

Surviving old age, destitution, and homelessness: The case of elders in Wollo, Ethiopia

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Abstract

The increasingly high rate of world's aging population is posing challenges on old age living. In Ethiopia, on the one hand, the traditional kin based system of elderly care is being debilitated as a baleful effect of modern way of life. On the other, the country quaits underdevelopment has not yet a well-established public welfare system capable enough to substitute the traditional elderly care system. These, along with the extreme poverty, absolute homelessness and periodic-drought vulnerability explain the particularities in the case of impoverished old aging lives in Southern Wollo, Ethiopia. This study made use of in-depth interviews and non-participant observation methods to generate enriched qualitative data used to make sense of aging life in the face of extreme destitution and absolute homelessness. Particularly, the study explores the challenges and resilience of elderly life and subjectivities in the meanings assigned to it by the subjects. The results show that elders are facing multifaceted challenges connected to food inaccessibility, poor quality of food and undernourishment, lack of shelter, physical and psychological health difficulties, and interpersonal relationship problems. It can be inferred from the qualitative data that the meanings subjectively assigned to impoverished-old living are expressions of sorts of long-learned and internalized feelings of powerlessness and helplessness. However, the results also show that some meaningful patterns of behavior, some measures of physical, psychological and interpersonal skills and abilities to manipulate resource systems available in the social environment are some of the factors that keep the elders resilient. The study has practice implications. One, for aging is a composite term and in it are constituted many old people with distinctive characteristics, interventions should be discriminated. And two, interventions should discriminate those elders who can be empowered so that they would be able to function in their own from those who are in need of direct transfers.

Key-words—Aging, qualitative method, destitution, homelessness

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I. INTRODUCTION

The world's population is ageing due to the decline in fertility and increase in longevity (Velkoff & Kowal, 2007, p.13). Indeed, the proportion of old persons in the world population has been rising since the mid of the twentieth century (United Nations, 2013, p.1). Globally, in 2019, there were 703 million persons, aged 65 years or over, and the number is expected to be doubled in 2050 (United Nations, 2019, p.1). Besides, the proportion of old persons in less developed regions is growing faster³ than in the developed regions (ibid, p.5). In connection to this, Velkoff and Kowal (2007) indicated that in sub-Saharan Africa the number of people age 60 and over will nearly double from over 34 million in 2005 to over 67 million in 2030 (Velkoff &, p.57). Similarly, the U.S. Census Bureau report in 2005 indicated that the number of people aged 60 and over in Ethiopia were 4.4 million people, and by 2030 the number will mount to 5.7 million (Cited in Velkoff & Kowal, 2006, p. 58).

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³ The 2019 report of United Nations Department of Economic and Social Affairs Population Division indicated that the fastest increase of the older population between 2019 and 2050 is projected to happen in the least developed countries (+225 per cent), rising from 37 million in 2019 to 120 million persons aged 65 years or over in 2050 (United Nations, 2019, p.6).

The significant raise in the proportion of older people across the globe created a number of problems both for the elderly and the states. For instance, old-age support systems in the developed countries are increasingly being strained due to the increase in the proportion of older people (United Nations, 2019, p.2). In Africa, the traditional social care and support mechanisms for the elderly are being deteriorated (Oluwabamide & Eghafona, 2012, p.1). Besides, welfare systems in the developing world lack comprehensiveness and have limited capacity to provide adequate services in line with the growing needs of the aged (McKinnon & Bloom, 2013, p.2). Thus, in Africa, aging happened to be a serious social problem.

Likewise, in Ethiopia, the longstanding family support systems are waning from time to time (Gebremariam & Adamek, 2015, p.440) and the pension system in the country covers only small proportion of the older population as it excludes older people who work in informal sectors and rural areas (MOLSA, 2012, p.8). Besides, the public institutional care service for the elderly in the country is yet at its infancy (Nega, Dereje & Amanti, 2018, p. 4). These added to the extreme poverty in the country puts the large proportion of aging Ethiopians in a state of struggling for survival.

In Amhara regional state, where the present study was employed, despite the paucity of data, homelessness and poverty among older people are significantly high. For instance, the survey conducted by Help Age International (2013) depicted that 11.3 % older people in Amhara region are homeless and live on the street, around the churches and mosques (p.10). According to Amhara Regional State Bureau of Labor and Social Affairs (BOLSA), in 2015, one hundred and six homeless people were homeless who have lived on the streets and around different churches and mosques (as cited in Getachew, 2017, p.19). Informed by the aforementioned facts, the purpose of this study, therefore, is to investigate what is meaningful in the lives of destitute homeless elders in Wollo Ethiopia, particularly in *Dessie*, *Kombolcha* and *Hayik* towns. The study also addresses the following research questions.

1. What are the inherent challenges of old aging people in the context of South Wollo zone?
2. How the elders understand aging, in the face of destitution and homelessness?
3. What are the coping mechanisms that the elders adopt to survive aging, destitution, and homelessness?

1.1. Definitions of basic terms

Old age (Elder): There is no straightforward definition of old age universally applied in all countries of the world. As a result, this study uses the definition of old age under Ethiopian law. In the Ethiopian context, the UN definition of older persons, taking those people whose age is 60 years and over is acceptable as it coincides with the country's official retirement age (MoLSA, 2006, p.3).

Destitution: Sharp, Devereux & Amare (2003) define destitution as;

Destitution is a state of extreme poverty that results from the pursuit of unsustainable livelihoods, meaning that a series of livelihood shocks and/or negative trends or processes erode the asset base of already poor and vulnerable households until they are no longer able to meet their minimum subsistence needs, they lack access to the key productive assets needed to escape from poverty, and they become dependent on public and/or private transfers (p. 11).

Homelessness: Definition of homelessness varies across literatures subject to enumeration methodologies used from country to country basis. This study uses UN's definition of homelessness. UN identified absolute and relative forms of homelessness. Accordingly, individuals identified as absolutely homeless when they live on the streets with no physical shelter of their own and sleeping in temporary shelters or locations not meant for human habitation. On the other hand, people are said relatively homeless if they live in spaces that do not meet "minimum standards of housing" (cited in Ali, 2014, p.61).

1.2. Theoretical Consideration

This study is informed, one way or the other, by both sociological and psychological theories. Particularly, it is guided by sociological theories of *social disaffiliation*⁴, *social displacement*,⁵ *symbolic interactionism*⁶, and by Erikson's *stages of psychosocial development*⁷. Besides, cognizant of the fact that the

⁴*Social disaffiliation* theory assumes that homeless individuals disassociate from the larger society because they are socially and mentally incompetent and have varieties of other interpersonal problems and social disorders. To this theory interpersonal problems of homeless people are the causes and not the results of their long term homelessness (Jackson, 2008).

⁵*Social displacement* theory on the other hand stresses on the impact of social and political structures for the long standing prevalence and persistence of homelessness. Accordingly, individuals are deficient to control over large scale political, economic and social forces, so that they became impoverished (ibid).

⁶Symbolic interactionism focuses on the human agency that human beings are capable of meaningful and purposeful activities to survive even within human-unfriendly situations (ibid).

forementioned theories of ageing deemphasized the role of wider structural forces, the present study employed political economy⁸ approach and modernization theory⁹. The combination of assumptions of these theories provides lensto explore individual old lives in the social environment.

1.3. Methods

Qualitative research method is an appropriate method when the purpose of a research is to explore phenomenon, processes, events, and actions, and to understand the subjective perspectives of people (Creswell, 2009, p.4). For the purpose of this study istoconstruct meanings about elderly destitution, homelessness, and aging from the subjective perspectives of old Ethiopians, qualitative research method is employed. Purposeful sampling is used both to select the study site as well as to select the participants of the study. Thus, judgmentally selected 24 elders are interviewed till data saturation¹⁰.

All participant elders are of no homes of their own. They are living around the streets, church and mosque yards and verandas in the three cities (*Desie, Kombolcha, and Hayik* towns). All the participants have ages ranged from 60-to-83. They came from the surrounding *Woredas* and zones (North *Wollo*, North *Shawa*, and South *Gondar* zones). The majorities of the participant elders are divorcees and widowed, while some of them are unmarried.

The data is collected by using in-depth interview and non-participant observation. The methods are used to generate first person accounts of particular life experiences of people under study, which is supposed to enable for exploration of emerged substantive themes. The methods helped to understand what is going on in the lives of the target elderly population by being available at the site. Then, the data is analyzed using thematic data analysis method. Data collection, data analysis, and interpretation conducted simultaneously in the intention to avoid misunderstanding and distortion. Most importantly, ethics was part of the research process. Issues of informed consent, confidentiality, and unanimity are all considered.

II. RESULTS AND DISCUSSION

Ageing makes an individual less capable of coping with life challenges by diminishing the capacity to adapt with life changes. Nonetheless, different groups of older people have different levels of vulnerability (Help Age International, 2013, p.4). Homelessness, in case of elderly people, obviously, is significant problem that worsened the existing age related biological problems and social disadvantages. Poverty is also the cause of many problems peculiar to the elderly (Oluwabamide & Eghafona, 2012, p.64). In the same way, in the present study, destitution and homelessness of the participants coupled with the inescapable weakening in physiological functioning at old age exacerbate the problems of the elderly people and pose serious challenges. This section is devoted to describe the challenges of older people, the subjective meanings of aging from the perspectives of old people, and the adaptation mechanisms the elders.

2.1 Challenges of the Old People

2.1.1 Destitution: Deeper than the limit

According to Sharp, Devereux & Amare (2003), destitution is a state of extreme poverty that results from the lack of unsustainable livelihood (p. 11). However, the elderly beggars in the study area are much deeply impoverished than what is connoted by the term destitution in the definition.

⁷According to Erikson's stages of psychosocial development, in the late adulthood period of development, which is from the mid-60s to the end of life, the developmental task is called *integrity vs. despair*. People who feel proud of their accomplishments feel a sense of integrity, on the other hand, people who are not successful at this stage may feel as if their life has been wasted and experience feelings of bitterness, depression, and despair. (Erikson, 1959)

⁸The political economy approach is concerned with the interaction between the state, the economy and various socially defined groups, in this case older people, and in particular with the way 'social goods' are distributed between groups and the mechanisms by which they are allocated (Kumar & Kalinga, n.d)

⁹Modernization theory linked the decrease in familial and community respect f with modernization in one or another way. According to this theory familial ties are weakened due to lack of physical proximity as children are often forced to move away from their homeland to urban areas either to get jobs in the modern economic system. (Goldstein & Beall, 1981).

¹⁰Data is said to be saturated when successive interviews are consistently yielding little or new information or insight. When data is saturated the sample size is considered to be as large enough (Dawson, 2009).

The qualitative interviews showed that the asset base of the elders is not just eroded, but it absolutely is lost; which completely dashed the hope to potentially own productive assets needed to meet the basic necessities. To the worst, this is at the middle of time and space wherein the traditional kin-based welfare systems are too lost while modern welfare systems are too weak and undeveloped to be reliable source of care for the impoverished lives of the aging.

Concomitantly, the above conceptualization sees destitution as just what results from shortage of income and thus, studying the level of income shortage is enough to determine whether or not one is destitute and the level of his/her destitution. However, closely studying where the elders live, how they live, what they feel about their living, what their day to day concerns are, how they adapt with the challenges they face, generally, what is meaningful about their way of being and becoming, provides a better way of looking at what destitution is and what it costs to be destitute.

2.1.2 Aging without shelter: Absolute homelessness

Lack of secured lodging was reported as central challenge of all participant elders. Absolute homelessness is the term that best describes the participants existing reality. The grave-houses in church and mosque yards have no lighting and water provisions, and are too warm at day time and too cold at night. There is no reliable protection from heavy rainfall and sun heat. The temporary lodgings are also characterized by too poor sanitation. As anywhere in Ethiopia, church/mosque yards and margins of hay ways wherein most homeless elders and street children destined to live are of poor sanitation that hardly meant for human abode. In this regard, Ato 'X' an 83 year old participant elderly evoked:

My son! What a choice can be available for one whose unlucky fate abandoned him to the hands of others? fate forced us to live this absurd life. We neither have protection from rain, wind, or sun heat, nor to have a peaceful sleep [to describe children and adults disturbance at night time]. Insects bite you; bugs will never let you have rest at night!

The participant elders' homelessness status qualifies the UN's definition of absolute homelessness. The UN identified individuals as absolutely homeless when they live on the streets with no physical shelter of their own and sleeping in temporary shelters or locations not meant for human habitation (cited in Ali, 2014).

2.1.3 Utter Starvation & Undernourishment

Food is reported as a predominant issue in the daily lives of the participant homeless elders. Given that the elders have no private possessions, and that their capabilities suppressed and disrupted by their current health status and other related problems, the issue of fulfilling daily food requirements are totally dependent upon the generous will of others, mainly the community. Not surprisingly, for all participants, more than their average day reported to be devoted in visiting the households of the community, church outdoors, streets, hotels and restaurants and so forth of the city for food. One participant elucidates this point as;

Thanks for his glory! unless I am forced to sleep, I get up early at the morning and think if there is any feast that day in the community and the availability of it is my prayer! If there is one, I would communicate it with my fellow elders and we would run there. Otherwise [scoff], as we usually do, we would be dispersed to the community to knock the doors of people to beg for food (Ato 'Y', 69 years old homeless elder).

Mr. 'A' markedly expressed that to beg for food was central to his daily survival, even more than finding out for a relatively safer place (shelter) for sleeping: *"Food matters, son! Suppose for instance this; if you have a safer place for sleeping, but you have no food, how would you sleep? Never! If I get enough for my starvation, sleeping is a second worry!"*

Furthermore, the findings illustrated that homeless older persons with disability are more affected by shortage of food and nutrition since their disability create difficulties to engage in begging, which is a fundamental means of collecting daily food. Likewise, in different literatures, food and nutrition is described as significant challenge of the homeless elderly beggars in Ethiopia. For instance, Aynshet (2012) indicates that shortage of food is the major challenge among the elderly beggars in Debrebrhan town (p. 5). Besides, Getachew (2017), citing the 2010 rapid assessment made by Help age International, indicated that in Addis Ababa the majority of homeless older people have no access to adequate food, water and sanitation (p.14).

2.1.4 Health and Health Care: Things too lost to hope for

Health is a priority issue for older people. This is because throughout the aging process, the body deteriorates slowly and thus, age related health problems are inevitable. However, despite the seemingly uncontrollable physical deterioration over time, certain situations like homelessness and poverty can worsen the health conditions of the participants. For instance, one of the major causes of the health problems of older persons is poverty (MOLSA, 2006). Albeit, homeless individuals are affected by various health problems as compared to other individuals same-aged housed counterparts, older homeless persons more often have serious health problems (Gonyea, Mills-Dick & Bachman, 2010, p. 577).

The participants voiced that they are facing with certain adverse health conditions that they reported is worsening by their impoverishment, homelessness and age related difficulties. A number of acute, chronic and infectious diseases like respiratory diseases (common cold, influenza, bronchitis and Pneumonia), heart disease, kidney disease, diabetics, gastro-intestinal and many other parasitic infections are reported as diseases and illnesses that significantly affect the health of the participants. Furthermore, regarding disabilities and health impairments, participants reported that they have one or more type of impairments such as visual, physical weakness, hearing and mobility due to ageing. Besides, there are also participants who have a physical disability that are not related with aging. A war veteran and car accident victim participants can be mentioned here.

Regarding the causes of the health problems, consistent with the literature, homelessness and the subsequent bad living condition are reported as major factors that degenerate the health conditions of the elderly homeless people. One participant succinctly explained it as follows:

As you see our living room [pointing to the grave room] has no ventilation, no adequate sunlight reaches the house that it is dirty and it is too cold in the night. Then how can we escape from common cold and influenza? I myself have a cold right now and the man who sleeps over there [pointing] has no sleep in the night as he continues coughing for the whole night... (Mr. W, 70 years old man)

Another respondent also states that;

I have been sick twice in this month. The food we eat is vulnerable to poison. The sleeping places, the blanket (if I can call it) and all the trash that we wear to prevent ourselves from the cold environment are full of parasites. We are vulnerable to food poison and to diseases that can be communicated by malice and other insects... (Mrs. X, 72 years old woman)

In fact, most of the diseases and illnesses reported by the participants are found to be related with their living conditions, compromised immune systems, poor nutrition, food poison and lack of both personal and environmental hygiene. However, the participants indicated that lack of health worsen the deterioration of their health conditions. Correspondingly, previous researches confirmed that lack of health care access aggravate the health conditions of homeless older people. For instance, the study by HelpAge International (2013) depicted that “ In developing countries, where there are no adequate resources to meet the health service needs of the general population, governments find it very difficult to meet the special needs of older people” (p.8). Moreover, Getachew (2017) depicted that health care service is more difficult for homeless older people (p.92).

Furthermore, the data generated from the participants showed that destitution along with homelessness affects the health of the participants since it turns a relatively minor health issues into serious illness. In support of this, literatures also indicate that homelessness complicates the treatment of many illnesses. For even the most routine medical treatment, the state of being homeless makes the provision of care extraordinarily difficult.

2.1.5 Lost Social Support networks

Support networks¹¹ are perceived to contain strong, close, and stable social ties including longstanding kin and friend relationships (van Tilburg, 1998, p. 2). Lack of support networks is one of the challenges reported by the participants. Their support networks are either completely lost or broken. One respondent said the following:

I am widowed. My husband died before 18 years. We had no children because I cannot give birth. However, we loved each other. He was a carpenter that he earned money enough to live a descent life. I also generate income through selling onions, tomatoes and potatoes in *guilit* [small market]. Meanwhile, my husband has got sick. The medication took all the money that we had and after he died I was left with empty pocket. Uhhhh ..[nodding]after that though I worked hard to cover my living cost, the income was too little to cover the rising cost of housing and other life expenditures. Things became getting worse as I have no children, or other close relatives from whom I can get support. And finally I got myself here... (Mrs. 'A' 76 years old woman)

Moreover, another respondent also narrates that;

I have three children. They are all married. However, my children would not like to see me and when I went to their home they never show me smiling face. I am always crying because of the deep hatred they have against me and that they get upset when they meet with me. Isn't it unbelievable that a man is thrown away by his own children, just as some sorts of trash? ... (Mr. 'B', a 68 years old man).

¹¹The research focused on support networks that provide everyday care services to older adults. Because as Wellman, Wasserman & Walker (1993) indicated that the mere presence of a tie between two people does not equate with the provision of support (p.72).

Another respondent also revealed that lack of support from the extended families is also another problem that contributed to the worsening of his conditions.

Even though I do not have my own biological children, I do have three brothers and two sisters. All of them are living in a town which is only 40 kilometers away from here [Desie]. But, none of them are interested to help me. They have forgotten me in such a way that as if I never happened in their lives! They do that because they think that my presence would cause them to be ashamed and disgraced (Mr. 'Z', a 76 years old man).

The broken or lost social relationships of the participants with their children and extended families can be explained by using modernization theory. According to modernization theory, due to modernization familial and community respect and support for older people has been diminished.

2.1.6 Lack of formal social support

Scanty of social welfare services are available for the elders on the streets. Though the national constitution requires the need to provide welfare support for the aged-without care takers¹², and the country promulgated welfare and social protection policies particularly relevant for them, none of these relevant national policies are put into practice to benefit the destitute elders. The country's pension system is also criticized for it excluded the majorities of older people out of those (only five percent) elders served in the civil service, police and military (MoLSA, 2006; MoLSA, 2012). Besides, those who benefit from the pension system are also complaining that the money they received is too small. "300 birr per month for a soldier who bravely defended his country for 15 years!" said one respondent who is a war veteran (Mr. D, a 68 year elderly).

In order to address this significant gap in old-age income security, several Sub-Saharan African countries have introduced or are considering non-contributory cash benefit schemes for the elderly (Leite & Guven, 2016, p.1). Similarly, informed by the low coverage of the formal pension system, the 2012 national protection policy of Ethiopia introduced safety net programmes as noncontributory pensions to all older people who are above seventy years of age and who are not entitled to contributory pension scheme. However, all of the participants said that they are never involved in safety net programme since they are not considered as residents of the *kebele*. In light of political economy theory this can be seen as the lack of fair distribution of social goods. Indeed, the implementation of universal social pension, governments can generate some form of redistribution to the poor since it did not require contributions prior to retirement and benefited the whole elderly population in a country.

Moreover, in Ethiopia, the public institutional care service is given only in few homes and thus they have very low capacity to give care for the growing aged population (Nega, Dereje & Amanti, 2018, p.4). However, in the three cities where the study is conducted, there is no any Institutional Care Centre for the elderly.

2.1.7 Seclusion from Work: Capability Deprivation

Some participant elders depict that they have the capabilities to engage in productive work and activities, albeit they also reported that such opportunities are non-existent to them. None of the participant elders are currently engaged in productive work of formal or informal nature. In fact, many of them gave-up work due to their physical and health issues. The International Social Security Association (1999) indicated that older people in Africa are discriminated against and denied employment opportunities once they reach retirement age and after retirement (as cited in Oluwabamide & Eghafona, 2012; p.5). Similarly, MOLSA (2006) indicated that in Ethiopia, old people are the ones who have far limited job opportunities and so that the most impoverished of all (p.54).

First, older people are not considered in the country's developmental schemes that particularly targeting on job creation and expansion of employment opportunities. Second, it becomes normative in the country to exclude old people from their public employment right at the age of retirement (60 years)¹³. This systematic exclusion of Ethiopian elders from the job market is a form of capability deprivation which ultimately

¹²The constitution of the Federal Democratic Republic of Ethiopia (1995), Article 41/5 states that "[T]he State shall, within available means, allocate resources to provide rehabilitation and assistance to the physically and mentally disabled, the aged, and to children who are left without parents or guardian" (p. 13).

¹³ The exclusion of Dagnachew Assefa (PhD), an ex-Addis Ababa University (AAU) professor and prominent personality, and Merara Gudina (Prof.), another giant ex-AAU professor and a notable political figure, in retirement from their long-standing service in the guise of retirement is worth mentioning here.

leads to the impoverishment of elderly lives¹⁴. In addition, contrary to disengagement theory, the elders' impoverishment is the consequence of social exclusion rather than their intentional act of disengagement.

2.2 Aging Subjectively Understood

2.2.1 Unfulfilled living predicts Internalized Helplessness

The elders' day to day experiences reveal that they face multiple psychological, emotional, and mental health difficulties. What is salient in their narratives is that it is their feeling of "dependence" and "incapability" to lead fulfilling life that causes them to frequently be emotionally disturbed and exposes them to learn and internalize feelings of powerlessness and helplessness.

Looking people for place to sleep at, food to eat, close to cover the body, water to drink.... Eh' [nodding].... it is too painful, my son! In our life, you can survive as long as you be able to win empathy of others, or die if you could not! (Ed.) (Ato 'Z', 76 years old man).

There are also many of them who get harsh against themselves to the extent of accepting that they are wasted¹⁵.

2.2.2 Regretting the failure to procreate

In this group of elders are those who associate the responsibility for their impoverishment to fate (God) and those who opt self-blaming. Those elders who demonstrate self-blaming behavior think that their impoverishment is the outcome of their "failure" to establish dependable families at functional ages and by which they could have been able to raise children who would provide care and support now, at this time of desperation. For instance, *"I am worthless! I had squandered several opportunities to embark on a good life; it is all my fault."* said Mr. M, a 78 years old man.

2.2.3 Silenced Voices of the "Betrayed" selves

Besides, almost all of war veteran-participants who have developed some form of physical disability from their service to the Ethiopian national army tend to consider themselves as victims of the political and social structures of the country. It is witnessed that they commonly have feelings that they are unfairly betrayed and abandoned by the country. In Ethiopia, war veterans are commonly nicknamed "board" or "board *yewota*" (meaning *those who went by the board*), a denotation by the common people that downwardly labels them as 'people who are thrown away because they are of only little more capability to contribute to society and to socially function. First, because war veterans, as any other human being, value to have meaningful social relations, and that the very act of down grading can instrumentally affect their ability to freely interact with others, it is a form of deprivation; and second, their downgraded social position and the resulted inability to meaningfully interact with others can further be instrumentally a cause for varieties of other socioeconomic disadvantages, it is another form of capability deprivation¹⁶. They neither get significant, if any, recognition and privileges from the state nor are they occupied a social position good enough for them to have a freedom to function in a way they reasonably choose and to get social acceptance so that they can stand in the society without shame¹⁷.

2.2.4 Dying is a Second Fear

The participants are also worried that they are concerned about what would happen when they die and the absence of descendants to their name at post-death far more than they are concerned that they will die. The participants report that the thought that "there will be no one to responsibly consummate their funeral" and that they "will simply be forgotten" from life make them fear the future than "inevitably death encroaching to take them away". Ato 'M' explained it as follows: One of the participants states in this regard that:

My son!, the cursed, whose fate robbed him of his natural right to bear potential care-takers [children], the ones who are supposed to consummate his burial and to ensure that his family name is uninterrupted, man with no history, is nothing but a walking dead. I feel my life is worthy of nothing!! I am just the one who borne to die as no one. I have lost everything I owned. I have no one to call even at the end of my life. Imagine that if I die here, who will find out my corpse? Who will carry it to the grave? Who will excavate my grave? No one!

¹⁴Amartya Sen (2000) rightly explains that social exclusion of such kind is deprivation of capabilities to undertake important activities that a person has reason to do, so that the capability to function.

¹⁵ In support of this, Erikson (1959), noted that people who are not successful at late adulthood stage¹⁵ feel as if their life has wasted with feelings of bitterness, depression, and despair.

¹⁶Amartya Sen (2000) discusses constitutive and instrumental forms of deprivation.

¹⁷Amartya Sen (2000) states that the Aristotelian views an impoverished life as one without the freedom to undertake important activities that a person has reason to choose. And Adam Smith added to this Aristotelian perspective in that the freedom to live a non-impoverished life includes individuals' "... ability to appear in public without shame".

People may find out my body after days, weeks, or they wouldn't at all. ...[scoffing] who knows, son!(Ato 'M', 68 years old man)

2.3 Adaptation Mechanisms

In the sub-sections above the faces of elderly impoverishment, the meanings subjectively constructed out of it and its particularities are discussed. Particularly, the perils of impoverishment on the lives of old adults in the most vulnerable part of Ethiopia, South Wollo, are discussed. However, the very fact that albeit confronted and consumed by multifold challenges, there are elderly lives surviving that all necessitates the need to further explore and discuss at least one more aspect of the elderly life concerned. That is, how they survived that all. This sub-section is about the basic activities and psychological states that keep the elders resilient at the middle of a killing environment such as the one the elders at hand happened surviving.

Even though both environmental and personal problems impoverished and worsened the lives of the elders, the elders do not seem to give up these challenges to shatter their lives ones and for all. Rather, interestingly, a systematically designed investigation through a careful field observation for a measure of time pretty enough to grasp the portrait of elderly life and the patterns of their behavior, unfolds sorts of inner-strengths, meaningful social capitals, routine activities and aspirations that help them to survive the socioeconomic and physical disadvantage they find themselves in¹⁸. Some of the major resilience mechanisms the elders use to cope up with their various life challenges are presented as follows.

2.3.1 Friendship as a Source of Support

Though there is a tendency to view homeless individuals as socially incapable to establish and maintain meaningful social relationships, even during the days of personal crisis, the present study revealed that, many among the homeless elders maintain social relations that provide them with measurable access to social capitals enabling them to survive all-rounded impoverishment. In this regard friendship with other homeless elderly is reported as the most common in the day to day lives of the participants and described as the basic sources of support.

The benefits of the friendship, among themselves are manifested in different ways. For instance, ato 'E' appreciates the help he was getting from his non kin close friend and other many familiar acquaintances that he encountered in his daily life. His close friend was Ato 'H' with whom Ato 'E' frequently contacted with. Both knew each other since 2012 when Ato 'E' came to *Kombolcha* for the first time and started to live together within a single grave-house in a church since that time. Both slept together at night and pass most of their day time together in begging. Ato 'E' described their relationship as follows:

Long live for the people of wollo! I never returned back to home without taking my share from the food they prepared to eat! But, 'H' is there if I feel sick and unable to go and knock their doors to beg for food! More than anything, he is a one for whom I can share anything! a person I have to talk to! With him, I feel I am not lonely! That is the thing which has a little bit of worth in this life.

Ato 'H' also said that whenever 'E' returned back to "home" in the evening, he communicates with him about their day, eat and sleep together. They share resources acquired with each other which involve food, money and emotion.

2.3.2 The Community as Vital Resource System

All participant elders in the three cities reported that they have positive and supportive relationships with the neighboring households. This positive neighborhood manifested and accompanied with sharing of various occasional, religious or non-religious, ceremonies and sharing of other communal values apparent in any healthy neighborhood including supporting each other both emotionally and materially. Ato 'M' said the following

... as an old man who has no children, nor has extended families that could support him, how could I afford to live even the life I live in. However, thanks to the blessed men and women around me, I am alive. The very kindly and generous people in the community gave me their leftover food, used clothes, money and sometimes they visit us when I am sick. Above all they are very sympathetic to me. They understood methat being a homeless and beggar at the end of life was not my choice...(Ato 'M', 68 years old man)

Another participant further explained the help from the surrounding community as follows:

You know what has been happened last year? I have never experienced any pain like that! My heart was burnt! My body was shocked and it appears as if it was in short of strength even to enter into my abode! Then the youth from the local community picked me up and taken me to the health center.... latter I have

¹⁸This situation of the elders is in conformity with the theory of symbolic interactionism in that the theory stresses on human agency that makes human beings capable of surviving even the most extreme challenges they face in life (Jackson, 2008).

checked that I have taken my medicine (anti-HIV/AIDS) that was highly exposed to sun rise and so that poisoned. I never forget that! (Ed.) (Ato 'G', 71 years old, homeless elder).

2.3.3 From Religiosity and Spirituality Yielded Strength and Hope

Spirituality and religion are interrelated but different constructs. Hodge (2017) presented their difference as;

...Spirituality is commonly understood to refer to an individual's subjective relationship or connection with God, or more broadly the sacred or transcendent. Religion, on the other hand, is viewed as a set of beliefs and practices that have developed over time by individuals who share similar understandings of the sacred(pl)...

Spirituality is one of the most important sources of strength for older persons and significantly affect their well-being (Saleem & Khan, 2015, p. 172). Similarly, Aynshet (2017) depicted that religion and their connection with God play an important role in maintaining to reduce feelings of anxiety, depression, sickness and to improve mental health among the elderly by reducing grievances related health problems (p.57). In accordance with this, participants of the study pronounced that religiosity plays an important role in coping the pervasive challenges they face in their day to day life. Various religious practices are used to improve their health and all other problems. In addition to praying and fasting, participants use 'emnet'¹⁹, and holy water. Regarding this, one old woman with disability said the following:

.... Imagine what it would mean to be an old homeless women who is too poor, disabled and helpless. I pray to God to give me my daily bread and he always give me what I asked him. Thanks to the almighty, I am here passing through miserable living conditions. I thank God for taking care of me for this long. (Mrs. 'S', a 71 years old woman with disability)

Additionally, the miraculous healing power of the holy water and 'emnet' that are widely used to treat illness and emotional disturbance is described as:

My son! It is not easy to get money to cover the medication cost whenever I am sick. Therefore, when I feel sick, I pray and spray the holy water over my body and over my 'home'. I also put small amount of 'emnet' on the seek part of my body. After that definitely I will get relief from the sickness. I always thanked God for the valuable gift holy water that has miraculous power to cure everyone from illness... .. (Ato 'L', 74 years old)

Furthermore, the common adage that always came in the lips of the participants is "God create everything for reason". The adage helps participants to accept their current situations.

In a similar fashion, among the participants some who consider their longevity as privilege. These elders are thankful that they are among the few who are lucky to live long²⁰. Mrs. "Z" explains that God has given them the privilege that few are experiencing: "*I am thankful to God for allowing me to live longer while many people who eat better foods, who live in better homes are died before undergoing a transition to ageing...*"

2.3.4 Begging

All participant elders are beggars. They beg for food and money. Begging is a prominent adaptive means of survival. During interview it was observed that getting a day's meal remains the main priority and acquired from begging. They normally obtain their daily meal requirements from different sources. It was reported that most of them got their daily food from leftover meals from hotels and households of the cities. They also beg for money and food at the door of churches and mosques since in both religions teachings alms giving is presented as sacred and that it will help to get God's forgiveness for wrong doings. They also explained various cultural and religious ceremonies like wedding, "Christina", "tsebel" "tdsedik", "sedeka" and "teskar"²¹ as important source of food. In these traditional ceremonies, people provide them food and beverage that is enough for several days. "...In this kind of ceremonies we eat enough, we drink enough and even we took some extra food for another day. Therefore, no one wants to miss them..." said Ato 'M', 68 years old man.

III. CONCLUSION

¹⁹ 'Emnet' is a soil or an ash given by religious fathers of Orthodox Church to the followers in the belief that chalking it to the body would heal the disease in it.

²⁰ According to the latest WHO data published in 2018, the average life expectancy in Ethiopia is 65.5 years.

²¹ *Christina* is a kind of feast prepared to the celebration of baptism for new born children's admission to the Christian church. *Tsebel* is a Christina feast prepared in honor of God, God's Angeles, Marry the virgin, and the Saints recognized by the Ethiopian Orthodox Church. *Teskar* is also another form of Christian feast prepared in memory of dead people by family members and close relatives. *Sedeqa* is an Islamic feast of similar kind prepared for various reasons.

The following summery conclusions are drawn from the life struggles of Ethiopian older people struggling poverty, homelessness and aging. First, though destitution is atypically associated to one of the age groups, it can be argued that it affects elderly life with greater intensity. The obvious deterioration in the functioning ability of human biology at latter age exacerbates destitution not only in the form of reduction in the produces one can yield but also in the form of incremental loss of resilience. This complemented by the perils of homelessness against old life and othersubjectively experienced traumas, psychosocial, mental and physical health complications, and environmental vulnerabilities describe the context of old age deep impoverishment in Southern Wollo, Ethiopia.

Second, thoughthe elders' vulnerabilitiesare partly functioned by personal and interpersonal factors,the whole picture of vulnerability and impoverished life it predicts is closely related to the country's level of underdevelopment. That is, the traditional mechanisms of elderly care mechanisms debilitated as a result of the modern market system while the country is too weak to establish modern welfare mechanisms that can supersede the roles of traditional mechanisms. In addition, despite the fact that impoverishment is further complicated by aging, elders are the most marginalized and excluded of all destitute age groups from the humanitarian benefits for almost all of local and international non-government duty bearers working in the country target other age groups, but old adults. Thus, it is the politico-legal, socio-economic and ecological environment that forms the objective circumstance wherein a vulnerable elderly finds her/himself in a state of extreme impoverishment.

Third, the subjectivities in the understandings of elderly life in the face of absolute impoverishment is an important variable that shapes the capability to adaptation and resilience and to determine the de/taste of life the elders subjectively derive out of it. That is, understanding such subjectivities is as important as determining what causes that impoverishment, for shortage of income is not the only factor that causes impoverishment.²²

Fourth, the survival state of the elders within the depriving environment would have been impossible if the elders have capabilities to sustain their lives through some sort of meaningful and intentional actions. Thus, interventions to support elders should be designed in such a way as to strengthen their inherent capabilities so that they can function independently. Fifth, for elderly impoverishment is a composite term referring elders with varying needs, problems, and strengths, interventions should be discriminatory.

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²²Amartya Son, (2000) states that “[w]e must look at impoverished lives, and not just at depleted wallets”, in conceptualizing poverty for shortage of income is not the only cause impoverished life. (p. 3).

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