

**The Old In A New World : A Pilot Project on Cooperative Living for the
Destitute Elderly.**

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ABSTRACT

Zimbabwe, like many other developing countries is faced with the problem of looking after her destitute elderly. Conventional approaches such as old people's homes have been tried but they are often inappropriate both for cultural and economic reasons. Melfort farm project was set up as a pilot project based on the alternative notion of community living for the destitute elderly. The approach as this paper notes appears a useful alternative for looking after destitute elderly people in society.

Introduction

Ageing has been defined as the process of growing old whereby there is wearing down in physique and mind. It is a constant and inevitable process. It begins the moment a person is born and ends only in death. According to Dr Sheldon in "Report on the Social Medicine of Old Age", old age is in fact a quality of mind and body whose time of onset varies from individual to individual. Hence it is possible for someone to be old at 60 while someone else may feel 'relatively young' at say 75. Many gerontologists however argue that at least chronologically, old age generally has its onset around the age of 60.

The statistics

According to gerontologists, advances in medicine are permitting increasing numbers of people to live to the age of 60 or later and as a result, the proportion of the world community over the age of 60 is increasing. This is more marked in developed than in third world countries though. The UN (1983) estimates that the world population of 60 year old and over will increase three-fold from 1950 to the year 2000. The UN further estimates that at the turn of the century over 60% of that elderly population will be found in the developing countries. In case of Africa, although the populations are "greying", these populations are still much younger than those of Europe or North America. However, the population of the elderly in Africa is expected to make a rise of 116% before the year 2000 from 19 million to 42 million, a dramatic increase indeed.

The pattern of "greying" in the case of Zimbabwe is very much similar to that of the African continent in general. According to Hampson (1985) there are only about a quarter of a million people over 60 years of age in Zimbabwe - about 3% of the population. However, thanks to improvements in medicine and health care, the numbers of elderly people in Zimbabwe are increasing faster than any other groups. For this reason, it is no longer possible for administrators to ignore the existence of the elderly nor their claims to special needs. Among the elderly in Zimbabwe are people of Angolan, Malawian, Mozambican and Zambian origin. Many of these led a marginal existence, particularly before independence in 1980.

General problems of the elderly

Ageing *per se*, does not constitute a problem or an illness. However, there are certain problems that are associated with ageing. These problems may be divided into two categories - physical problems and economical restrictions. The physical problems faced by the elderly in general are many and varied. While it might be true to say that old age is not itself an illness, the fact is it increases hazards that are often overlooked in youth. For instance, not only is the elderly person prone to accidents, the individual often becomes frail with bones becoming fragile. In many instances hearing, sight and smell all become impaired. The elderly person also often gets tired too quickly, sleeps often but in small amounts and requires toilet facilities more often. The memory begins to create problems as well and so does the temperature of the body. Another important problem associated with old age is that of mental deterioration, and this problem may assume several forms. Sometimes the elderly person actually becomes confused simply because their brain and mind is wearing out. Many are not really psychotic but suffer minor defects like illness which may make them appear confused.

Economically, old age may also cause people to become less productive, and hence their earning capacity diminishes. Even where a pension is available, the drop from a wage to a pension is a very real blow since the pension is usually adequate for no more than a bare existence. The individual's status changes all of a sudden from being an independent earner to a pensioner. With the majority of the unskilled urban dwellers as well as most of the rural elderly, there may not even be a pension to fall back on, however and this means their situation is generally even worse off.

Needs of the elderly

Besides general problems associated with old age, certain general needs of the elderly can also be highlighted. Many of these needs primarily centre around situations of loss and subsequent adjustment (Mkhando, 1982). Surveys of old people have often found high incidence of malnutrition. The causes of this may range from shortage of resources to inability to prepare food. Other issues of concern include the need to keep themselves clean, health services, facilities for recreation and sometimes a need for alternative employment. Old people may also feel lonely; in fact many old people living in institutions have confessed to an overwhelming sense of loneliness. It is this limited capacity which forces the elderly to wholly or partially depend upon others to provide them with care and support for the remaining period of their life. The problem however is that in certain cases, there is no one available to provide that care and support and hence in such cases the elderly people must try and cope on their own - a daunting task indeed.

Care for the elderly in pre-independence Zimbabwe

In traditional African society, the extended family network was believed to care for its elderly members. Nyanguru (1985) emphasised this point when he observed, "Kinship based systems upon consanguinial ties facilitated the absorption of the elderly within caring networks". The situation, however, appears to have changed over the years. For example, a survey done in Zimbabwe a few years ago showed that 5% of the elderly rural people live away from their children (Hampson, 1985). What emerges from this finding is that means of sharing and caring that may have worked in the past cannot be relied upon any longer even at the best of times. This view is corroborated by Nyanguru (1985) who has again observed, "The urbanisation and industrialisation of Zimbabwean society with its concomitant emphasis on the nuclear family, has resulted in a loss of security and prestige for a growing proportion of the nation's aged". The commercialisation of agriculture and the promotion of investment in the mining industry forced many rural Zimbabweans to flock (from rural areas) into the commercial areas. Several writers including Bratton (1978), Hampson (1985) and Nyanguru (1985) note that the rural village came to be regarded as a labour reserve that absorbed the cost of reproducing the labour force. The rural village also provided for the subsistence needs of the aged who were no longer needed in the commercial sector. This inevitably resulted in a loss of security and prestige for a growing proportion of the nation's aged.

The black workers in the domestic service, on commercial farms and in mines therefore had no security what-so-ever. On reaching the end of their working days, they were expected to go back to their rural homes with no financial security at all. Nyanguru (1985) has pointed out that a few far-sighted efforts to provide financial security for urban workers upon retirement met with intense opposition from interest groups such as the "native" commissioner, and when the 'native' ended his period of employment, he was expected to return to his rural home. However, while many of the 'natives' did return home, there were also some who stayed on in the urban environments. A study by Muchena (1978) titled "African Aged in Town" found that quite a sizable number of black aged people lived alone in town. It also found that many of those elderly people living alone had to rely for food on selling vegetables from the market or on handouts from the various benevolent agencies. Often they did not eat for days on end (Waterston, L. 1982).

The pre-independence government policy caused a lot of consternation and hardships to the indigenous people of the country. The policy caused even much more hardships for migrant workers who had flocked in from the neighbouring states, and had been working in mines, on farms, as domestics etc in the country. As Nyanguru (1985) has noted, "This attitude proved to be a particular hardship for those workers who had migrated from neighbouring countries like Malawi, Zambia, Angola and Mozambique. In the system then in force, these workers were not permitted to bring their families with them so that most of them lost contact with their families back home for several years. These aliens had no rural home to retire to in Zimbabwe and for many of them repatriation was not an attractive option since they had lost contact with their families back home for several years. In fact in some cases, the aliens would have spent the best part of their active lives (some up to 30 or 40 years) working in Zimbabwe and for Zimbabwe's development. On reaching the age at which they were uneconomic to employ, the employers dispensed with their services, so that they lost both their income and tied accommodation. The tendency for the migrant workers was for them to drift to the cities. It should perhaps be noted that in some cases, the war of liberation that ravaged the country for over 15 years was also to blame for the drifting of people from rural to urban areas. When they arrived in cities and towns, most of them settled frail and destitute as squatters in shanties, on the outskirts of these urban areas. In the case of Harare, many of them would be found sleeping out of doors at Harare Musika, eating what they could find in people's dust bins or on the banks of the Mukuvisi river. Studies by various researchers (eg Muchena 1978), Hampson 1982, 1985 and Nyanguru, 1985) found these people to be destitute, and without basic necessities of life, such as shelter, food and clothing. Many also had no access to health facilities. There were also problems to do with loneliness and rising levels of incapacity.

At the attainment of independence in 1980, Zimbabwe had scores of such destitute aliens who were living in squalid conditions. Some of the lucky ones were repatriated at independence but the majority were reluctant to be repatriated having cut off communication with their relatives back home for long periods. A few others were also lucky to be placed in conventional institutions of the aged. Obviously only a few of them could be accommodated using this western model of accommodating elderly people and hence many still continued to live in conditions of abject poverty on the fringes of cities such as Harare and it appeared the authorities were at a loss as how to deal with the problem. That is precisely how the idea of a project on cooperative living for the destitute elderly was hatched.

Background to the Project

As stated elsewhere, in Harare, many destitute elderly people were to be found either at Mbare Musika or along the Mukuvisi river. A Catholic nun who herself had been "displaced" by the war learned about these elderly people most of whom were squatting along the Mukuvisi river near Mbare Suburb. The nun decided to give them some assistance. Firstly she established a meal-a-day feeding scheme for these people in Mbare and Highfield locations. What struck the nun was that given the right support, many of these hungry and homeless people could if assisted, still support themselves. The scheme was initially under the auspices of the Society of the Destitute Old (SODA). In 1979, a committee made up of interested professionals was set up to explore the possibility of establishing an old people's cooperative. Personnel from organisations such as the School of Social Work, Christian Care, the Harare City Council, the Catholic Church among others were involved in their personal capacities. Over the years, several other individuals have served on the steering committee of the Melfort farm cooperative. These have included social workers, personnel such as medical doctors, dentists, nurses, and farmers.

When a decision was made to start a cooperative, lack of funds became a stumbling block. The committee decided to write an article for publication in the local press. The article emphasised the need for starting a cooperative for these displaced aged. One reader who happened to own a small farm 40 km out of Harare offered his 30 acre plot to the committee to settle the aged. The deal was that the old people would engage in farming and keep 50% of the proceeds, the rest going to the owner. After two agricultural seasons, however, the arrangement proved unworkable. The committee then sought and obtained funds from donors with which they purchased the farm for the destitute elderly.

THE MELFORT FARM PROJECT IN PERSPECTIVE

Facts and Figures

The Melfort farm cooperative project can accommodate 40 members at any given point in time. Currently there are 30 men and 10 women. There has been intense outside pressure in fact to exceed this number but this has been resisted. The fact is it has always been the feeling of the steering committee members that accommodating any figure beyond 40 would result in the concept of community being lost. The cooperative members' ages average 62. Many are either illiterate or semi-literate; except for one 90 year old member who speaks fluent English and claims to have been a lecturer at a university in South Africa many many years ago. All the members of the cooperative are single. Most of them are of foreign origin with a few locals. Very few belong to any religious affiliation and most believe in spirit mediums. However, certain church groups often come to conduct services at the cooperative. Some of the members are still able bodied but the majority are frail and very old and spent out.

Administration of the cooperative

The Melfort farm project is administered by a steering committee made up of volunteers who are all employed full-time elsewhere. The committee, which is based in Harare, consists of a chairman and his vice, a secretary, a treasurer and a number of committee members. Besides a steering committee, there is also a house committee headed by a chairman which is made up of the cooperative members. The house committee is responsible for making day to day decisions on such issues as what projects to engage in, what food to be procured etc as well as setting up the general rules of conduct. Two members of this committee sit on the steering committee. The project has under its employ a full-time coordinator who is a middle aged, able-bodied and literate person. His duties include monitoring the day to day activities at the project. He gives advice on farming issues and runs errands such as accompanying sick members to hospital. He also coordinates the procurement of food items and the preparation of food by members as well as supervising cleaning of the premises. The coordinator thus operates as a warden of the institution: he is in a sense the eyes and ears of the steering committee which is based in Harare, some 40 km away. Once a week, the coordinator travels to Harare to report and consult with the steering committee chairman on various matters pertaining to the cooperative.

Replacement of members

Probably only half of the pioneer members of the cooperative remain today, 10 years after the project was started. A few have died while some have absconded for various reasons. Consequently, vacancies have occurred at the project at various points in its history and these have been filled as and when they have occurred. When an elderly person expresses interest in joining the project, his/her application is considered providing there is an opening of course. If there is no vacancy, the applicant is informed accordingly. If they chose to have their name placed on the waiting list, that wish is usually granted. Should there happen to be a vacancy in due course the individual is interviewed by the coordinator to establish whether they meet the criteria - they must be old and destitute among other criteria. The coordinator reports back to the steering and housing committees. If the candidate qualifies, they are then welcomed into the home. Immediately they arrive, they are issued with basic necessities such as blankets and clothes. They stay in the cooperative for a month while their behaviour and general orientation is monitored by both the members and the coordinator. At the expiry of the one month 'probation' period, a vote is taken by all the members to decide whether the new applicant should be allowed to stay on or not. Once given the nod, they then are welcomed as full members of the cooperative.

Discipline in the cooperative

When a member behaves in a manner that is deemed unbecoming, a report is made by the coordinator to the steering committee. Thorough investigations are then conducted to obtain a clear picture of the misdemeanour. If the misconduct is of a fairly minor nature, then the member might just get away with a reprimand and some counselling. If it is a serious offence, then the issue is discussed at a general meeting comprising the steering committee, the house committee and all the members. This meeting is presided over by the chairman of the steering committee. The general meeting will decide on what course of action to follow. Usually the member in question is given the opportunity to defend himself or herself. The worst that can happen is expulsion of the member from the cooperative. But this action is taken only in the most serious of offences, particularly those which might involve the police.

General organisation of the cooperative

The members of the project cooperate in a variety of spheres. Basically they work together, eat together and share accommodation.

Accommodation-The 30 men live in a dormitory-like residence while the 10 women share accommodation two to a room in separate quarters. The residents clean their rooms and also they make their beds. They sleep on mattresses placed on the floor. Many of the residents have declined use of beds partly because they have never used beds before in their lives and fear that they might fall off the beds at night. It should perhaps be noted that many of these elderly people are addicted to illicit local brews called *kachasu* and *chikokiyana* which get them inebriated to the extent of forgetting their names, hence the fear that they might fall off the beds in the middle of the night and injure themselves. It should perhaps be pointed out that the core structure at the cooperative is the old farm house which houses the men's sleeping quarters as well as store rooms. Besides this there is the recently-constructed coordinators' house-cum-clinic built at a cost of Z\$65 000 a females wing which comprises 3 separate small houses as well as a few other structures that are dotted about the premises.

Food - As mentioned above, the residents prepare and eat their food together. The residents have a say, within limits, of what is eaten at the cooperative. The steering committee however does set some broad parameters in terms of choice of food items, basically to ensure that the type of food purchased is fairly balanced in terms of nutrition. Although the members have a say in terms of what is eaten, it is often difficult to cater for the varied tastes of all the members. The beer drinkers are particularly difficult to accommodate in this regard as many prefer 'salty' foods. In a study of the project, Chihoro (1986) for instance, commented, "It was also noted that individuals tended to have separate fires outside the main kitchen for cooking their own special meals". One limitation with regard to choice of food is of course affordability, bearing in mind the limited resources available. In keeping with local tradition, the women prepare the food and fetch water as well as firewood used in the preparation of food. The members have their meals outside in groups of four or so individuals. There are plans to have a dining hall constructed at the cooperative.

Health - The question of health is important where elderly people are concerned. A medical doctor visits the cooperative once per month to do a clinic. Besides, a dentist has also visited the cooperative though irregularly to provide dental care to the members. Where sick members are given prescriptions, the coordinator keeps a record to ensure they are taking medication in the correct doses. A clinic has just been

put up and there are plans to send the coordinator's wife for a first aid training course so that she can assist in emergencies. The only problem at the moment concerning health matters is that the project has no transport of its own which means that sometimes very ill elderly people have to be transported on crowded public buses to hospital in Harare - some 40 km away. In the event of a death, the members rally together and are all involved in the burial exercise. The normal procedure is that when a fellow dies, a report is made to the police as quickly as possible. The members prepare a grave and later bury their dead colleague. Usually a priest is summoned to conduct the burial. It gives the members peace of mind to know that should they die today they are at least guaranteed a decent burial. This is an issue in which many destitute elderly people are naturally very much concerned about.

Labour utilisation - All the members contribute in different ways to the running of the project. This includes both the able bodied and the disabled members. (The term disabled is used guardedly here to refer to those who are no longer capable of working on the land). Over the years, the numbers of the disabled people have fluctuated for obvious reasons. For example, Chihoro's (1986) study showed that of the 38 members at the cooperative at the time he did his study only 21 were able-bodied. According to the findings of this study, however, the disabled led routine, boring lives which involved eating, sleeping and nothing else. This observation is not very accurate however since the disabled elderly are actually encouraged to go on short errands such as to buy milk at a nearby farm. They are also encouraged to make their beds and clean the premises. The able-bodied however do most of the work, in fact they help run the entire cooperative. Among other things they are involved in cleaning both their homes and the communal toilets and they are also expected to wash their clothes.

The residents are also involved in income generating projects. They cultivate a common estate and besides that they have also been allocated individual plots with a view to instilling a spirit of competition often absent though necessary for maximum utilisation of available resources. At the moment agricultural activity is the most popular type of income generating projects. Approximately two thirds of the total area of the farm is arable (ie 20 acres). However of these 20 acres that are arable, only 14 acres are currently under cultivation. A nearby stream provides water for irrigation. Irrigation facilities are available at the cooperative. Crops grown in the communal estate include maize, beans, pumpkins, vegetables including onion and tomatoes. Most of the produce is sold to the public and the rest is kept for consumption by the members. The proceeds from items sold are shared amongst the residents, each according to how much they have contributed. As stated above, residents also possess individual plots. The money obtained from the sale of the vegetables is used as pocket

money by individual members. Other types of income generating projects that have been promoted at the cooperative include poultry and rabbitry. Chickens provide the members with eggs and meat while the rabbits provide them with meat. Surplus produce is sold to outsiders. With regard to chickens, the numbers have fluctuated. For example, while 84 chickens were raised in 1980, the number rose to over 100 in 1985 and it fell dramatically to just a few in 1989.

Participation is the watch word at the Melfort farm cooperative. There is emphasis on participation in both decision-making and implementation of ideas collectively decided upon. With regard to the gardening project, the vegetable beds are dug, planted, watered, weeded and harvested by the elderly themselves. Concerning labour utilisation, Chihoro (1986) noted that the amount of time spent in the fields was minimal, an average of three and half hours per day. From this he concluded that there was therefore underutilisation of labour at the cooperative. Chihoro also argued that this underutilisation of labour ultimately meant underutilisation of land. While his argument might under 'normal' circumstances hold water, what Chihoro failed to appreciate was the fact that, this was not a normal situation; he was referring to old and frail people - individuals in the twilight of life. There was no way such people could be expected to do a normal day's work. The overriding consideration should be their ages and of course state of health and the main objective should be to keep them occupied so that they still felt useful.

Financing of the Project

As stated elsewhere, funds for the purchase of the farm were obtained through overseas donors. Today the cooperative survives on a government grant as well as donations from well-wishers. When a member joins the cooperative, an application is made to the government for public assistance. Members receive a grant of Z\$100 each per month. The money is put into a pool and is used for meeting the monthly expenses of food items such as meat, bread, milk etc, as well as other expenses such as electricity bills, travel and medical expenses - to name the main ones. The project has also received donations in cash and in kind from local and overseas well-wishers. Charities such as Help Age, the Soroptomists, the Lions Club of Norah Valley and others too numerous to mention have also given donations in cash or/and in kind to the project. Church organisations such as the Seventh Day Adventists, the Catholics and the Anglicans have also donated items of clothing and blankets. Some of the donors have contributed towards the construction of additional buildings. Others have donated towards electrification, refurbishing of existing structures and the irrigation project. Proceeds from the income generating projects also contributes towards the running costs of the cooperative.

Social life at the cooperative

Although at Melfort there is very little in the form of entertainment, life at the cooperative appears to be relatively lively. This is probably because of the homely nature of the environment coupled with a high degree of independence afforded the members. Nyanguru's (1985) study found that most of the residents did not seem to have friends nor relatives outside the cooperative. It was difficult to speculate as to why they did not have friends outside the cooperative but as for relatives the fact that most of them were aliens could explain this observation. Because of this lack of outside friends and relatives, many residents could be expected to feel lonely. However this is not the case basically because the members have made friends within the cooperative. Nyanguru (1985) observed, in his study, that most of the members were to be found in groups of 2-4 chatting about local news or about their past history. He found out that 76% had close friends and 94% were satisfied with the type of friendship afforded in the cooperative. Many actually made friends by exchanging gifts of food, beer and cigarettes.

Chihoro (1986) in his study of the cooperative argued that the members were lonely because entertainment was lacking. His observation was however refuted by Nyanguru whose study revealed that the atmosphere at the cooperative was lively. Informal interviews by the present author with the members appear to vindicate Nyanguru's observation. In any event, a television as well as a radio set entertain the members, especially in the evenings and at weekends. Although Chihoro has argued that the programmes (especially TV) were in English and hence the members did not benefit much by way of entertainment, informal discussions with the members seem to indicate that they still enjoyed watching the television quite a lot.

The residence is not fenced off and thus this enables the members to go anywhere as and when they want. The members normally visit neighbouring farms where they drink alcohol. As mentioned elsewhere, the type of alcohol they prefer include illegal and illicit brew such as *kachasu* and *chikokiyana* both of which have very high alcoholic content. The residents get \$5.00 each per month as pocket money. They spend this money mainly on alcohol, cigarettes and/or other essentials. It has already been mentioned that the residents can also get extra money from sell of produce from their individual plots. The members generally appear to be happy at the cooperative. Nyanguru's study revealed that 91% felt they had made the right decision by joining the cooperative while the remainder were not sure.

Evaluation of the project

A lot has been written about the negative effects of total institutions such as old people's homes on its inmates. For instance Tobin and B. Lieberman (1976) argue that long term care institutions for the aged create an 'institutional personality syndrome' in older people. According to Nyanguru (1985) numerous studies by gerontologists have also shown institutionalised elderly as disoriented and disorganised, withdrawn and apathetic, depressed and hopeless. Townsend (1962) has explained that in the institution, people live communally with a minimum of privacy and yet their relationships with each other are slender. Many are said to subsist in a kind of defensive shell isolation. He further says that their mobility is restricted and they have little access to general society. Furthermore, their social experiences are limited and the staff live rather a separate existence from them which of course creates an unhealthy "we" and "them" attitude. Other writers (eg Coe, 1965 Bennet, 1963 Goffman 1961) have also noted that institutionalised elderly are subtly oriented toward a system in which they submit to orderly routine, (ie regimentation), non creative occupation and cannot exercise as much self determination. Consequently, there is often for the individual, fairly often a gradual process of depersonalisation. In short, institutionalisation, as Tobin and Lieberman (1976) have put it, is a coercive force often causing more incapacity than it cures. This view is shared by Goffman (1961) who has submitted that total institutions actually dehumanise their inhabitants.

The negative portrayal of institutions as depicted above basically constituted the main reason why the steering committee (that had been set up) decided to explore alternative approaches to caring for the elderly. The committee members were all agreed on the need to move away from a conventional "total" institution approach to a more 'open' and humane type of institution organised along cooperative lines - what the likes of Bennet (1963) and Coe (1965) would call a "less total" type of institution. One major advantage with this type of institution is that it is less closed. It incorporates the basic social work value of human worth. Nyanguru (1985) has in evaluating the Melfort farm project argued that unlike in a total institution, not all activities (in this open institution) are conducted in the same place and under the same authority; residents are not treated alike and are not required to do the same thing and there is no prearranged schedule for all activities done in the institution. Nyanguru further notes that at Melfort farm cooperative, one sees there are efforts to individualise rewards and punishments. Some activities like agricultural production and food preparation are scheduled for groups while other activities are open to choice and most decisions are made by the residents themselves, resulting in a relatively healthy atmosphere.

Addressing the question of welfare of the elderly, one medical officer is reported to have said, "What is needed is a combination of health care, social and recreational activities for the elderly so that they can be as productive as possible and not be frustrated" (UN 1989). These are the sort of objectives that have guided Melfort farm cooperative. It has already been pointed out that health care facilities are reasonably adequate at the cooperative. The same goes for social and recreational facilities. The fact that up to 94% of the residents of Melfort farm expressed satisfaction with the type of friendships afforded them within the cooperative speaks volumes about the kind of atmosphere existing at the place. There is no doubting the fact that friendship reduces loneliness, boosts morale and enhances social interaction. The relations in the home are generally cordial probably because of the fact that the residents are a community and they participate together in the activities carried out in the cooperative. The fact that there is some independence also helps in the maintenance of a healthy atmosphere. The residents are encouraged to participate not only in implementing projects but in deciding what should happen. They participate through the house committee. As already stated two members of this committee sit on the steering committee and this helps enhance communication. Every third month, the steering committee travels to the cooperative for a general meeting with all the residents. This helps create an atmosphere of mutual trust between the steering committee and the residents.

The residents at Melfort farm cooperative have a greater degree of self determination in running the home than those at total institutions such as old people's homes. The members are also engaged in creative activities such as agricultural production, poultry, gardening, rabbitry etc. This has the effect of bringing self-fulfilment to the elderly persons. There is a "we" feeling - a community feeling at this place. The fact that members who die are buried by their colleagues is also significant in terms of forging of strong bonds of friendship. It is true that in local traditional culture burial is a very important ritual. As Nyanguru (1980) has noted, in traditional African society, a person's importance and fame can be measured by the number of friends and relatives who attend his/her funeral. At this cooperative, people are guaranteed a decent burial in the event of them dying, and this helps set their minds at rest. It is perhaps important to also mention that in financial terms it works much cheaper to keep an elderly person in a more open type of institution such as Melfort farm cooperative than in what Goffman (1961) has characterised as a total institution with all the shortcomings that go with it. One could also add that the approach is still cheaper even if looked at in social terms. The problem with (total) institutions for the elderly (such as old people's homes) is that they over-emphasise material goods such as shelter, clothing and food at the expense of social and emotional needs. Total institutions also tend to ignore the need for creative activity. They tend to underplay the fact that creative activity helps in the maintenance of self respect and dignity. There is need to at least maintain some

kind of balance in terms of meeting the various needs of the elderly, and this Melfort farm project appears to have achieved, to a large extent. It has achieved these successes basically because it is guided by fundamental social work principles such as self determination, participation and self reliance.

Conclusion

The Melfort farm pilot project on cooperative living for the destitute elderly has been by all indications, a resounding success. This 'open' type of institution appears to be a worthy substitute for the conventional 'total' institution for the elderly. Clearly the project has been instrumental in building capacities of the elderly and indeed in empowering the elderly. As stated elsewhere, the elderly in this cooperative are not only involved in decision-making but they participate in implementation of projects as well. The cooperative has emphasised such principles and values as participation, self determination and to an extent, self reliance. On this score, it has been stated for instance that the elderly on this project are not only involved in the production of their own food, but they decide what to produce. They make their own beds, clean their own rooms and toilets. These are very basic but essential activities associated with self-determination and hence they are encouraged.

The elderly people in this project appear to have rediscovered themselves. As one of the members quipped, "We feel like human beings again". Touching words indeed uttered by someone who has experienced nothing but severe hardships in life - lack of shelter, inadequate food and clothing - in short abject poverty. Predictably, this cooperative, like any other project, has had to content with a few problems every now and then, but nothing serious, hence it has forged ahead fairly smoothly. As a matter of fact, the local press has dubbed the project 'a haven for the destitute elderly'. This label appears to be quite fitting since to a large extent, the destitute old, have in this cooperative, found a relatively happy new world.

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