

# Exploring Elders' Life Situation in Haramaya Town, East Hararghe, Ethiopia

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## Abstract

The study was target to examine Elders' Life Situation in Haramaya town, East Hararghe, Ethiopia. The study involved 53(24 males and 29 females) volunteer elders to participate. Data were collected through interview and questionnaire. Data were analyzed using a blend of both quantitative and qualitative data analysis method. Findings indicated that two-third of elder adults reported as if they could have their daily breakfast, lunch and dinner. To this inverse, about one-third of them reported as if they couldn't have their daily breakfast, lunch and dinner. Data secured through interview yield the same outcome, however, the quality of diet they could have consumed matters. Meaning, as information obtained from respondents through interview depicted, for some of them, having a breakfast mean having a slice of bread with tea/coffee. Therefore, it's difficult to dare to say elders of Haramaya town have access to a balanced diet on daily basis. The attention elders given to their personal hygiene is very poor. In support of this idea, information gathered through interview confirmed that among 23 respondents randomly selected for interview, only two of them reported as if they could take a shower twice a week, six of them ones a week, seven of them ones per two weeks and five of them ones per three weeks and three of them were reported as if they take a shower ones a month. Additionally, among respondents of the study 75% of them reported as if they get their clothes washed ones per two weeks. Thus, it is non-contentious to conclude that, respondents of the study have a poor habit of keeping their personal hygiene. Among respondents, one- fourth of them have no toilet room at all. Even among those who have claimed as if they could have toilet room nearby their home, only 34(64%) of them reported of its appropriateness. Above half of the respondents of the study reported as if they never prefer to go medical center whenever they feels discomfort or ill rather they preferred to be treated traditionally. Despite all life challenges they are wrestling with it, elders of Haramaya town have reported as if they are blissful with their lives. Feel respected, satisfied with and love their lives. Female elders have positive attitude towards their lives than their male elder adults' counterparts. Attempts were made to explain findings within the existing ecological and socio-cultural practices of the study area. Recommendations were also suggested as to how to properly address the gaps noted in this research

**Keywords:** Elders; life situation and Haramaya

## 1. Introduction

The term 'elderly' or older person has different meaning in different countries; it is mainly explained and is related to chronological age, functional age as well as retirement age. According to the UN definition, older persons are those people whose age are 60 years and over. The definition has gained acceptance in Ethiopian context as it coincides with the countries official retirement age.

In the study of human development, much attention so far has been given to earlier parts of life such as infancy, childhood and adolescence. This may be partly attributed to some of the developmental theorist's interpretation of human development. For example, Piaget felt that we developed stage by stage but once puberty had been gone though we remained wherever we were, psychologically speaking, for the rest of our lives. He did suggest an adult-type final stage, but went on to suggest that few of us reached it. Similar to this idea, Freud too felt that our psychological development was closely tied to childhood years, in fact to very early childhood. Even, scarce research been done on adults also sex differentiated; that is, focused on male adults over female (Bentley, 2007)

These days, however, there are research concerns in later part of life – adulthood and aging. This growing interest in aging research is due in part to the rising social demands from the aged generations, and partly due to the fact that longitudinal research has started to yield remarkable results concerning lifespan development (Baltes & Baltes, 1990). There is also a significant statistical evidence that shows the increasing rate of the aging population of the world in general and of the developing countries in particular (World Health Organization [WHO], 2002; United Nations Population Fund [UNFPA] & Help Age International [HAI], 2012). Due to

urbanization, industrial developments, the advance in science and technology, and modern way of life people are nowadays able to live longer. Various studies and reports verify that the number of older persons in the world is growing at unprecedented rate. In Ethiopia, due to serious shortage of data, it is difficult to provide detailed analysis of older persons. Nowadays, older persons are encountered with various problems which eventually expose them to begging due to absence of the necessary family and community support.

Older persons in Ethiopia are traditionally supported by the extended family system (MOLSA, 2006). However, due to rapid growth of cities and the emergence of complexities associated with social, economic and cultural changes, the family in Ethiopia is changing. Although family ties are still vital in rural Ethiopia, industrialization, migration, education and modernization are playing a big role in transforming the structure of extended family system into nuclear families in the cities. The traditional extended family, which is gradually changing to the nuclear one, is losing its strength to support the vulnerable sector of the society including older persons (MOLSA, 2006).

In the past, older people in Ethiopia used to be treated with respect and love, and they received support from their families, relatives and the community. Nowadays, older people without means are forced into begging for lack of family and community support. Urbanization and “modernization” are also eroding the traditional culture of inter-generational solidarity and support. Poverty has become more acute among older people and it is much more difficult for them to come out of it.

An old person in most countries of Africa including Ethiopia is considered as one who is knowledgeable informant about history, traditional customs, and culture (Soga, 2009). The elderly in the Ethiopian context have been seen as icons for patriotism, reservoir of heritages of useful cultural values for the next generation, agents for solving problems and reconciliation of conflicts between and among individuals and ethnic groups (MOLSA, 1999). Studies on the situation of older people in selected parts of Ethiopia from an anthropological point of view show that older people are considered as active and able to perform the activities required for survival and live in close proximity to others (Noguchi, 2013). Similarly, older persons in Ethiopia remain economically productive as long as they are physically and mentally able and as long as household requirements demand their contribution (HAI & Cordaid, 2011).

However, a study has been done by Noguchi (2013) in Southern Ethiopia shows the culture of that particular community has been affected by outside influences during the past 100 years, and the traditional values for older people have changed. Other research findings also provide evidence that the current situation of the majority of older people is worsened especially by poverty, lack of health services, and eroding traditional social support systems (Kifle, 2002). Kifle (2002) reported that the trend of valuing older people seems to be declining because of the changing nature of social and economic policy of the nation as compared to the earlier regimes that could erode the status and role of elderly citizens in the community.

While aging is associated with declines in some areas, new possibilities and potentials also emerge (Koenig, 2002). It is also argued from the life span development perspective that aging is characterized by individual variability and complexity of the interacting biological, psychological, and social forces in different settings (Sugarman, 2005). Old age does, however, bring nearly inevitable challenges, such as losses in physical, cognitive, psychological, and social capacities and increased dependence on others that block individuals’ abilities to meet these ideals in any setting (Ottaway, 2004).

As indicated by Aboderin (2004), Health problems, lack of balanced diet, shelter, unsuitable residential areas, absence of family and community support, limited social security services, absence of education and training opportunities, limited employment and income generating opportunities are some of the challenges of older people. In line with this idea, Help Age International (2012) reported that older people are consistently among the poorest in all societies, and material security is therefore one of the greatest preoccupation of old age. Many experience the same lack of physical necessities, assets and income felt by other poor people, but without the resources that younger, fitter, and more active adults can use to compensate. The prevalence of poverty among older people is also linked to educational levels, including differing level of literacy.

Survey study conducted by Help Age International (2013) on three regions of Ethiopia namely; Amhara, Oromia and SNNP indicated that the housing condition of older people was found to be of a poor standard. Problem of access to shelter, including shortage of houses to rent and poor condition of the houses requiring major repair, were identified as some of the most important concerns of poor older people. Most of the older people have poor access to safe and adequate water supply, and to hygiene and sanitation facilities, thus making them vulnerable to infection by communicable diseases. In addition, despite the free medical service system put in place by the government, they have to buy drugs from private pharmacies and/or are given referral to private laboratories and they are exempted only from payment for cards. Food insecurity was rampant among older people, although the regional governments have recognized older people as a vulnerable group. However, the efforts are either inadequate or not implemented according to the provisions in the legal and policy documents.

In the face of such challenging life circumstances reported by previous studies that have been conducted in some parts of Ethiopia, no study haven been directed to examine life circumstances of elderly population living

in Haramaya town.

There are also other additional reasons justifying the need to revisit research in this field.

First, as previous study conducted on the issues under consideration indicated, the number of aging population is increasing in unprecedented rate. It noticeable that with aging visible physical, cognitive and psychosocial changes are inevitable which thereby increases dependency on others. Nevertheless, the matters of Haramaya town elders' have got little or almost no attention from government and other concerned bodies.

Second, despite the fact that FDRE constitution Article 41(5) of the FDRE Constitution states that "the 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 guardians", the challenges of elders in Ethiopia particularly Haramaya town is in vain.

In an attempt to address the concerns raised thus far, the following research questions are posed in this study: 1. Do an elders living in Haramaya town have secure their breakfast, lunch and dinner on a daily basis? 2. How well an elders living in Haramaya town personal hygiene's kept as needed? 3. What attitude of elders living in Haramaya town towards their lives look like? 4. Which sex group have positive attitude towards their lives.

## 2. Methods

As mentioned earlier, the purpose of this study was to examine elders' life condition living in Haramaya town. In order to obtain the required information, blends of both quantitative and qualitative research design were employed. This section describes, the study site, sampling techniques, instrument of data collection, and procedure followed in data collection.

**Study site:** This study was conducted in in Haramaya Town. Haramaya is an East-central Ethiopian town located 510 KMs East of Addis Ababa. Located within the Hararghe

Zone of the Oromia Region, it has a latitude and longitude of 9°24'N 42°01'E Coordinates: 9°24'N 42°01'E with an elevation of 2047 meters above sea level. As per the Census conducted by the Central Statistical Agency of Ethiopia (CSA, 2012), Haramaya has an estimated total population of 15,317; of whom 7,796 are men and 7,521 are women. The largest ethnic group reported to live in the area is the Oromo (96.43%); all other ethnic groups making up the remaining 3.57% of the population. Afan Oromo is spoken as the first language by 97.6%. While the overwhelming majority of the inhabitants (98.51%) are Muslims, the remaining few are (orthodox and protestant) Christians. Concerning education, 53% of all eligible children are enrolled in primary school, and 10% in secondary schools. The dominant activity serving the inhabitants as a means of income in this town is cash crop products like chat.

**Participants:** The study involved elder adults living in Haramaya town. In the study, only volunteer elders were participated. To select participants of the study, fifteen first year psychology students were recruited for data collection after they had the course psychology of adulthood and aging with the assumption that having the aforementioned course ease their efforts especially how to approach to elderly adults. Beside this, orientation on ethical consideration they should abide with during data collection has been given to them. And then, each of them were entrusted to at least meet four elders and secure necessary information from them both through interview and questionnaire with close facilitation since some of the participants were fail to read and write and accordingly they were deployed to diverse kebeles found in the town to reduce the chance of overlapping. Then, data were collected accordingly. Consequently; data secured from 71 adults were obtained. However, because of incomplete response on six questionnaires, the responses of six respondents, and because of the ages of 12 respondents were found below 60 years old, totally, the responses of 18 respondents were thrown out from final analysis and analyses were made based on data collected from 53 elders. In fact data were triangulated on randomly selected 23 respondents out of 53 respondents already selected.

**Instruments of data collection:** Self-report instruments were used to measure variables of interest. The instruments had three parts. Part one comprised structured items, mainly about the participants' demographic information, especially important for this study (sex, age, educational status, with whom they are living, marital status), the second part of the instrument was 'open and close ended questionnaire used for assessing living condition of elders in the Haramaya town. The items of the questionnaire are composed of (e.g. *Do you have breakfast daily, Appropriate care is given to them, Poor personal hygiene, satisfied with their lives, Love their lives, Feel despair with their lives, never want to visit health professionals rather they prefer to be treated traditionally*)

Close ended questionnaire consists of 25 items developed in line with the specific objectives. In doing so, after 25 items supposed to assess the living conditions of elderly adults developed by the researcher, three expert area academicians were invited to comment on it and, after having their constructive comments, ten items were found to have poor competence were discarded from final use. Thus, questionnaire which consists of 15 items were used for final data collection. The third part of questionnaire was life satisfaction scale consists of 5 items scored ranging from 7- strongly agree to 1- strongly disagree authored by Pavot & Diener (2013) adapted from previous research was employed to assess elders attitude towards their lives. The possible range of scores is 5-35,

with a score of 20 representing a neutral point on the scale. Scores 5-9 indicate the respondent is extremely dissatisfied with life, whereas scores 31-35 indicate the respondent is extremely satisfied. Before employing it for final data collection, the scale has been tried out on 10 elders and inter item analysis was made using SPSS version 20 and Cronbach alpha .79 was obtained. Since the result achieved was acceptable, the scale was used as it is for final data collection.

The interview guide was prepared by the researcher based on the research questions and the specific objectives.

### 3. Findings

This section presents findings of the study beginning with some background data about participants. Then, the living conditions of elderly adults living in Haramaya town is statistically described using descriptive statistics followed by describing elder's attitude towards their lives and sex difference if any by employing measures of central tendency

**Background of Participants:** This section presents description of background of participants.

Table 1: Background of participants

Variables		No	%	Variables		No	%
Sex	Male	24	45.3%	Marital status	Single	4	7.54%
	Female	29	54.7%		Married	44	83%
Employment type	On duty	11	20.7%		Divorced	3	5.7%
	Retiree	42	79.3%		Widowed	2	3.77%
	<b>TOTAL</b>	53	100%		<b>TOTAL</b>	53	100%
Educational status	Illiterates	31	58.5%	Living arrangement	With their wife/house band	32	60.37%
	Elementary school	7	13%		Alone	7	13%
	High school complete	5	9.4%		With their own married son/daughter	9	16.98%
	Certificate	3	5.6%		With relatives	5	9.4%
	Diploma and above	7	13%		<b>TOTAL</b>	53	100%
	<b>TOTAL</b>	53	100%				

Here in the table 1, sex proportionate elder adults were participated in the study (male 45.3% and female 54.7%) though female adults a bite more represented than male elder adults. As regarding to employment type, around 80% of participants were retired from their job. That is, either may be retired from their previous work or fail to run their lives independently as before and became looking for the help of others. Almost above half of participants of the study are illiterate. Meaning, unable to read and write. Pertaining to marital status of respondents, 83 percent of them were married and only 7.54 percent of them were not married yet followed by 5.7 percent divorced respectively. With regarding to living arrangement of respondents, 60.37 percent of them are living with their wives/ house bands followed by 17 percent living with their married son/ daughters and 13 percent alone respectively.

**Nutrition, hygiene and perceived life circumstances:** This section presents the living condition of elders in the Haramaya town

Table 2: Describing Living conditions of elders in the Haramaya town

No	Variables	Yes		No	
		No	%	No	%
1	<b>Nutrition per day</b>				
	breakfast	44	83%	9	17%
	lunch	31	58%	22	42%
	dinner	39	73.5%	14	26.5%
	access to clean water	27	51%	26	49%
2	<b>Personal hygiene</b>				
	poor personal hygiene	36	68%	17	32%
	Adequate clothing	24	45.28%	29	54.8%
	Living in the clean house	28	52.83%	25	47.16%
	Homeless	4	7.54%	49	92.5%
	No toilet room at all	12	22.64%	41	77.44%
	Appropriate toilet room is there	34	64%	19	36%
3	<b>Health</b>				
	They never want to visit health professionals rather they prefer to be treated traditionally whenever they feels ill or discomfort	33	62.2%	20	37.8%
4	<b>Life satisfaction</b>				
	They feel respected by others	44	83%	9	17%
	Feel satisfied with their lives	41	77%	12	23%
	Love their lives	37	70%	16	30%
	Homeless	4	7.54%	49	92.5%

As depicted in the Table 2, pertaining to nutrition, despite the fact that two third of elder adults reported as if they would have their daily breakfast, lunch and dinner, to this inverse, about one third of them reported as if they couldn't have their daily breakfast, lunch and dinner. In support of this result, data secured through interview indicated that many respondents claimed as if they could have their breakfast, lunch and dinner on a daily basis, however, the quality matters. Meaning, as information obtained from respondents through interview indicated for some of them having a breakfast mean having a slice of bread with tea/coffee. Therefore, it's difficult to dare to say elders of Haramaya town have access to a balanced diet on daily basis. As regard to personal hygiene of respondents, as can be depicted in Table 3, what everybody could easily discern, perhaps that, the attention elders given to their personal hygiene is very poor. In support of this idea, information gathered through interview confirm that among 23 respondents randomly selected for interview, only two of them reported as if they could take a shower twice a week, six of them ones a week, seven of them ones per two weeks and five of them ones peer three weeks and three of them were reported as if they takes a shower ones a month. Additionally, among respondents of the study 75% of them reported as if they would get their clothes washed ones per two weeks. Thus, it is non-contentious to conclude that, respondents have a poor habit of keeping their personal hygiene.

Notwithstanding, among participants of the study, (4) 7.5% of them are homeless elders. Yet, among respondents of the study (12)22.5 % of them have no toilet room. Even among those who have claimed as if they would have toilet room nearby their home, only 34(64%) of them reported of its appropriateness.

Startlingly, among respondents of the study, 33(62.2%) of them reported as if they never prefer to go medical center whenever they feels discomfort or ill rather they preferred to be treated traditionally. The descriptive statistics in the same table also shows that despite all life challenges they are wrestling with it, elders of Haramaya town have reported as if they are cheerful with their lives. Feel respected, satisfied with and love their lives, for instance. For details see (Table 2)

**Elder's attitude towards their lives:** It is recalled that, amongst the research questions forwarded to be answered in the introductory section of this study, assessing Haramaya town elder's attitude towards their lives is one of them. Thus, this section presents elders attitude towards their lives as follows;

**Table 3: Elders attitude towards their lives**

Elder's attitude towards their lives			
No	Responses	Frequency	Percent
1	31 - 35 Extremely satisfied	-	-
2	26 - 30 Satisfied	24	45.28%
3	21 - 25 Slightly satisfied	15	28.3%
4	20 Neutral	9	17%
5	15 - 19 Slightly dissatisfied	5	9.4%
6	10 - 14 Dissatisfied	-	-
7	5 - 9 Extremely dissatisfied	-	-
	Total	53	100%

As shown in the Table 3, among respondents of the study, while (45.28%) of them have reported as if they are satisfied with their lives followed by 28.3% slightly satisfied, 17% as neutral and 9.4 % slightly dissatisfied respectively. In fact, this finding confirms the results that attained in the Table 2. Confirm to this notion, information composed through interview indicated that though they are living in desperate life circumstances, they have been reported as if they are blissful of their living condition. In fact, this is not surprising for Ethiopians, because they accept all what happen to them by claiming it as a will of Almighty God unconditionally no matter what happen to them either of god or bad. Thus, from this finding we can conclude that elders of Haramaya twon are blissful of their lives irrespective of live challenges they have been wrestling with.

**Elders Sex differences on attitude towards their lives:** This section presents elders sex disparity in their attitude towards their lives if any

**Table 4: Elders Sex difference on attitude towards their lives**

No	Elder's attitude towards their lives	Male		Female	
		Mean	SD	Mean	SD
1		24.5	3.1	27.3	2.4

As depicted in the Table 4, a bite female elders have positive attitude towards their lives than their male elder adults counterparts with female (mean=27.3) and male (mean= 24.5) respectively.

#### 4. Discussion

In fact two third of respondents claimed as if they could have their daily breakfast, lunch and dinner, similar with the expectation of researcher, one third of elders of Haramaya town couldn't have access to their daily breakfast,

lunch and dinner. This perhaps attributed to life inflation, climate change and personal problem of elders. Personal problem meaning, it is recalled that the main source of income for Haramaya town inhabitants is trade especially chat (kahat), thus, in order to generate money so that win their lives, they ought to engage themselves in such like activities but because it is normal that energy lessen with age which could finally hamper elders' from fulfilling even their basic needs. Even for those who claimed as if they could have their daily nutrition, a matter of quality and having balanced diet is under question. In support of this idea, Aboderin (2004), reported that health problems, lack of balanced diet, are some of the challenges of older people.

As regard to personal hygiene of respondents, data collected through questionnaire shown that the attention elders given to their personal hygiene was very poor. In support of this result, information gathered through interview also confirmed this. Thus, it is non-contentious to conclude that, respondents have a poor habit of keeping their personal hygiene. The habit of this poor personal hygiene may be attributed to problem of access to water, lack of awareness, recklessness, despair, loss of hope in life are some of them. In support of this finding, Survey study conducted by Help Age International (2013) on three regions of Ethiopia namely; Amara, Oromia and SNNP indicated that most of the older people have poor access to safe and adequate water supply, and to hygiene and sanitation facilities, thus making them vulnerable to infection by communicable diseases.

On the other side, among participants of the study four of them are thrown to the street and leading their lives there.

Pertaining to health seeking behavior of respondents, as indicated in the result section, among respondents of the study, (62.2%) of them reported as if they never prefer to go medical center whenever they feels discomfort or ill rather they preferred to be treated traditionally. This may be attributed to lack of awareness about the importance of visiting health care center for their health, lack of money, absences of support from others especially who could take them to health care center, preferring traditional medical treatment because of its low cost in compare to modern medical treatment.

As it can be noted from the analysis, despite all life challenges they are wrestling with it, elders of Haramaya town have reported as if they are happy with their lives. Feel respected, satisfied with and love their lives. Data analyses employing measures of central tendency also support this finding. Confirm to this notion, data collected through interview indicated that despite of all life challenges they are wrestling with it, they are blissful of their living condition. In fact this is not surprising for Ethiopians, because they accept all what happen to them by claiming it as a will of Almighty God unconditionally no matter what happen to them either god or bad. Because we Ethiopians have a culture of attributing everything to the external body irrespective of what happen to us by saying "blessing in disguise"! Therefore, it is not surprising when we find our elders attribute everything to the external bodies and choose to be pleased with their lives irrespective of live agony they are wrestling with it.

Pertaining to elder's sex difference on attitude towards their lives, the analysis result indicated that, female elders have positive attitude towards their live than their male elder adult counterparts. In support of this finding Arthur (2006) suggested that females are living long life than their male counter parts because of biological factors; females have two chromosomes and males have one chromosomes, due to many androgen hormones in males in compare to females males are more aggressive than females which thereby resulted in short lifespan in males, social factors; females have more social network than male adults, psychological; females love their lives than their male adult counterparts and because males are most of the time engaged in risky activities.

## Conclusion

The findings of this research generally suggest the following major conclusions regarding the elders' life situation in Haramaya town of the Oromia regional state.

1. Despite the fact that two – thirds' of elder adults reported as if they could have their daily breakfast, lunch and dinner, to this inverse, about one- third of them reported as if they couldn't have their daily breakfast, lunch and dinner. In support of this result, data secured through interview indicated that many respondents claimed as if they could have their breakfast, lunch and dinner on a daily basis, however, the quality matters. Meaning, as information obtained from respondents through interview indicated, for some of them, having a breakfast mean having a slice of bread with tea/coffee. Therefore, it's difficult to dare to say elders of Haramaya town have access to a balanced diet on daily basis.
2. The attention elders given to their personal hygiene is very poor. In support of this idea, information gathered through interview confirm that among 23 respondents randomly selected for interview, only two of them reported as if they could take a shower twice a week, six of them ones a week, seven of them ones per two weeks and five of them ones peer three weeks and three of them were reported as if they could have a shower ones a month. Thus, it is non-contentious to conclude that, respondents have a poor habit of keeping their personal hygiene.
3. Among respondents, one-fourth of them have no toilet room at all. Even among those who have claimed as if they could have toilet room nearby to their home, only 34(64%) of them reported of its appropriateness.

4. Above half of the respondents of the study reported as if they never prefer to go medical center whenever they feels discomfort or ill rather they preferred to be treated traditionally.

5. Despite all life challenges they are wrestling with it, elders of Haramaya town have reported as if they are blissful of their lives. Feel respected, satisfied with and love their lives.

6. Female elders have positive attitude towards their lives than their male elder adults' counterparts.

The following suggestions would help addressing the gaps noted:

1. Since some elders of Haramaya town are challenged with access to their daily nourishment as needed, governmental and non-governmental organization should give priority attention to this group through creating possible strategies which at least fulfill the basic needs of this vulnerable group

2. Elders of Haramaya town inhabitants have a poor habit of keeping their personal hygiene which would thereby negatively affect their normal health condition and prompt early death on elders. Therefore, health extension service employers has been deployed in the town by the government are responsible to take lion share in creating awareness about the importance of keeping their personal hygiene among those elders.

3. Respondents of the study have poor habit of visiting medical center whenever they felt discomfort or ill rather prefer to be treated traditionally which would perhaps thereby negatively affect their health. Thus, despite health extension service providers are supposed to take lion share in creating awareness about the importance of visiting health care service over traditional ways of looking for treatment, governmental and non-governmental organizations are responsible to play their parts thereby rescue the lives of those elders from unnecessary life lost due to knowledge gap.

4. Government should establish a mandatory insurance program for long term care especially for the most vulnerable elders. Government and private industry should do enough to promote high quality long term care including home and community based care

5. Future research may investigate the problem by involving elderly persons from different parts of the country with varied socio- demographic characteristics if there are variations in live experiences across different social settings.

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