes will show:

1) Money has changed our environment . . . actually destroyed our culture. These days genuine love for relatives is lacking such that in future, in some villages, people will not cooperate. You notice that even if a relative is sick they do not bother to visit . . . so you have nobody to draw water for you . . . to

get you firewood let alone cook for you. I can see no cooperation among the present generation in future as it was in my days. Our culture and customs have changed a lot. You can see it with the present famine . . . when one has food they just share with their own children and give nothing to their starving relatives. This would not have happened in the old days (laughter) you had to share (93 year old widow in Chinguluwe).

2) Money has confused mankind because in the old days if you are lacking in food for example you could go to your relative and if they have some food in the maize granary they would give you some but these days that kind of love and concern is non existent. If you approach your relative these days they will ask you if you have brought any money . . . because they want to sell it to you. In today's world almost everything is controlled by money. The old days are gone . . . your brother and his family will be eating and yet they know that you are hungry . . . well the world has changed (78 years old man in Chinguluwe).

The concern on diminishing or complete lack of cooperation within the extended family is best understood within the framework of the participant's culture.

Basically the old were not socialized for the changing society and are therefore not equipped to deal with the consequences more so because there is nowhere else to turn to. The extended family has been described differently as a 'cocoon', 'safety-net' and 'security system' (Apt, 1993; Nkosi, 1976; Okojie, 1988) but they all acknowledge the provision of care for the elderly. It is of no surprise that concern is expressed when the system is threatened because it has major implications for the elderly. My participants were socialized to expect caregiving from the extended family but are now having to deal with a different situation.

Socioeconomic Status of Adult Children

The analysis showed that the economic position of adult children greatly influenced the quality of care that the elderly received. In this sample the economic circumstances were influenced by either being able to produce surplus foodstuffs that could be sold or by gainful employment.

Food production as has already been pointed out was severely hampered by the on going drought at the time of the interview. The people in Chinguluwe, for example, were targeted for food relief by the government. Gainful employment in Malawi is more or less a factor of level of

education and unfortunately only 3 of the participants had children who had education beyond primary school, and for one of them, college graduates. The rest of the participants had children who had not completed or gone beyond primary school education. This meant that they had limited skills that left them marginalized as to the types of employment and wages that they received which in turn had an effect on their own self-sufficiency and subsequently the amount and type of caregiving provided to their parents.

Malawi is currently in the throes of inflation which is put at 40.5 per cent by the Economist Intelligence Unit in the 2nd quarter 1995 country report. Inflation is felt more in urban areas than in rural areas because in urban areas, people have to depend solely on their wages to provide for their needs. Using my inside intimations I was often able to have an indication of the economic situation of the participant's children through their general appearance and type of dwelling. Important cues were, for example, a more permanent house built with bricks and corrugated iron roof or the type and quality of clothing. The three participants who had educated children appeared to have a higher quality of life as compared to the other participants. The following quote illustrates the impact of

the economic situation from the point of those who were having a poor quality of life in response to the question on who among their children provided for them.

A 74 year old widower explained his position:

I would be telling you a lie if I said that my children do, they take care of their families only. I provide my own clothes, food and everything else.

It was only after further probing in specific areas such as in times of illness, drawing water, fetching firewood and building a house that he admitted to getting some caregiving from his children. The quotation continues:

My children . . . my daughters take me to the hospital when I am sick and give me food and my sons got together and put up my house when the old one fell. What can I say . . . my children provide as to their means . . . none of my children is in wage employment . . . maybe they should have stayed in school and could now get better jobs and so take care of me in my old age.

The economic status of the adult children is an integral part of the total condition of the well-being of the elderly in Malawi. This factor plays a major role in determining the well-being of aging parents in modern

Malawi. Complaints on lack of caregiving from adult children were often expressed and yet on further questioning it was evident that the children were providing assistance whenever they were able to. It was apparent that parental expectations were beyond their children's ability to assist. At the same time elderly parents cannot be totally blamed for their expectations for they are caught between the old world and the new. This is further complicated by the lack of pension for most of the participants due to the fact that only a small percentage of the total population are ever in pensionable employment (National Statistical Office, 1991).

Gender of Adult Children

Most of the day to day caregiving was provided by female relations, either wives, daughters or nieces and in one case a daughter in-law (Table 5.1 & Table 5.2). The last case was rare because of the matrilineal nature of the participants as already explained earlier. This situation occurred because her son had negotiated for 'chitengwa' and his wife was residing in his village. But due to the temporal nature of 'chitengwa', her caregiving hung in the balance as the mother-in-law explained:

I never had a daughter, presently my daughter in-law, who in reality belongs to her people takes care of me.

I worry everyday as to when she will get tired and decide to go back to her people. When that happens I will be in big trouble for I can no longer do any work (74 year old widow).

Table 5.1 Caregiving Patterns: Chisapo

	Gender	Age	Marital Status	Children Alive Female	Children Alive Male	Main Caregiver Provider
1.	Female	66	Widow	1	6	Self
2.	Female	63	Married	3	3	Daughter
3.	Female	80	Married	3	-	Self
4.	Female	70	Widow	1	4	Daughter
5.	Female	75	Married	5	4	Self
6.	Female	75	Widow	2	-	Daughter
7.	Female	70	Widow	4	3	Daughter
8.	Male	68	Married	-	1	Self
9.	Male	80	Divorced	3	3	Self
10.	Female	95	Widow	-	2	Granddaughter
11.	Female	76	Widow	-	-	Granddaughter
12.	Male	74	Widower	-	-	Stepdaughter
13.	Male	78	Widower	1	6	Daughter
14.	Male	64	Married	5	4	Wife

Table 5.2 Caregiving Patterns: Chinguluwe

	Gender	Age	Marital Status	Children Female	Children Alive Male	Main Caregiver Provider
1.	Female	93	Widow	4	4	Daughter
2.	Female	60	Widow	1	4	Daughter
3.	Female	58	Married	-	2	Self
4.	Female	61	Widow	-	1	Niece
5.	Male	63	Married	4	1	Wife
6.	Female	69	Married	3	4	Self
7.	Male	74	Married	3	4	Wife
8.	Male	65	Widower	1	3	Daughter
9.	Male	60	Married	2	4	Wife
10.	Female	74	Widow	1	3	Daughter
11.	Female	55	Married	7	2	Self
12.	Female	80	Widow	2	2	Daughter
13.	Male	78	Married	2	4	Wife
14.	Male	74	Married	4	2	Daughter inlaw ¹
15.	Female	66	Widow	3	1	Daughter
16.	Male	74	Married	2	1	Wife

¹Son practices 'Chitengwa' and thus lives with his wife in his maternal village

The data reveal that nobody of the male gender was involved in caregiving. It was almost totally a responsibility that women assumed. This trend has been reported by others (Finley, Roberts, & Banahan, 1988; Guberman, Maheu, & Maille, 1992). All the male participants who were receiving caregiving from their wives were in their second, third or fourth marriage after either divorce or death of the spouses. They often stated that they had to remarry so that they would have someone to cook for them and take care of them. It is interesting that the widowed women

opted to remain single. Both genders felt content if they had daughters who could assume their caregiving when the need arose. The following quotations illustrate this point:

Daughters love their parents, but as to sons, they love their wives. If you ask a son for assistance the wife is unhappy complaining that I am making their family lives difficult because I am always begging. But where else do I go if I need assistance? (75 year old woman). It is good to have daughters, look at me, I don't hoe, draw water, fetch firewood, cook, nor any type of labor intensive job, my daughters do everything for me including buying me clothes (75 year old woman).

Presence of Biological Children

This theme had the least influence on the condition of well-being of the elderly in Malawi since almost all the participants had living children. It was mentioned several times by the participants that it was important to have your own children because they "provide caregiving in old age". The necessity of having own children or grandchildren and its implications was obvious as seen in the condition of a widower whose stepdaughter was his only caregiver. The participant looked at best unkempt with a hut that had a collapsed roof. His homestead was unkempt and he spent his

time moving from door to door and ate wherever he was offered food. During the interview he stated:

I wish I had my own children . . . they all died young and left no grandchildren. I have to accept whatever help I am given because I have no say, so whatever they provide I accept . . . I always wonder what life would have been like if my children had been alive. Just look at my so called house, clothes . . . just look at me (sigh and a long silence) (80 year old man).

The participant then broke into a song of lament and a desire for death to come quickly. This was the most disheartening experience that I had during the data collection period. As I saw and felt the pain of the participant, feelings of guilt and helplessness overwhelmed me.

The effect of lack of biological children on the well-being of the elderly was compounded by whether their residence was urban or rural. The elderly in urban areas are more affected since economic pressures are felt more in urban areas (Chisapo) and the extended families are not as cohesive as in rural areas. A case in point was a family in which a niece in Chinguluwe took over the caregiving of an aunt whose daughters had died and had a son who had married

and was living in his wife's village. Thus the support system within the extended family was made available when needed. Rosow (1967) reported that proximity rather than the existence of kin enhances frequency of contact and the provision of aid. In this study the participants who had children who lived at a far distance from them complained of lack or minimal contact as well as lack of assistance.

Summary

To summarize, women were seen to be the core of caregiving for the elderly. This ties in well because in a matrilineal society women and their offspring are the central part of the kinship structure. Their residence in their own villages of origin best positions them to assume the caregiving of their aging parents.

Four themes were seen to have the major impact on the well-being of the elderly in this society; societal change, socio-economic status of adult children, gender of adult children and presence of biological children. Societal change had the most influence and impacted the other three themes as well.

Societal change is having an impact on the traditional mechanism of elderly care. The extended family is gradually moving away from the core of caregiving of the elderly and

biological children, particularly women, are having to assume more and more of the caregiving. The quality of caregiving that the adult children provide though is greatly influenced by their own socio-economic status.

The results also showed that it requires very strong filial piety to support elderly parents in Malawi today because most young adults are facing a situation of increasing inflation, unemployment and underemployment, all resulting in poverty.

CHAPTER V

CONCLUSIONS AND SUMMARY

This study started as an academic endeavor to complete my degree requirements but in the end it became much more. The whole process has gone beyond an ordinary academic project because in the process I learned a lot but above all I was taught the reality of life by my participants.

In this concluding chapter I will link my findings with the literature and my theoretical framework (a combination of modernization theory, symbolic interaction and social exchange). I will also discuss life course theory as a useful model for future research. The limitations of the study and recommendations for future research will be presented. I will though begin by discussing findings both expected and non-expected.

Expected and Non-expected Results

My literature review indicated the following three situations that I expected to be held true: (1) that the major role of caregiving for the elderly was in developing countries was invested in the extended family; (2) that the day to day caregiving of the elderly is mostly done by women; (3) that most of the elderly in Malawi would be illiterate and poor.

Generally my findings indicate that the above expectations were upheld. Extended families will assume the caregiving of the elderly but the availability of resources was an important factor that determined the extent of the caregiving. The elderly who lived among their own extended kin had a much better condition of well-being than those who had migrated away from their villages. What surprised me was the obvious change where most of the caregiving is gradually shifting to biological children or the immediate family. The role of the extended family now seems to be one of ensuring that young adults took on the responsibility of their aging parents. As the society changes and as resources are getting harder to come by, the people have had to adjust to the environment.

On the other hand even though I expected to find that societal change was occurring in urban areas, I was surprised as to the extent of its impact on rural participants. I had always assumed that the extended family is more cohesive in rural areas but did not take into account that urbanization and industrialization would also influence them although at a slower pace. All the participants, regardless of whether they lived in Chisapo or Chinguluwe, talked of the impact and adversity of a changing

society. The above trend was also reported in a study that examined the help received by older rural-transitional areas in the Piedmont area of North Carolina, where little assistance other than by children and child-in-laws was evident in the support network of older adults (Kivett, 1985).

The assertive position of women in a matrilineal family structure did not surprise me but the position to which sons and their offspring are relegated was unexpected. Having been brought up in an environment where having sons is considered an ultimate goal in order to carry on the family name, I was not ready to accept a situation where having daughters rather than sons is of advantage. By doing qualitative research, I was put in a position where I got more than a superficial understanding of the position of women in relation to men. In a world environment where patriarchy is more common and accepted, it was refreshing to observe and get a better understanding of a matriarchal society.

Linking Results with Literature

One of the issues pointed out in literature is that aging is occurring in Africa when the continent is experiencing a stagnation of its economy. This will

eventually affect the well-being of the elderly (Minkler, 1990). The findings of this study concur with this conclusion because resources were found to be very limited among the participants. None of the participants had a steady source of income as none had pension. Those who were smallholder farmers did not fare any better as the country was experiencing a drought. Since Malawi has no social services programs for the elderly and is not likely to have any in the near future, the resource needs of the elderly have been and were being met by their adult children. But it was also noted that the adult children themselves were affected by inflation thus indirectly influencing the quality and frequency of care given to their elderly parents.

The concern for the impact of urbanization and industrialization as weakening the traditional sources of care for the elderly was also discussed in literature (Okojie, 1988; Rosenmayr, 1988; Treas & Logue, 1986). My findings indicate a shift from the large extended family to where biological adult children undertake the role of providing major care to their parents. Situations of total abandonment were not reported, but reduced contact and poor quality of caregiving were indicated. My findings agree

with what Peil (1991) and Adamchak et al., (1991) reported, that family networks are still fairly strong and that adult children still provide considerable support to their parents according to their ability to do so. The quality and regularity of support was equated to availability of resources to the adult children themselves.

In summary, societal change is occurring in Malawi and cannot be stopped. Malawians will have to accept change and its consequences but at the same there is need for movement towards developing new attitudes and structures that can merge the old and new socioeconomic order (Rosenmayr, 1988). Since Malawi has no social welfare programs, it is crucial to maintain the traditional care system for the elderly but at the same time find ways to integrate the new world within it. This is a challenge that will need a multi-disciplinary approach to solve.

Linking Results with Theoretical Framework

Peterson (1993) concluded that exchange encourages interdependence in social relationships. My participants indicated how they had always assumed that their children would take care of them in their old age. So whether it was a struggle to keep up with school-fees or the actual raising of a child, it can be argued that parents invest in their

children in order to ensure future caregiving. Social exchange occurs within unwritten rules that guide the behavior, which may explain in part why women took on the major responsibility of caregiving. But the rules are not always followed and that is why there were cases where the participants claimed that their adult children did not take care of them or else did not visit them frequently. Human beings do not merely act out roles but make a deliberate decisions as to their behavior choices.

On the other hand, symbolic interactionism is linked to interactive human behavior and role taking. The results conclusively showed that women are the main caregivers in a matrilineal society. Women took on this role as and when their parents aged and needed to receive more and more care. The data further revealed that events at the macro level do affect the well-being of the elderly. Environmental effects, such as drought, requires adjustments in interpersonal relationships. Families were seen as being concerned with providing for their immediate families first. This clearly pointed to the importance of considering the macro level in such studies.

Modernization theory was upheld mostly for those participants who had migrated to urban areas. The elderly

in Malawi are at a disadvantage as to operating in a new and modern world. The participants were not adequately equipped to deal with a new world, for example, high illiteracy levels limit their access to appropriate technology that is in print.

Application of Life Course Theory

While as the theories used in this study have benefits, life course perspective also emerges as an approach that responds to studies in societies that are in a transitional stage. Life course perspective involves the description and explanation of "change in the lives of individual family members over time, and of families as social units as they change over historical periods" (Bengtson & Allen, 1993, p. 469). Life course goes beyond biological time in explaining change and development and adds on socially constructed meanings. For example, the definition of elderly tends to be culturally specific reflecting the importance of social meanings applied to a life event.

The application of life course perspective to the study of well-being of elderly people in a society undergoing change would emphasize the importance of time, context, and process to development (Bengtson & Allen, 1993). The consideration of time in human relationships is very

important because changes in relationships normally occur over time. The influences of time are considered as the interaction among individual time, generational time and historical time.

Social context is also an important consideration because our cultural values give meaning to change. Cultural values are derived from the social structure. Even though social structure influences an individual's development, life course perspective views individuals as active agents in human interactions. Social contexts also focus on cultural context and change, that is an acceptance that social structure is not constant.

Process implies taking an approach that focusses on change and diversity in development. For example, the impact of aging on individual behavior and human relationships as well as the diversity that occurs with age over time.

Weaving through the basic themes of life course theory is its emphasis on the interplay between the micro and macro levels of development. Individuals are seen as interacting within ever changing social contexts, time and space. Further research with a life course perspective would consider the above important applications.

Study Limitations

I feel it is important to point out the limitations of this study because they provide useful information for future studies and also throw light on the findings. An awareness of the likely limitations in a similar study equips one with possible solutions in the future because in a study like mine it was difficult to create an ideal research environment.

One limitation was in relation to the study environment. There were continual interruptions as people kept dropping in and at times remaining while the interviewing was taking place. This resulted in interruptions in the flow of the interview and at times making it difficult to get into sensitive areas. The participant was uncomfortable to divulge information that they felt uncomfortable to discuss in front of other people. It was virtually impossible to conduct a study where there were no interruptions unless I had moved the participants to a neutral place. This would not have been practical and I needed to interview the participants in their homes so as to get a feel of their environment.

The above limitation points to the importance of having knowledge of the culture of the participants and learning to

work within the limitations. I could with my insiders knowledge easily make decisions as to which questions to avoid under certain conditions and would postpone them to when the situation would be more favorable. I also found the use of a questionnaire guide useful because I could indicate on it the questions which I had left out and could then easily have a follow-up on my next visit. Having audiotape sessions also enabled me to listen to the tapes and make note of the areas that had not yet been discussed.

Another limitation with this study was that I was not able to interview participants from a patrilineal group in order to draw a comparison on the well-being of the elderly between a matrilineal and patrilineal society. Such a comparison would have enabled me to draw comparisons for example, on whether women assume the major responsibility of Caregiving of the elderly despite their differing positions in the different family structures.

Another limitation of my study was that I did not interview the named main caregivers in order to get their perspectives. This was not the objective of the study but it was obvious as I did the interviewing that the caregivers perspective was missing and that a total reliance on the participants viewpoint only was not adequate. I tried to

counter this by paying close attention to what the participants were talking about and probing deeply. This often led into taking more time in completing the interviews which at times was exhausting for both the participants and myself.

Overall with time I found myself getting better at dealing with the limitations and would therefore strongly recommend doing pilot testing before doing the actual study. The value of my pilot testing phase cannot be overemphasized.

Recommendations

After reflecting on the whole study process I would like to make the following recommendations for future study on well-being and the elderly in general in Africa and Malawi in particular.

1. In a cross-cultural study it is always important to take time to study and get an understanding of the local customs. This helps in making entrance into the research area easier and simplifies the research process. I therefore highly recommend working with a local person.
2. Design a study that explores in depth the kind of caregiving given by the adult children and also do a

gender based comparison. This will help us get a clearer picture of who provides what type of care.

3. Conduct a study that looks at well-being from both the elderly parents viewpoint and their main caregivers viewpoint. Is the attitude of the elderly parents and that of their caregivers towards well-being the same?
4. Design and conduct a study that would draw a comparison between the patrilineal and matrilineal family systems. Does the main caregiving equally rest in the hands of women in both family structures? How is caregiving played out by women considering their different positions - assertive in a matrilineal system and subordinate in a patrilineal system?
5. Design a study that would identify the types of exchanges that occur between elderly parents and their adult children. I believe that exchange is a two-way mechanism.
6. Design and conduct a study that would draw a comparison on attitudes towards elderly caregiving with college students in Malawi. Are they psychologically preparing to assume such responsibilities in future? How are women who plan to have careers planning to achieve the task of caregiving of their elderly parents or in-laws?

7. Conduct a study with a nutritionist that looks at establishing nutritional and socio-psychological indicators of aging successfully in Malawi.

The above recommendations are a few of the possible areas that research on the well-being of the elderly can move on to in Malawi. Since this is a new area of interest there is a lot that can and needs to be done.

Summary

I conclude by quoting a common Chichewa proverb 'kubala kuombola' with a literal English meaning stating that 'it is necessary to beget children for they are one's security in future'. This common proverb is proving true because contrary to the past when the extended family could be counted on to provide caregiving, my results show a gradual shift to one's biological children. The well-being of the adults particularly those functionally unable to provide their own needs is in the hands of adult children.

When I begun this study I did not realize the wealth of information that I would get and the extent to which I would become involved in the lives and concerns of my participants. I hope my study will stimulate more work and interest in gerontology in Malawi.

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APPENDIX A
Interview Guide

Appendix A

Interview Guide

BACKGROUND INFORMATION

Date of interview:_____

Place:_____

Time interview began_____ended_____

Participants name (optional):_____

Age:_____Gender:_____

Method of age assessment:_____

1. Where were you born?
2. How many children were you in your family?
3. How many are alive?
4. Where do they live?
5. How often do you visit them? And how often do they visit you?
6. Did you attend school? How many years of school did you attend?
7. Did you live outside your village at any time? When? Why? With whom?

MARITAL STATUS

1. Are you married?
2. How many times have you been married?
3. If widowed, when did your wife/husband die?
4. Do you have children? How many are female? Male?
Ages?
5. Did they go to school? How far did they go?
6. Are any of your children working? Where?
7. Are they married? Grandchildren?
8. How often do they visit you? How often do you visit
them?
9. Do they provide you with any kind of care/assistance?
10. Are you satisfied with the care provided?
11. What would you want to be done to ensure that you got
proper care?
12. Who has the primary responsibility for your care? How
come?

ACCESS TO RESOURCES

1. What are your basic needs?
2. How do you obtain them?
3. What kind of work do you do to earn money?
4. What resources do you readily get?
5. How far is the water source? Maize mill? Hospital?
How do you get there?

HEALTH AND FUNCTIONAL STATUS

1. What is considered as a "full" person in this society?
2. What activities should one be able to perform on a daily basis in order to be considered a "full" person?
3. What is the state of your health?
4. What disease do you suffer from? Ask for frequency of each disease mentioned.
5. Who provides you with treatment when sick?

EMOTIONAL NEEDS

1. What makes you happy?
2. Are there advantages with age? Explain.
3. Do you consider yourself old? Explain.
4. What is meant by being old in this society?

APPENDIX B

Letter to Research Coordinator, University of Malawi

Bunda College

P. O. Box 219

LILONGWE

June 20, 1994

Research Coordinator

Chancellor College

P. O. Box 280

ZOMBA

Dear Sir

I am submitting my research proposal for approval. I am already in the country and was given four months only to complete my data collection. I will greatly appreciate your quick consideration of the matter.

Yours faithfully

P. M. M. Mkandawire (Mrs)

cc: Head - Department of Home Econ/Human Nutrition

Enc

APPENDIX C
Research Clearance Letter



UNIVERSITY OF MALAWI

TELEPHONE: 522 622
TELEGRAMS: UNIVERSITY ZOMBA
TELEX: 45214 UNIMA MI
FAX : (265) 522 760

UNIVERSITY OFFICE
P.O. BOX 278
ZOMBA
MALAWI

Our Ref.: 1/12/3/12/1

Your Ref.:

12th July, 1994

Mrs P.M. Mkandawire
Bunda College of Agriculture
P.O. Box 219
Lilongwe

Dear Mrs Mkandawire

**RESEARCH CLEARANCE : FAMILY SYSTEMS AND WELL-BEING AMONG THE
ELDERLY IN MALAWI - PERMIT NO. BC/94/7/2**

I am pleased to inform you that the University Research and Publications Committee has granted you permission to conduct your research in Malawi. If there is anything else we can do to facilitate your research please do not hesitate to contact this office.

Could you please remember to submit to this office three copies of your report or publications at the end of your project.

Yours sincerely

Dr S.S. Chiotha
UNIVERSITY RESEARCH COORDINATOR

cc: Vice-Chancellor
University Registrar
Principal, Bunda College
RPC Chairman

FIGURE 1

Map of Malawi - District Boundaries

FIGURE 2
Map of Africa

Figure 2 Map of Africa
SOURCE: Dixon, J. (1987).

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