ST.MARY'S UNIVERSITY
SCHOOL OF GRADUATE STUDIES

THE LIVED EXPERIENCE OF INSTITUTIONAL LIFE FOR ELDER PEOPLE
THE CASE OF KIBRE AREGAWUYAN MIGBARE SENAY DIRIJIT IN ADDIS ABABA

BY
TSEDENIYA ABEBE
ID:NO MSW/0680/2011A

August, 2020

ADDIS ABABA ETHIOPIA

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A THESIS SUBMITED TO ST. MARY'S UNIVERSITY,
SCHOOL OF GRADUATE STUDIES IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR
THE DEGREE OF MASTERS OF SOCIAL WORK

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ENDORSEMENT

This thesis has been submitted to St. Mary's University, School of Graduate Studies for examination with my approval as a university advisor.

Habtamu Mekonnen (PHD)	Signature & Date

DECLARATION

I, the under signed, declare that this thesis is my original work, prepared under the guidance of Habtamu Mekonnen (PHD) my thesis advisor. All sources of materials used for the thesis have been properly acknowledged, I further confirm that the thesis has not been submitted either in part or in full to any other higher learning institution for the purpose of earning any degree.

_____ _____

Tsedeniya Abebe
Mary's University, Addis Ababa

Signature & DateSt

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ACKNOWLEDGEMENT

Above all, my hurtful that goes to my Lord, the Almighty God for his blessing in my life and for the opportunity and capability he gave me to realize my aspiration.

I would like to appreciate my advisor Dr. Habtamu Mekonen for his due attention and comment on my work. And next I would like also extend my special gratitude to my father family for initiating me to pursue second degree and give support for undertaking this study.

I would like to convey my sincere gratitude to the elders and care givers for their participation in this research, their willingness allowed me to acquire the desired output in this research

Finally, all my friends and classmates I would like to thanks a lot, who were like co-advisers in sharing ideas and experiences on how to handle the process of this study

ABBRIVATION/ ACCRONIMS

AUPFPAA African Union Policy framework and plan of action on Ageing

CSA Central Statistics Agency

ECA Economic Commission for Africa

FDRE Federal Democratic Republic of Ethiopia

HAI Help Age International

KAMSD Kibre Aregawuyan Migbare Senay Dirijit

MoLSA Ministry Of Labor and Social Affairs

UN United Nations

UNDESA United Nation Department Economic and Social Affairs

WHO World Health Organization

NGOs Non- Governmental organization

GOs Governmental organizations

ABSTRACT

Elderly people are the most vulnerable members of the society whose mental and physical deteriorations pose a great challenge to their well-being. Though there are fragmented researches about elderly people, there is little study assessing the institutional life of elderly people. Hence, this research attempted to study the lived experience of the elder people in institution. To fulfill the objective this study used qualitative design, with phenomenology approach. Using purposive sampling 10 elders who are living in the institution and 10 care givers who are giving care and support of elders were selected and took part in the study. Interview and document analysis were the major instruments of data collection. The finding organized into four thematic area: like pre institutional life experience, institutional life experience, opportunities and challenges of institutional life and coping mechanisms used during institutional life of elders. The finding indicated that the elders pre-institutional life experience was *Lost their family member, their children have not interested to care and support them, physically enabled to generate income for survival, they could not fulfilled their basic need because of their economic status, they did not get quality health treatment, ignored by the society and feel loneness, hopelessness, live on streets and when the elders entered in institution they get different services like Shelter/bed rooms/, food, counseling service, health care service, hygiene facilities, assisted caring , clothing and funeral service. It is concluded that though institutional life improves the wellbeing of the elderly people, community care and support arrangement is the preferred setting for the elderly people. Hence volunteers or concerned bodies, the government and the social worker have the responsibility to facilitate conducive environment of elder in the community arrangement.*

CHAPTER ONE

1.1 Background of the study

According to World Population Prospects (United Nations, 2019), by 2050), 1 in 6 people in the world will be over the age of 65, and up from 1 in 11 in 2019. All societies in the world are in the midst of this longevity revolution. some are at its early stages and some are more advanced. But all will pass through this extraordinary transition, in which the chance of surviving to age 65 rises from less than 50 percent as was the case in Sweden in the 1890s to more than 90 per cent at present in countries with the highest life expectancy. What is more, the proportion of adult life spent beyond age 65 increased from less than a fifth in the 1960s to a quarter or more in most developed countries. These changes for individuals are mirrored in societal changes: older persons are a growing demographic group in society. Elder people account for more than one fifth of the population in 17 countries, and the United Nations Department of Economic and Social Affairs Population Division's(2019) projections to the end of the century indicate that this will be the case in 2100 for 155 countries, covering a majority (61 per cent) of the world's population.

United Nations Department of Economic and Social Affairs Population Division's(2016) indicated that in 2015, there were 46 million people aged 60 years or over in sub-Saharan Africa, an increase from 23 million in 1990. In 2050, a projected 161 million older persons will reside in the region. Notably, the growth rate of the older population of sub-Saharan Africa that is projected for the 2040s is faster than that experienced by any other region since 1950. The growing number of older persons in sub-Saharan Africa is a legacy of the high fertility that produced increasingly large birth cohorts during the twentieth century, as well as improving rates of survival to older ages. An estimated 40 per cent of the cohort born in the region in 1950-1955 survived to celebrate a sixtieth birthday in 2010-2015, with 15 per cent of the birth cohort expected to live to age 80. By contrast among those born in 2000-2005, 66 per cent are expected to live to age 60 and 35 per cent to age 80.(Popfacts, No. 2016/1).

According to the 2020, revision of the world population, the total number of Ethiopian population is 114, 963,588 approximately 3.3 percent of population are elder people who are 65 and above from the total population of Ethiopia.

Bhattacharyya (1995) outline several problems of the aged such as finance, physical security, loneliness, isolation etc. Moreover, loss of status, the prevalence of corruption and indiscipline in various spheres of life create frustration and mental tension in them. The old age diseases like falling eyesight and hearing capacity, slow and faltering steps, declining energy, forgetfulness etc. make their life all the more miserable. Falling health and sickness, nutritional deficiencies and poor housing facilities affect their physiological and economic condition. The psycho-social and environmental problems create a feeling of neglect, loss of importance in the family, feeling of unwontedness and inadequacy etc. Elderly become intolerant, short-tempered, sentimental, rigid and suspicious when they lose friends, spouse, power, influence, income, and health. Thus, their psychological makeup makes their living and adjustment in society more problematic. Poor health, economic dependence and nonworking status tend to create among them a feeling of dependency and powerlessness. The elderly in rural areas are worse off than those in urban areas. The gradual breakdown of the joint family system and consequent separation and migration of earning members in distant urban areas are other important aspects of the problem. As such, there is a total lack of security, affection and mental satisfaction and they are left alone to face the problems of the advancing age.(Wahab P. ,2017)

Elder persons play a key role in contributing to the social and economic fabric of the family. However, their ability to provide consistent support is challenged through exclusion and discrimination. One area where older persons are most vulnerable is in sustainable livelihoods, including access to formal and informal savings and loans institutions.

As indicated by Aboderin (2004), poverty has become more acute among older people because it is much more difficult for them to come out of it once they are exposed to it. 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 factors contributing to the poverty of older people.(Help age International, 2013)

There is an underlying honor for older people in Ethiopia where family and community support systems are relatively strong. However, a substantial number of older people have no family and community support, mainly due to the death of relatives or separation caused by poverty, famine, war, disease and displacement and the weakening of family and community support structures

(HAI, 2010). These multifaceted challenges of older peoples lead them to flow in large number to the streets of major cities. We may witness this vast number of old age peoples begging for their living on taxi and bus stations, on the gates of religious institution, on the main streets of the city and other public gatherings. Institutional care is one of these helping activities carried out by the government, various humanitarian organizations, local and International NGO's and individuals in a scattered and uncompromised manner.

Institutional care is the duty of the society to provide comfort, medical care and happiness to the old persons who are without family care. The lonely, desperate grandfathers and grandmothers really need our attention and care. The opinion and suggestion of the aged people are precious to the society because they originate from the totality of their experience and knowledge, which they acquired from various fields. But many people do not lend their ears to the aged. A few even ignore the old people and do not give due respect and care to them. Just a few decades back, in the majority of cases, the institution of the family was enough to take care of their aged. Urbanization, industrialization, and modernization have, however, brought about exogenous as well as endogenous changes in the family system. Because of the ever-growing economic difficulties, the newer concepts of small-sized nuclear families have emerged and the idea of 'joint families' living under one roof is breaking down. The tendencies amongst the younger lot are growing wherein it is argued that the care of an older member of the 'family' is not their responsibility. The values of life are increasingly becoming individualistic wherein the conjugal type of family, that is, the married couples and their unmarried children, offer limited care for older people (Amesur, 1959).

In recent past, the family was looked upon as the only institution to take care of the elderly and provide both emotional and financial support to them. But changes in the living arrangements and family structure, migration of children for jobs outside, and more prominently, radical changes in the nature of people from accommodative to an independent, self-centered, and individualistic outlook with callous concern for even very near relations, have compelled many old people to live alone. Institutional services for older persons are not new. In the second half of the nineteenth century, charity experts began categorizing the poor and moving people into specialized institutions. Those judged to be lunatics were confined to asylums for the insane. (Wahab p,. 2017).

Charitable religious organizations have been managing homes for the elderly for centuries. These services have now been expanded considerably in the voluntary sector. There are three types of Old Age Homes: (a) state-run homes, (b) homes run by a voluntary organization with financial help from the government, (c) paid Old Age Homes which do not receive any financial assistance from the government and charge from the elderly. These homes are catering mainly to the affluent /upper class elderly. In some homes the old age pension received by the aged is taken as charges towards their expenses and, therefore, they are a financial need to be based and are partially subsidized. Old people consider shifting to old age homes as the last option (Tandon, 2001). Prasad (1987) as cited Wahab p,.2017) also opined that in India the elderly would hardly like to live separately unless forced by circumstances. Old Age Homes no doubt have contributed in providing shelter and homelike environment for the destitute and the needy persons but researchers have amply proved that these are no substitute for family care. (Tandon, 2001.) as cited Wahab P., 2017)

The interest to work my thesis project on lived experience of care and support to the elderly people came to my attention when I was on field work for the course requirement of practicum I. During the time I have made a visit to Macedonia Elders and people with mental illness care center. At the center I witnessed street gathered elders were rescued from their complicated life situation they were experiencing before admission to the center. Then, with the belief that older persons should be able to live in dignity and benefit from family and community care and protection in accordance with society's cultural values, I wonder to know the practice of old age homes caring system and the client's views of their living condition at the care centers.

Finally with this initiation, this study made an effort to explore the experience of care giving institutions, the belief, attitude and experience of elders regarding the methods of treatment, resources available at the care centers for the care and support, and the needs of institutionalized elders living in the care centers.

1.2 Statement of the problem

Gerontology is concerned with the study of ageing, later life and old age and is an area of both academic and policy interest that has experienced a considerable expansion in the post-war period, largely in response to the perceived `problem' of an ageing population. Within this broad

area of study, there are three main perspectives towards the study of ageing: the biological, the psychological and the social. But this research focus upon the social and economic context within which old age is experienced. However, it is important to recognize that this is just one of the perspectives that may be brought to bear upon the ageing experience.

Globally, there were 703 million older persons aged 65 or over in 2019. Eastern and South-Eastern Asia was home to the largest number of the world's older population (260 million), followed by Europe and Northern America (over 200 million). Over the next three decades, the global number of older persons is projected to more than double, reaching over 1.5 billion persons in 2050. All regions will see an increase in the size of their older population between 2019 and 2050.5 The largest increase (+312 million persons) is projected to occur in Eastern and South-Eastern Asia, growing from 261 million in 2019 to 573 million persons aged 65 years or over in 2050. The number of older persons is expected to grow fastest in Northern Africa and Western Asia from 29 million in 2019 to 96 million in 2050 (+226 per cent). The second fastest rise in the number of older persons is foreseen in sub- Saharan Africa (+218 per cent), with an expected growth from 32 million in 2019 to 101 million in 2050. In contrast, the projected increase is relatively small in Australia and New Zealand (+84 per cent) and Europe and Northern America (+48 per cent), regions where the population is already significantly older than in other parts of the world. Among development groups,6 less developed countries excluding the least developed countries will be home to more than two-thirds of the world's older population (1.1 billion) in 2050. 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.(World Population Ageing 2019: Highlights)

And also according in 2015, there were 46 million people aged 60 years or over in sub-Saharan Africa, an increase from 23 million in 1990. In 2050, a projected 161 million older persons will reside in the region. Notably, the growth rate of the older population of sub-Saharan Africa that is projected for the 2040s is faster than that experienced by any other region since 1950. The growing number of older persons in sub-Saharan Africa is a legacy of the high fertility that produced increasingly large birth cohorts during the twentieth century, as well as improving rates of survival to older ages. An estimated 40 per cent of the cohort born in the region in 1950-1955

survived to celebrate a sixtieth birthday in 2010-2015, with 15 per cent of the birth cohort expected to live to age 80. By contrasting to among those born in 2000-2005, 66 percent are expected to live to age 60 and 35 per cent to age 80.(popfacts, No. 2016/1)

According to Addis Ababa city government bureau of labor and social affair(2012) ,based on the data of central statistics agency stated that there are 139.423 aged people in Addis Ababa, the majority of those elder people are at risk or vulnerable, that means because of their age they neglect from the society and their family, they loss their children and intimate family member by death, they face chronic disease, because of their disease and age they lack their ability of productivity, economic status and social support. Because of this they may enter either governmental or non-governmental social institutions which are support the social and economic problem of the elder people So, social institution which support the elder people, who are at risk, have social and economic challenges on the supported elder people.

In Ethiopia, there are some research studies conducted on the living experience and general situations. of elders people in institution the first one is focused on lived experience of elder people in institution and the second one is focused on health and aging.

The first study focused on an assessment on experiences and practices of old age home care and support to the elderly living in the institutions (Segniwork 2014) .This study discussion focused on the following main themes; the admission criteria and reason for institutionalization, service provision in the institution, community participation and volunteer's activity of caring for the elderly, institutionalized elders life experience in institutions, and the needs of elders in the institutions. Based on its discussion the studies concluded that the beneficiaries, despite having been forgotten by the society to live in the streets for long period of time, driven out of their families, and living helplessly were found enjoying their institutional life. They spent their spare time by playing card games, chatting with friends, gossiping, watching T.V., and having discussions among themselves. who face certain problems associated with service delivery, attentive care and facility, residents in the other two institutions expressed their opinion that they are living a better life than their living arrangement before admission. Even they advocate for establishment of more old age homes to accommodate elders who are on the street waiting for help. Ara (1995), considered old age homes as the last resort and staying there as equivalent to being thrown in a dustbin. But, that was not true in the case with the beneficiaries of these old

age homes. They were not discomforted with their stay rather; they were enjoying their communal living. As a result, of institutional living they are able to connect to the community regardless of gender, class, and religious differences have no significance. Foreseeing the future the government, voluntary agencies and NGOs in the country must make arrangements for institutional support and care for the elderly. Community participation and volunteer activity were playing decisive role in the care giving activity and showing respect to the resident elders. Beneficiaries in the institutions expressed their feeling about societal visit and support as important societal belongingness which they were not experiencing in their previous life.The second study which was conducted in the SNNPRS reported poverty (including food insecurity, poor health-care system, and lack of housing and decent living environment) and low/limited family support that resulted from the gradual erosion of the culture of extended family and mutual support, as the major problems older people are facing; Limited social welfare, lack of awareness of the special needs of older people [by duty bearers] and The State of Health and Ageing in Ethiopia: A Survey of Health Needs and Challenges of Service Provisions 2013 unavailability of institutional care providers also contributed their share to the problems" are shown as the main problems (Medhin Ethiopia, 2009) as cited segiwork 2014)

However, those studies focused on lived experience of elder people in institution than lived experience of the elder people within the community. So, this study identified the gap and promote the elders get social support and care within the community arrangement because they live longer life within the society than in the institution. According to the research which is studied in Britain suggested that elder people who live in a community arrangement have longer life and happier than who live in institutions (Davies and Challis, 1986).

Therefore, this research identified the livelihood experience of elder people in institution for additional input for other researcher and put a positive finding which address the problem of the elder people who live in a institution.

1.3 Research question

Based on the aforementioned problems this research attempted to address the following questions:-

- What are to pull and push factors for elderly to live in the institution?

- What are the kinds of services provided for elders with in the institution?
- What does living in the institution mean for the elderly People?
- What are the day- to- day lived experiences of the elderly people within the given institution?
- How does living within institution impacts on the social life of the elderly people?

1.4 Objective of the study

1.4.1 General objective

This research generally aimed to assess the lived experience of elder people in the institution life.in Kibre Aregawuyan Migbare Senay Dirijit.

1.4.2 Specific objective

The specific objective of this study;-

- To explain the pull and push factors for elderly to live in institution.
- To assess the kinds of services provided for the elders within the study institution.
- To investigate the lived experiences of elderly people within the care giving institution.
- To examine the impacts of living within institution on the social life of the elderly people..

1.5 Definitions of Key Terms

Old age or Elderly person:- According to the UN definition of elder persons are those people whose age is 60 years and over (MoLSA,2006),

coping strategies, negating social relationship within the household and managing social network and institutions with in the community they live in(Ellis,1998)

Vulnerability:- refers to the inability (of the system or a unit) to withstand the effects of a hostile environment (wikipidia)

Institution:- an organization that exists to serve a public purpose such as education or support for people who need help(Cambridge University dictionary)

1.6 Scope of the study

Currently there are a number of governmental and non-governmental social institution in Addis Ababa which are supporting elder people at risk. This study focused on one non-governmental social institution which is Kibre Aregawiyan MIgbare Senay Dirijit in Addis Ababa. The reason

for selection of this institution is those elders, who lived in KAMSD, more vulnerable or at risk than other social institution because they get less social support to get better services.

Theoretically, the study focused on sociological, Psychological, psychosocial and institutional perspective of elder people and apply qualitative method because it deals the beliefs, attitudes, experience of elder people in institution life. And the sample selected from kibre Aregawuyan Migbare Senay Direjit.in Addis Ababa.

1.7. Significance of the study

This study is important to assess the lived experience of elder people in the institution and indicate the social support impact of elder people who live the institution for the purpose of promote social support of elder people within the community arrangement because if the society support the elder people, who are at risk, with in the community arrangement, they will live longer life than institution.

And also this study is important to indicate how support the elder people who are at risk to solve their economic problem with in the community. When we can solve the social and economic problem of the older people with in the community, they will get satisfaction in socially. economically. psychologically and spiritually in the rest of their life.

Social workers have much less involvement in the practice of elderly support to the Ethiopian context. This study can be an indicative of the status of social workers involvement in the care and support of the elderly people. In way it also promotes multidisciplinary service provision and collaboration with other disciplines. Besides, studies in the issue of elderly is limited and this study can be supportive in filing the gaps on the available literature.

1.8. Limitation of the Study

This study has a limited scope of focusing on the experience of elderly care institutions particularly focusing on one selected care centers in Addis Ababa. Therefore the experience of this institution may not represent the case and experience of other elderly care centers in Addis Ababa and Ethiopia in general. The research does not include the perspectives of other elderly who are non-institutionalized and community care elders.

This study faced sampling difficulties and data collection difficulties that means because of the current epidemic disease (COVID - 19) the elders, who live the institution and selected as a sample, did not response their lived experience directly, this difficulty affected the data collection techniques. So, the data collected from the profile of the elders and the care givers. These difficulties imposed the data analysis to be short.

1.9 Thesis Structure

This research designed in five chapters which is related to the study. In chapter one discussed about the background of the study, the second chapter discussed about literature review of the study, chapter three discussed about the research methodology, chapter four discussed about research analysis based on the data, chapter five discussed about summary. Conclusion and recommendation about the study.

CHAPTER TWO: LITRATURE RIVIEW

2.1 Concept of Aging

Old age means reduced physical ability, declining mental ability, the gradual giving up of role playing in socio-economic activities, and a shift in economic status moving from economic independence to economic dependence upon other's for support. Old age is called "dark" not because the light fails to shine but because people refuse to see it (Gowri 2003). In the same way Old age is also manifested with changes in physical appearance, such as wrinkles appearing on the face; the greying of hair, slowing down of reactions, followed by restriction of movement and sense organs, and proneness to chronic illnesses (UN, 1975).

The phenomenon of large aging population has become one of the most dramatic and influential developments in the 20th century. This situation has profound significance for the society in both the 'developed' and 'developing' nations. According to World Population Prospects (United Nations, 2019), by 2050), 1 in 6 people in the world will be over the age of 65, and up from 1 in 11 in 2019.. Old age has been defined variously in different societies and cross culturally. It is a relative concept and different meanings have been attributed in different contexts. A still more specific definition of aging was offered by Handler, "Aging is the deterioration of a mature organism resulting from time dependent, essentially irreversible changes intrinsic to all members of a species, such that, with the passage of time, they become increasingly unable to cope with the stresses of the environment, thereby increasing the probability of death" (Handler, 1960, p.200). Aging refers to the regular change that occurs in mature genetically representative organism living under representative environmental conditions as they advance in chronological age. The term 'aged' not only describes individuals but is also used as collective noun, and once individuals are identified as 'old', they are perceived exclusively as such. Hazan (1994, p.16) observes that there are several ways of defining aged, "one way is seemingly unproblematic self-definition: an 'old person' is someone who regards him or herself as such… Another definition of 'aged' is socially constructed, composed of an infinite number of overlapping points of view with regard to a given person. Changing circumstances and the dynamics of social relationships make it difficult if not impossible to use such a definition vigorously".

2. 2. Theoretical perspective of Aging

By understanding and describing how we age and act in relation to our late ages, sociologists have developed several different theories of aging. Each perspective is underpinned by a set of values and implications for practice. The following are the most important three perspectives in relation to our practice with aging population.

2.2.1. Sociological perspectives of aging

Disengagement theory

Sociological literature presents a range of competing theories of ageing: disengagement theory at one end of the spectrum and successful ageing theory (sometimes described as activity theory) at the other. The genesis of the disengagement viewpoint is that older people themselves initiate the disengagement process. It does not take into consideration any societal processes and structures that curtail older people's opportunities for engagement.

Disengagement theory (Cumming and Henry 1961) though extremely controversial then and now and offering a bleak portrayal of old age, nonetheless has had a profound effect on views about ageing. Disengagement theory sees the older person's withdrawal from society as part of the natural ageing process, and as part of the normal pattern of life.

This theoretical perspective essentially sees old age as the time when people are preparing themselves for death. This includes the severing of relationships and ties**.** Ageing from this theoretical perspective naturally brings with it a growing sense of powerlessness, loneliness, loss of role, loss of sense of purpose and with it increased dependency. From this theoretical perspective the position of older people as a non-productive and costly burden on society is easily assimilated as the cultural norm and becomes implicit in political and economic arguments.

Olsen (1982) criticizes the disengagement approach for ignoring the impact of social class on ageing experiences and how class structure and its social relationships prevent the majority of older people from enjoying a variety of opportunities or advantages. The disengagement perspective, it could be argued, feeds the negative stereotypes of ageing as the part of life to be feared, which in turn creates the circumstances driving disengagement and the negative stereotyping of older people, impacting their quality of care.

Activity Theory

Havighurst and Albrecht (1953) proposed one of the first aging theories by studying a group of adults. They concluded that society aspects retirees to remain active in their communities. Havighusrt and Albrecht published the Activity Theory in 1963, which states that staying occupied and involved is necessary to having a satisfying late life (Havighurst, Neugarten, and Tobin, 1963), they did not, however explain what sorts of activity are linked to life satisfaction but clearly believed that activity was associated with psychological health. They suggested that being active helps to prolong middle age and thus delay the adverse effects of old age.

Others disagree with Havighurst and Albrecht's perspective, arguing that Activity Theory fails to consider that choices are often limited by physical capabilities, finances and access to social resources (Birren and Schroots, 2001). Maddor (1963) suggests a more optimistic view that leisure time in retirement presents new opportunities for community service that may be more consistent with physical, economic and resource limitations. A second criticism of Activity theory is the unproven assertion that staying active necessarily delays the onset of the negative effects of aging. Furthermore, Birren and Schroots assert that roles assumed by older adults are highly influenced by societal expectations so that older adults viewed the quality of activity to be more important than the quality.

Other investigators suggested that the type of activity matters. Activities that connected people socially. such as meeting friends for lunch or pursuing hobbies through group activities were more likely to improve life satisfaction than formal or solitary activities (Langino and Kart, 1982),Harlow and Cantor()1996 agreed that the social component was important. In their study, sharing tasks was an important predictor of life satisfaction, particularly among retirees. Schroots(1996) proposed that successful aging means being able to do things despite limitations. These studies suggest that the type of activity may be an important consideration rather than merely the frequency of engagement.

In stark contrast to activity theorists sociologists Cumming and Henry (1960) asserted that aging is characterized by gradual disengagement from society and other adults, and that it serves to maintain social equilibrium, Cumming and Henry proposed that by disengaging, older adults are freed from social responsibilities to young maintains a continuously functioning society

unaffected by lost members and gain time for internal reflection, while the transition of responsibility from old. The outcome of disengagement is a new equilibrium that is ideally satisfying to both the individual and society.

Challenges of disengagement Theory argue that the emphasis on social withdrawal is inconsistent with what appears to be a key element of life satisfactions being engaged in meaningful relationships and activities.

Subculture Theories

Unlike activity Theory, Rose (1965) theorized that older adults form a unique subculture within society to defend against society's negative attitude toward aging and the accompanying loss of status. As in disengagement theory, Rose contended that older adults prefer to interact among themselves. He suggested that social status is determined more by health and mobility that occupation, education, or income, therefore older adults have a social disadvantage regarding status and associated respect because of the functional decline that accompanies aging.

The authors suggest that identifying a person's personality type provides clues as to an older adults will adjust to changes in health, environment, or socio-economic conditions, and in what activities he or she will engage continuity theory was the first sociological theory to acknowledge that responses to aging differ among individuals.

Age Stratification Theory

Riley and colleagues (1992) observed that society is stratified into different age categories that are the basis for acquiring resources, roles, status and deference from others in society, In addition, they observed that age cohorts are influenced by the historical context in which they live can vary across generations. People born in the same cohort have similar experiences, ideologies, orientations, attitudes and values as well as expectations, regarding the timing of life transitions such as retirement and life expectancy (Reiley, 1994). Age stratification theory highlighted the importance of cohorts and the associated socioeconomic and political impact on how individuals age (Marshall, 1996).

Person- Environment-Fit Theory

Lawton's(1982) person-.environment-fit theory proposed that capacity to function in one's environment is an important aspect of successful aging, and that function is affected by ego strength , motor skills, biologic health, cognitive capacity, and sensory-perceptual capacity, as well as external conditions imposed by the environment. Functional capacity influences an older adult's ability to adapt to his or her environment. Those individuals functioning at lower levels can tolerate fewer environmental demands.

Lowton's (1982) theories helps us think about the fit between the environment and the older adult's ability to function. It can helps nurses identify needed modifications in their homes or in residential settings. Older adults with self-determined motivational styles were better adjusted when they lived in homes that provided opportunities for freedom and choice, whereas residents with less self-determined motivational styles were better adjusted.when they lived in high constraint environments.

2.2.2 Psychological Theories of Aging

Maslow (1954), a psychologist, published a human needs theory. In this theory, Maslow surmised that a hierarchy of five needs motivates human behaviors; physiologic, safety and security, love and belonging, self-esteem, and self- actualization. These needs are prioritized such that more basic needs like physiological functioning or safety take precedence over personal growth needs (love and belonging, self-esteem and self-actualization). Movement is multidimensional and dynamic in a lifelong process toward fulfillment. Self-actualization requires the freedom to express and pursue personal goals and be creative in an environment that is stimulating and challenging.

Stages of Personality Development Theory

According to Erikson (1963), personality develops in eight sequential stages. Each stage has a life task at which we may succeed at or fail. During the final stage' ego integrity versus despair' individuals search for the meaning of life their lives and evaluate their accomplishments. Satisfaction leads to integrity, while dissatisfaction creates a sense of despair. In later years,

Erikson and colleagues suggested that older adults face additional challenges or life tasks including physical and mental decline, accepting the case of others and detaching from life.

2.3 Institutional care for older peoples

Townsend. (1962) as cited in Gutsa (2011) traced the development of institutional forms of care to the East where they were established by the Church in the third and fourth centuries. Written documents about social care to elders reveal that, before the Second World War the only publicly funded social care for older and physically disabled people was through the Poor Law. From 1601, the Poor Law required each parish to levy rates to care for destitute people without family support. Those deemed unable to work due to old age or disabilities were regarded as deserving, but the level and type of care varied considerably locally and over time. At best, it funded a family member or a pauper woman to house care for an older or disabled person or provided a regular weekly payment, clothing and health care to enable them to stay in their own homes (Thane, 2009).

From the 1950s the emphasis for social care was shifted to institutional care, according to Thane (2009), due to client preference and belief that this improved the quality of life of older and disabled people; improved medical knowledge and treatments; belief that community care was cheaper when demand for and costs of services were growing; continuous concern at inadequacy of community services and difficulty of defining and coordinating health and social care.

Older persons constitute one of the most vulnerable sections of the society. They are not only physically weak but, also lack economic resources, self-esteem and social status. Under the changing socio-economic and demographic conditions family is unable to provide support and care to the older persons. Changes in the occupational structure and decline in the family size where adult children do not always live with their parents, as in the past leads to many emotional security problems of the older persons. In the light of these changes, living arrangements of the elderly has emerged as an important area of intervention (Sandhu & Arora, 1999).

Nelida and Peter (2009) discuss that long term care and support to the elderly is given only a minimal attention in developing countries. They mention some three reasons for this worrying neglect to the care of elderly; first, some policy-makers have been slow to recognize the rapid

growth of very old populations, and greater priority is still given to younger age groups. Second, policy is dominated by concerns about formal pension programs, including contributory schemes and social pensions. Third, there is a tendency to assume that informal support networks continue to function relatively well in most developing countries, reducing the need for specific policies and interventions.

Despite this complacency, there is considerable indirect evidence that most developing countries are facing a very rapid expansion in demand for long-term care. WHO (2002) case study report on ten developing countries describes these needs with two interrelated processes; one is the growth in factor that increase the prevalence of long-term disability in the population and the second is the change in the capacity of the informal support system to address these needs. According the WHO's developing countries case study report on long term care, the ageing of the populations in these countries has an impact on both of these processes. As the population ages, the percentage with chronic diseases and related.

Disabilities rises significantly. Concomitant with these demographic and epidemiological changes, statistical evidence from the ten countries participated in the study indicate additional forces that impact on the ability of informal support systems to provide care. These factors include an increasing percentage of women in the labor force and increased migration. For example, the percentage of women participating in the labor force increased in Mexico from 9.1% in 1960 to 27.1% in 2000, in Costa Rica from 9.7% to 25.2%, and in the Republic of Korea from 17.3% to 42.7%.

2.4 Types of long term care

Long-term care may be either home-based or institutional. Home-based care may occur either in the home, or in the community setting. It is useful to distinguish between two types of home-based long term care services; first, Health-related care, which we refer to as home health. The Second one is, Care related to daily functioning, such as personal care (e.g. eating, bathing) and homemaking (e.g. cooking, cleaning). (WHO, 2002).

Long-term care can be provided by formal caregiver, that is paid care, or informal care that is provided by persons who do not receive pay. Formal care services may be provided by governmental organizations; by local, national, or international nongovernmental organizations

(NGOs); or by for-profit organizations. Formal care is usually provided by recognized professionals (e.g. nurses, doctors, and social workers) and/or by Para-professionals (e.g. personal care workers). Traditional healers may be an important additional source of care. Informal care includes care provided by nuclear and extended family members, neighbors, friends, and independent volunteers, as well as organized volunteer work through organizations such as religious groups (WHO, 2002).

2.5 social support and aging

Social support is a powerful predictor of living a healthy and long life. Large, well-controlled prospective studies show that social support has an impact on older adults' health independently of potentially confounded factors such as socioeconomic status, health-risk behaviors, use of health services, and personality. This entry discusses social support and then how it is related to aging.

Social support refers to positive exchanges with network members that help people stay healthy or cope with adverse events(Thoits 2011). Researchers typically distinguish the following types of supportive behavior: instrumental aid, the expression of emotional caring or concern, and the provision of advice and guidance.

Social support is basically positive. Of course not all our interactions with others are pleasant and enjoyable. Personal relationships can function as a source of stress, conflict and disappointment. For that reason it is important to distinguish positive social exchanges (support) from negative social exchanges (Rook 1997). Examples of the latter are encounters characterized by rejection and criticism, violation of privacy, or actions that undermine a person's pursuit of personal goals. Ineffective assistance or excessive helping are other forms of negative interactions.

From the start, a major focus of social support research has been the question of how and why social support has salubrious effects. In this line of research social support is the independent variable. Two theoretical models have been dominant in the literature. The direct effects model maintains that social support operates at all times. The support people receive helps them maintain an overall sense of stability and self-worth and helps them in their efforts to improve their situation. According to the buffering effects model, social support operates when people are under stress. Social support helps people cope with setbacks and serves as a protective barrier

against threats to well-being. Underlying mechanisms are physiological, in the sense of moderating levels of cardiovascular reactivity, and psychological, in the sense of restoring self-esteem, mastery and feelings of competence. The direct effects model and the buffering effects model are not competing theoretical frameworks. Each is couched in its own empirical tradition, and empirical support has been found for both (Cohen & Wills 1985). Tests of direct effects are generally based on data from the general population, whereas tests of buffering effects consider individuals undergoing stressful life events, such as a serious illness, marital problems or the loss of a loved one.

Studies published in the 1980s showing that supportive behaviors at times have negative rather than positive consequences formed the impetus for new theoretical developments. One set of theoretical specifications pertains to the nature of support exchanges. For example, to better understand direct effects, researchers have suggested looking at the reciprocity of exchanges. Drawing upon equity theory, the idea is that receiving more support than one gives leads to distress and guilt. Over-benefitting is not only a violation of the norm of reciprocity but may also lead to a state of dependency. Whereas reciprocity focuses on the balance between support giving and support receiving, the optimal matching hypothesis, which is a specification of the buffering effects model, focuses on the kind of support received. This hypothesis suggests that support is most effective when it matches specific needs. If people do not receive the right kind of support, then strains will not be reduced. A second set of theoretical specifications pertains to the meanings assigned to support exchanges. It has been suggested, for example, that the effects of receiving support are moderated by self-esteem. For some, receiving support has self-threatening qualities because it implies failure and an inability to cope on one's own. For others, receiving support has self-enhancing qualities such as evidence of love and caring. According to this perspective, people will react negatively to help if it causes damage to their self-esteem. A complementary perspective is that the perceived motivation for support exchanges determines their impact on well-being. Exchanges perceived to be motivated by affection rather than obligation or reciprocity are presumably most beneficial to the recipient.

A line of research that has been more prominent in the social gerontological literature has focused on explaining differences in the availability of social support. Here social support is the dependent variable. Questions about the access to support are particularly relevant to the elderly

given that the loss or disruption of relationships is common in later life. Coinciding declines in older adults' health and mobility, leading to an increase in the support required from others, further underscore the relevance of the issue of how older adults negotiate transitions in their relationships. The convoy model of social support (Kahn & Antonucci 1980) emphasizes that pools of available contacts and needs for resources from others are patterned by older adults' life histories.

Network composition is a dependable indicator of the sources, the quantity, the quality and the types of support to which older adults have access (Dykstra 1993). Relationships tend to be specialized in their support provisions. Knowledge about the different types of relationships composing networks provides insight into available support. According to the task-specificity model, different types of relationships best provide support that is consonant with their structures. Neighbors can best handle immediate emergencies because of their geographic proximity, kin can best perform tasks requiring long-term commitment, and friends can best be relied on for issues particular to a generation or life course phase that assume similarity in interests and values. The marital dyad can function in all the previously described task areas, since that unit shares proximity with neighbors, long-term commitment with kin and, frequently, similarity in interests and values with friends. In agreement with the task-specific model, available evidence indicates that partners are the primary providers of support in old age. Kin and non-kin generally differ in the support they provide. Family members are more likely than are friends to provide instrumental support such as help with transportation, shopping and household chores. Family members are less likely than are friends to provide emotional support such as exchanging confidences, advice or comfort.

Though friends, members of the extended family and neighbors often step in when needed, instrumental support provided by these relationships has a fragile basis. Given the absence of culturally-prescribed obligations to provide such help to older network members, commitment and support expectations tend to be individualized within the relationships, and are subject to continuous negotiation. Relationships with peers are more susceptible to dissolution if exchanges are unbalanced than are parent-child relationships. The availability of friends, relatives and neighbors for intense support-giving depends on the buildup of reciprocity over the course of their interactions with older network members (Komter 2005).

The hierarchical-compensatory and task-specificity models focus on types of relationships and the normative expectations to provide support associated with them. A drawback of the focus on relationship types is that the gendered natured of social life remains hidden. Women are both expected to and do provide more support to aging family members. This is not to say that men do not undertake instrumental tasks. Though men and women do equal amounts of care-giving as spouses, men's participation in non-spousal care-giving is conditioned by their relationships with women (Calasanti 2003). Men often function as back-ups for their care-giving wives and sisters. Sons who act as primary caregivers are likely to be only children, to have no sister, or to have a sister living far away from the parent. Research shows a gender-typed specialization of the kind of support-giving tasks that are performed. Men are more likely to engage in activities such as odd jobs in and around the house, and paper work, bills and finances, whereas women are more likely to perform household tasks and personal care.

Family members provide the majority of the care that frail older adults receive. A long-standing debate is whether the emergence of public services erodes the provision of informal support. Empirical evidence favors the complementary (crowding in) hypothesis rather than the substitution (crowding out) hypothesis. Public services increase the total level of support; they extend rather than replace informal support. With the introduction of public care, informal support-providers appear to redirect their efforts to previously neglected or partially unfulfilled areas of support, rather than reduce their overall effort. Research shows furthermore that formal help is called in as a last resort. Though informal networks respond to increasing incapacity by expanding the scope of their assistance, there is a point beyond which the needs of the older adult exceed the resources of the network. At that point supplementary support is sought in public services. The state and the family provide different forms of help, referred to as specialization or mixed-responsibility (Brandt, Haberkern & Szydlik 2009). Professionals take on the complex, time intensive and repetitive tasks, allowing family members to take on the non-technical and spontaneous forms of help.

The imbalanced focus in the gerontlogical literature on help provided by children creates the impression that all older people need help and downplays their role as helpers in old age. Within families, more support goes down generational lines than goes up (Albertini, Kohli, & Vogel 2007). Parents provide money, gifts, affection and advice to their offspring until very late in life.

A role reversal occurs only when the older generation is encountered with difficulties functioning independently. That is when the direction of exchange of assistance and services starts flowing predominantly from the bottom to the top over the years there has been a methodological shift from relying on marital status, numbers of close friends and relatives, church membership and other proxy variables to represent exposure to social support to more carefully examining the actual transactions in relationships. Nevertheless, a generally agreed upon measure of social support does not exist. This lack of consensus is not surprising given the wide range of disciplines in which social support is studied. Large epidemiological studies require brief measures. The crude nature of these measures leaves open what characteristics, structures or processes of social interactions are most consequential for health. Psychologists tend to rely on measures of anticipated support: the belief that others will provide assistance in the future should a need arise. A criticism of these measures is that they might say more about the person than about the quality of his or her relationships. They are a way of measuring social support that makes it indistinguishable from a personality trait. In defense, one can argue that anticipated support is based on assistance that has actually been provided in the past. Sociologists (House et al. 1988) emphasize the necessity of distinguishing structural measures of support (existence or interconnections among social ties) and functional measures of support (actual exchanges of assistance and help). An issue that has yet to be resolved is whether to use global or relationship-specific measures. Global measures, whereby respondents are requested to rate supportive exchanges with their friends, neighbors and relatives taken together, have the advantage that they are relatively easy to administer. The disadvantage is that they provide little insight into the relative importance of various social network ties. Relationship-specific measures, whereby an inventory is made of the supportive quality of selected relationships in the network, have the drawback that they are cumbersome to collect. Furthermore, their aggregation is not always straightforward.

Social support researchers are faced with a constant trade-off between breadth and depth of analysis. It is important to acknowledge that social support is amazingly complex. To advance our understanding of how social support works we need first to pay careful attention to our relationship measures, distinguishing tangible support exchanges from embededness. Secondly, we need to simultaneously assess the mechanisms that produce the positive outcomes hypothesized for social support. In doing so, we should more often make use of reports from

multiple actors in the social network. Enriching information collected from one person with information from others helps uncover biases. A discrepancy between persons regarding the content and significance of their relationship might highlight conflicts or differences in dependencies.

2.6 Challenges associated with living in nursing homes

The elders, who live in nursing homes, faced different challenges associated with living in nursing home like lack of autonomy, environmental factors, negative relation and lack of purpose in life.

Lack of Autonomy

Lack of autonomy as one of the major factors that negatively affect residents living in nursing homes.(Anderberg et al 2009, Fiveash 1997, Murphy et al 2007, & Teeri et al., 2006). Lack of autonomy by elderly residents' resulted to Loss of independence, control, dignity and integrity, residents were not included in decision making therefore they had to fit in the institution routine. residents were denied making choices in matters concerning their care and living arrangement,

Environmental mystery factors

For elderly people living in institutions privacy is extremely important, personal space or territory is a key aspect of privacy. However studies have identified lack of privacy as one of the major issues affecting residents living in nursing homes. (Fiveash 1997, Anderberg 2009, Murphy 2007, Train 2004).When elderly people become permanent and often dependent residents and need more help with every personal activities, loss of privacy is felt. (Teeri 2006, et al)

Environmental mastery is a dimension of well-being and this includes lacked flexibility in running institution, residents were denied doing things they were capable of doing, resident's wishes were not granted, lacked privacy or lacked personal space, had roommates and shared bathrooms, elderly felt powerless when they saw co-inhabitants health deteriorate, lacked meaningful activities within the institution.

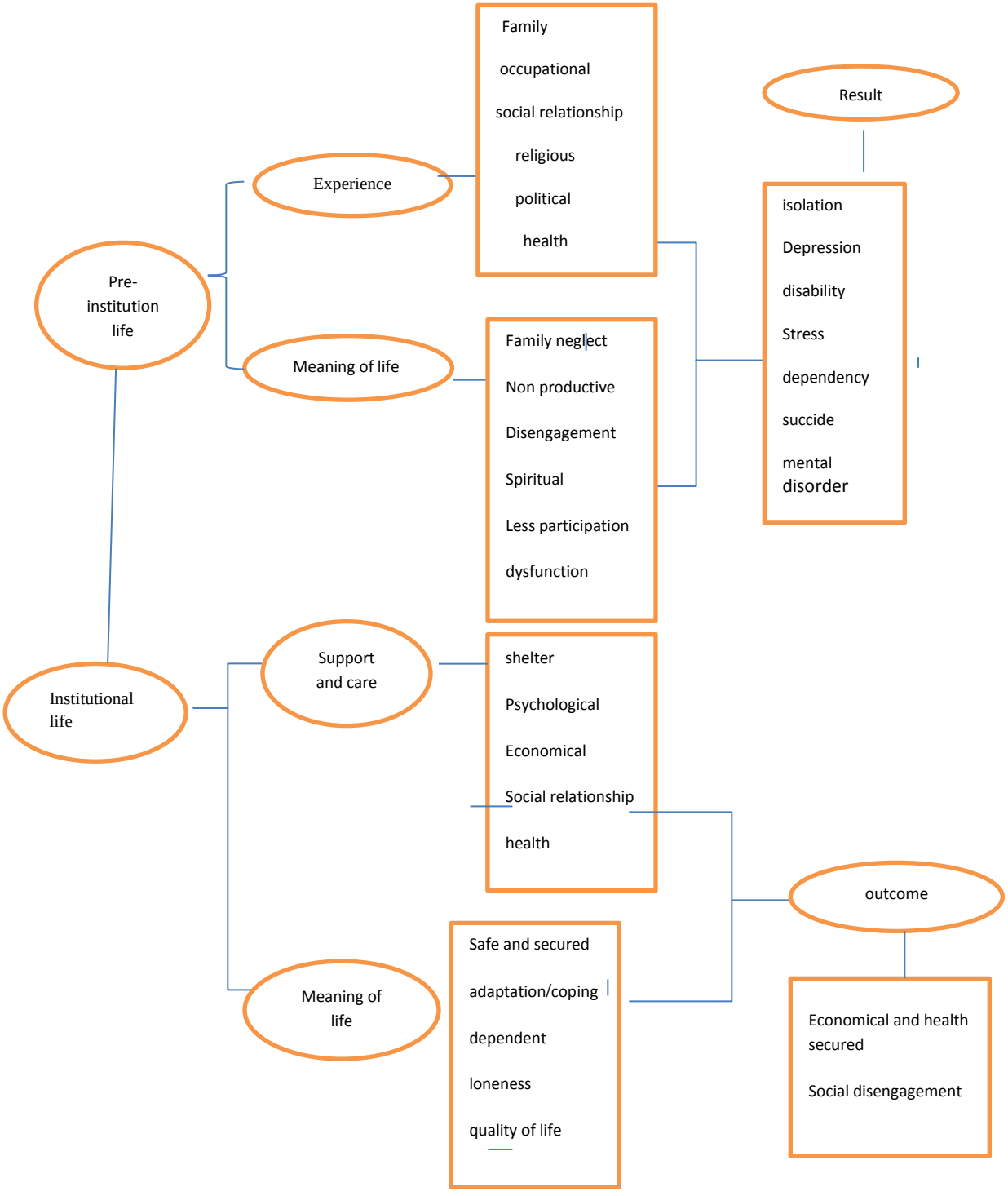
Negative relation

It is psychological abuse from employees is the most frequent form of abuse experienced by residents of nursing homes these may be in form of experienced physical and psychological abuse, staff bossiness, they were authoritative towards elderly residents, poor communication and failure to give information which led to residents feeling abandoned by nurses. residents were treated in rude and angry manner by care givers. residents felt that they could not trust employees. (Teeri 2006, et al)

Lack of purpose in life

Life in nursing homes has been described as inactive and lonely and most of time lacking of social activities. Older people's experiences of belonging and capability are important for the meaning of life in nursing homes. (Anderberg & Berglund, 2007) Having a purpose in life is a dimension of well-being, this occurs when an individual has beliefs that give life purpose, one feels that there is meaning in present and past life and when one has goals in life and sense of direction. Lack of purpose in life is as a result of felt idle and lonely. Residents felt that they had no one to talk to. Long days and felt bored. Residents felt isolated thus lacked life's purpose. Felt bored and were not interested in participating in activities, due to feeling of helplessness when residents saw their co-inhabitants health deteriorates.

Fig 1. Conceptual framework of the study



The conceptual framework of the study emphasis on the pre-institutional and institutional life experience of elders and its result As the conceptual frame work indicates elders have different life experience at pre institutional life like family, occupational, social relationship**,** religious, political and health experience in each experience they face different meaning of life like family neglect, non- productive, disengagement, spiritual, less participation, dysfunction. The result of their life experience and meaning of life they face psychosocial problem like isolation, depression, disability, Stress, dependency , suicide and mental disorder, Because of this they preferred to engage in care and supportive institution, when the elders start living in institution they get different care and support service and give different meaning of life, Those care and support services are shelter, Psychological, economical, Social relationship, health services and their meaning of life in each services are Safe and secured, adaptation/coping, dependent, loneness quality of life the outcome of institutional life of elders are they economical and health secured but they disengaged from the society life.

CHAPTER THREE: RESEARCH METHODS

3.1 Research Design

The choice of research design depends on objectives that the researcher wants to achieve. To meet the main objective of the study qualitative design was employed. Qualitative design is preferred, because it involves documenting real events, recording what people say (with words, gestures, and tone), observing specific behaviors, studying written documents, or examining visual images. Intervention strategy these are all obviously the concrete aspects of the world Kruger & Neuman (2006,). Since the issue of care and support are subjective, as a result they are more easily expressed in words than in numerical terms.

Phenomenological research is chosen. Phenomenology is an approach to qualitative research that focuses on the "essence" of human experiences concerning a phenomenon, as described by participants in a study. Understanding the "lived experiences" marks phenomenology as a philosophy as well as a method, and the procedure involves studying a small number of subjects through extensive and prolonged engagement to develop patterns and relationships of meaning (Moustaas, 1994). In this process, the researcher "brackets" this or her own experiences in order to understand those of the participants in the study (Nieswiadomy, 1993.)

Applying Phenomenological research of institution the study conducted to understanding the lived experience of the elders.

3.2 The Study population

According to sampling guidelines (e.g., Babbie and Mouton, 2001) refers to a population as that aggregation of elements from which the sample is actually selected. The universe or population of the study is comprised of the elderly aged 60 years or more (both men and women) who are living in the study area. This is accepted age cut-off for one to be called an elderly' person in Ethiopia. The study utilized purposive sampling to select the respondents.

Kibre Aregawuyan Migibare senay Dirijit has gave care and support for 120 (women and men) elder person until this study done. So the sample size selected from this universe of study.

3.3 Study Area

Kibre Aregagawuyan Migbare Senay Direjit (KAMSD), is an indigenous, not for profit, elder people focused, non -governmental organization founded in 2007 with the moto 'Dignity and Better Life For the Elderly by W/ro Workinesh Munie. W/ro Workinesh had financed welfare of her own, from a family budget, for two years until the legal establishment of KAMSD.

KAMSD have own vision, mission and objective. It's vision is meeting the basic physiological needs of the elderly lies to help them lead an honorable life till their dying day. The mission is restore the dignity and honor of the elderlies by offering basic physiological and psycho-social support. The objective is to provide elders with shelter, food, clothing, and medical care.

The basic activities of KAMSD categorized into two. The first activity is institutional based service, under this activity include regular institutional care (for vulnerable elders) and reintegration(reunion)) with family, and the second activity is community based services under this activity include awareness creation, income generation(bread Baking), house repair and financial support for the elder people.

The organization have accomplished 120 elders received financial support on monthly bases, 276 dilapidated elder's house has got repaired,120 elders have received agency based support, 415 women elders who have interest and ability to fund themselves got organized and trained to engage income generating activities, 65 elders were re-integrated with their relatives and families after temporary admission to the agency.

3.4. Sampling Technique and Sampling procedures

A purposive sampling technique is employed for participant selection, and this research used secondary data that means the profile of the participant because the current situation of the country (corona virus). The researcher employed semi structured question to collect the data. from the profile of the individual and key informant interview with care givers and administrator or coordinators of the center. This sampling procedure is selected for the sake of meeting and sharing the experiences of elderly people who are living in the institution and to meet those peoples who are working directly with the elders in the institution. This technique is important for select a sample deliberately. According to Padgett (2008) Purposive sampling techniques in

qualitative research is made to deliberately select respondents based on their natural ability to give the required information

3.5 Sample Size

The total number of older age who live in kebre Aregawuyan MIgbare Senay Dirgit is 120 men and women. From the total number of the target group the study was select the personal profile of 5 men and 5 women elder as a sample because the primary dada collection is impossible the case of corona virus and also 7 men and 3 women care giver was the respondents of this research.. The participant selection criteria was:-

- Those who are over the age of 60 and are residents of the center
- Those elders who stayed in the institution for a minimum of one year and above. So that they can give their lived experiences in the centers.
- Those elders who have interest to participate in the study
- Those people who are give care for the elders

3.6 . Data collection instrument

This research used secondary data for collect the data that means the profile of the participant because the current situation of the country (COVID-19). The researcher employed semi structured question to collect the data. from the profile of the individual and key informant and also interview with care givers and administrator or coordinators of the center.

3.7. Data Analysis

A qualitative technique was apply to analyze data. The analysis process includes: familiarizing with the data through review of each response, organizing and indexing data for easy retrieval and identification, identifying themes, developing provisional categories and exploring relationships between categories. This is the final step, which wrote the report including extracts from the original data. For the purpose of accuracy, data triangulation was made to confirm the validity of data generated from the three sources.

3.8. Ethical Consideration

In order to get a permission from the institution the researcher got a permission by bringing official letter from the University.

In order to confidentiality of the respondent information and the profile of elders due attention was given for the success of research like give clear information about the objective of the study and make sure the confidentiality of the response.

In order to ensure confidentiality of the information which gathered the profile of the elder and the care givers are handled with greatest care. After completion of the study and the thesis defense, all the information gathered from the institution were destroyed for the sack of keeping the privacy of the study participants. Furthermore, the issue of protecting participants from any opinion related harm was also considered. for the respondent of the questioner.

In order to ensure the validity of the research the research methodology and the questioner is compatible to achieve the objective of the research and each chapter and questioner evaluated by the advisor.

CHAPTER FOUR: Result and Discussion

The main purpose of this research was to explore the lived experiences of elderly people who are living in the institutions. Data collected from the elder who live in KAMSD and the care giver of the elder in KAMSD at different profession. The finding organized into four thematic area: like pre institutional life experience, institutional life experience, opportunities and challenges of institutional life and coping mechanisms used during institutional life of elders.

And also the data organized from the response of ten elders who live in the institution and ten care givers who give care for the elders.

4.1. Background information of the respondent

Table 1 Background information of elders

No of elders	Age				sex		Marital status			Years in institution		
	60-65	66-75	76- 80	>80	M	F	married	unmarried	widowed	1-5	6-10	11-15
10	3	1	2	4	5	5	7	3	--	2	5	3

Table 1 indicates that the age of all elders who live in the residents are 60 and above. In fact, elderly people are being admitted to the institution with criterion and one of the criteria is an elderly should be at least 60 years and more. The institution admits both women and men elders. The majority had married in their life while some experienced separation and become widows

Kibre Aregawuyan Migbare Senay Dirijit has its own admission criteria to receive the elder people. Some of the criteria were elderly people whose age equal or greater than to sixty; elderly people who have no relative or extended families to care and support them; elderly who have lost their families with death like HIV/AIDS, elderly people who can bring support letter from Addis Ababa bureau of Labor and social affairs; elderly people who have made their livelihood on begging and elderly who live on the street with deteriorated health and physical conditions**..**

As a care giver mentioned KAMSD use two way admission processes, the first one is receiving recommendation letter from Addis Ababa Bureau of Labor and Social Affairs and the other one is receiving poor and hopeless elders living on the streets or elderly people coming from country side in search of assistance for their living.

Table 2 background information of care givers

No of care givers	Age				sex		Educational background			Years in institution		
	20-30	32-40	41-50	51>	M	F	Diploma	Degree	Masters	1-5	6-10	11-15
10	1	5	2	2	7	3	5	3	2	2	5	3

Table 2 indicates that the majority of a care givers are between 31 up to 40 years of age. seven of are male and the rest three were females. The majority (5) have diploma educational background while the rest have degree (3) and masters (2). Participants have the minimum of 2 years' experience and the maximum stay for 15 years. They are working in the institution as project manager ,business, public administrator, and accountant.

4.2 Elders life experience

4.2.1 Pre institutional life experience of elders

The elders had different life experience before join the institution. Their life experience explained based on their family status, economic status, health status and social support.

Family status

The finding indicates that the majority elders lost their wife, husband and children due to death, some elders have not own children naturally, On the other hand even if some elders have a children, they live far away from the elders and they are not interested to support their parent. So they were live alone because of this they go out on the street to live

> The care givers explained that the majority elders *lost their wife, husband and children due to death and they was living alone and no body to support me by cooking meal and caring.*

And also the care givers said that there are some elder who did not have children naturally because of this no one supports them when they become old in their home but some elders have children but they have not interested to support and care them.

Older persons constitute one of the most vulnerable sections of the society. They are not only physically weak but, also lack economic resources, self-esteem and social status. Under the changing socio-economic and demographic conditions family is unable to provide support and care to the older persons. Changes in the occupational structure and decline in the family size where adult children do not always live with their parents, as in the past leads to many emotional security problems of the older persons. In the light of these changes, living arrangements of the elderly has emerged as an important area of intervention (Sandhu & Arora, 1999).

Economic status

The finding indicates that the majority elders have not own job and they are on pension because of their physical status. Because of this their economic status became low and they could not fulfill their basic need easily like food, shelter, quality health but the profile indicates that one elder had better economic status but she wants live with needy elders in institution for spiritual satisfaction. Another elder is at upper class based on economic status but the child took her wealth illegally. Finally they go out on the street for begging and live.

The caregivers explain that the economic status of the elders had a work in government and private institution before they became aged when they became aged they could not work such activities because of this they became on pension but their pension salary is not sufficient to live.

And also the care givers explained that the elders done different work in different areas as daily servant but because of their age they could not work such activities and fulfill their basic need so they go out on street for begging and live.

The care givers explained that some elders have their own home and better economic status but they sold their home for the purpose of support the elders who live in KAMSD and they have entered in KAMSAD to help the needy elder because they are nurse. And also the care givers said that there is one elder, in the institution who have own house and

wealth but her child took her house and wealth illegally and her child brings her this institution.

Older persons constitute one of the most vulnerable sections of the society. They are not only physically weak but, also lack economic resources, self-esteem and social status. Under the changing socio-economic and demographic conditions family is unable to provide support and care to the older persons. Changes in the occupational structure and decline in the family size where adult children do not always live with their parents, as in the past leads to many emotional security problems of the older persons. In the light of these changes, living arrangements of the elderly has emerged as an important area of intervention (Sandhu & Arora, 1999).

Health status

The finding indicated that the majority elders have their health problem because of their age they faced difficult life experience like they did not get enough food and they did not get quality health treatment because of their economic status and they faced chronic disease a long period of time.

The care givers explained that the majority elders have serious health problem and chronic disease like blood pressure, diabetics, but they could not get quality health treatment because of their economic status and no one treat them in my home.

And the care givers said that some elders have serious ashim and use oxygen and medicine daily to treat their breathing but they could not afford the price of the oxygen and medicine because they economic status is low.

Older people in developing countries are highly vulnerable group of the society exposed to hardship, malnutrition, poverty and old-age-related diseases (Fouad 2004). In these countries, the major problems associated with old age are poor diet, ill-health and inadequate housing, which are all exacerbated by poverty. These and other factors render older people to be among the poorest of the society (WHO, 2004).. Older people are often unable to accumulate savings so that they can take care of themselves financially when they are ill or in poor health. Only a few developing nations have health insurance/social security or pension schemes in place to care for older people, unlike the case in most of the developed countries(HAI, 2013).

Social Support

The finding indicated that the elders neglected from their relatives and neighbors because of their physical and health status. No one visit and support them in the community and because of their health they could not participate in social relationship with the community arrangement because of this they feel loneliness and hopelessness in their life.

> *The caregivers explained that the elders did not get enough social support from their relative and neighbors because of this they feel loneness and hopelessness*

According to the convoy model of social support (Chalise et al. 2007), each individual is surrounded by a convoy, which includes specific people who make up the person's social network and affects his/her well-being. Types of networks vary and older people can receive social support from different sources. Support from family Taking care of older family members is one of the major themes of Confucian philosophy and traditional norms in the Chinese culture. It is also stipulated in marriage laws and the Chinese Constitution that younger people have the obligation to support older people (Yang 1996)

4.2.2 Institutional life experience of elders

Pull and push factors of elders

The data indicates that elderly have experienced both the push and pull factors to enter the institution. The push factors are loss of family due to death, physically unable to work to generate income, no one helps or supports them to live in the community because of this they became hopelessness and go out on the street. Some of them develop mental problems and became beggar on a street for to survive. And when elders got the opportunity to live the institution, they accepted without hesitation. On the other hand, the pull factors of the elders to enter the institution is the need of economic, social and health service to their better life for the rest of their life.:

> *Some care givers explained that the eders have not any intimate family because their wife and children lost by death and they have not enough income to fulfill their basic need like food, shelter health treatment this is the push factor of to enter the institution to live better life*

The care givers of the institution explained that there is a better life in our institution relatively from the pre institutional life of the elders. The institution is providing different care and support service like meal, housing, health care personal hygiene for needy elders this is the pull factors for elders to be institutional..

As Cited in Gutsa (2011. P. 4), Townsend .1962) traced the development of institutional forms of care to the East where they were established by the Church in the third and fourth centuries written documents about social care to elders reveal that, before the Second World War the only publicly funded social care for older and physically disabled people was through the Poor Law. From 1601, the Poor Law required each parish to levy rates to care for destitute people without family support. Those deemed unable to work due to old age or disabilities were regarded as deserving, but the level and type of care varied considerably locally and over time. At best, it funded a family member or a pauper woman to house care for an older or disabled person or provided a regular weekly payment, clothing and health care to enable them to stay in their own homes (Thane, 2009).

From the 1950s the emphasis for social care was shifted to institutional care, according to Thane (2009), due to client preference and belief that this improved the quality of life of older and disabled people; improved medical knowledge and treatments; belief that community care was cheaper when demand for and costs of services were growing; continuous concern at inadequacy of community services and difficulty of defining and coordinating health and social care.

Older persons constitute one of the most vulnerable sections of the society. They are not only physically weak but, also lack economic resources, self-esteem and social status. Under the changing socio-economic and demographic conditions family is unable to provide support and care to the older persons. Changes in the occupational structure and decline in the family size where adult children do not always live with their parents, as in the past leads to many emotional security problems of the older persons. In the light of these changes, living arrangements of the elderly has emerged as an important area of intervention (Sandhu & Arora, 1999).

Nelida and Peter (2009) discuss that long term care and support to the elderly is given only a minimal attention in developing countries. They mention some three reasons for this worrying neglect to the care of elderly; first, some policy-makers have been slow to recognize the rapid growth of very old populations, and greater priority is still given to younger age groups. Second,

policy is dominated by concerns about formal pension programs, including contributory schemes and social pensions. Third, there is a tendency to assume that informal support networks continue to function relatively well in most developing countries, reducing the need for specific policies and interventions

Care and support practices

The finding indicates that KAMSD provided different services to beneficiaries in the institution. The main services provided for the admitted elders includes, Shelter/bed rooms/, food, counseling service, health care service, hygiene facilities, assisted caring , clothing and funeral service when they died. The other supporting services are recreational services includes, TV room facility (one in the meeting hall) and gardening land used by some elders who are physically able to work such stuffs.

According to caring service at KAMSD, they have two major areas of caring service. The first one is institutional care which includes, washing body, making bed, feeding, helping to go toilet and massaging the bed ridden elders to the institutionalized elders. The second one is providing community care service, through which they integrate street begging elders who are able to work into the community by engaging them into income generating activities. This community based care service includes, renovating or repairing dilapidated houses of elders, providing skill based training, engaging them into IGA, providing financial support and medical treatment.

> *The care givers reflected: Our daily tasks are to help the elders who live in institution like wash their clothes and change their pajamas, make their bed, spoon feed those who can't eat by themselves, help them go to toilet, massaging their body, and diapering.*

Their acceptance to the institution with whatever service problems they face comes from their previous life experiences. Most elders were suffering from street life or some other helpless living arrangement before their admission to the institutions. Whenever they are asked for opinion about their life situation and experience in the institution, they immediately recall their pre-institution life and start to compare between what they are gaining now and what they were suffering from.

From such facts of the institutionalized elders' life experience, it is possible to understand that the multifaceted problems of elders living helplessly in streets can be solved with the provision of basic services like that of shelter, food, medical care, clothing, and personal hygiene. But this concluding remark shouldn't cover the fact that elders need a dignified life with the most appropriate service and an age friendly environment.

Daily activities of elders in institution

The elders spend their time in different activities per day like discuss each other, watching tv, reading book and work income generating activities for the institution like waving and make hand-made materials. Those activities are helpful for the elders by recreate themselves and feel belongingness of the institution. And also those activities develop their social interaction.

> *The care givers explained that most elders spend their time in different activities like discussing each other out of their bedroom, watching TV, waving and making handmade material. The handmade materials sell for the visitor and support the institution service*

Community participation

The finding indicates that the community participation to help and visit the elders is very low but some volunteers like individual, group, NGOs and GOs support differently in kind and in material but it is not enough because the elders need and missed social life that means no one to visit the elders in the institution regularly because of this they have a feeling of loneness and disengaged from the society.

> *Institutional care givers revealed: This institution is local based organization and its source of income are from different sources of income of institution get from like individual, group, NGOs and GOs volunteers but it's not enough because the elders need quality of life the rest of their life and need better treatment because of this they need social and economic support*

Long-term care may be either home-based or institutional. Home-based care may occur either in the home, or in the community setting. It is useful to distinguish between two types of home-based long term care services; first, Health-related care, which we refer to as home health. The Second one is, Care related to daily functioning, such as personal care (e.g. eating, bathing) and homemaking (e.g. cooking, cleaning). Long-term care can be provided by formal caregiver, that is paid care, or

informal care that is provided by persons who do not receive pay. Formal care services may be provided by governmental organizations; by local, national, or international nongovernmental organizations (NGOs); or by for-profit organizations. Formal care is usually provided by recognized professionals (e.g. nurses, doctors, and social workers) and/or by Para-professionals (e.g. personal care workers). Traditional healers may be an important additional source of care. Informal care includes care provided by nuclear and extended family members, neighbors, friends, and independent volunteers, as well as organized volunteer work through organizations such as religious groups (WHO, 2002).

Social interaction of elders

The finding indicates that there is social interaction of elders with each other in institution like discussing each other in different issues. This interaction is very important for elders to cope their life by sharing their life experience.

> *The care givers indicates that the elders who live in KAMSD have good social interaction each other. This interaction is very important for the elders to cope current life experience*

Long-term care may be either home-based or institutional. Home-based care may occur either in the home, or in the community setting. It is useful to distinguish between two types of home-based long term care services; first, Health-related care, which we refer to as home health. The Second one is, Care related to daily functioning, such as personal care (e.g. eating, bathing) and homemaking (e.g. cooking, cleaning). Long-term care can be provided by formal caregiver, that is paid care, or informal care that is provided by persons who do not receive pay. Formal care services may be provided by governmental organizations; by local, national, or international nongovernmental organizations (NGOs); or by for-profit organizations. Formal care is usually provided by recognized professionals (e.g. nurses, doctors, and social workers) and/or by Para-professionals (e.g. personal care workers). Traditional healers may be an important additional source of care. Informal care includes care provided by nuclear and extended family members, neighbors, friends, and independent volunteers, as well as organized volunteer work through organizations such as religious groups (WHO, 2002).

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disabled people; improved medical knowledge and treatments; belief that community care was cheaper when demand for and costs of services were growing; continuous concern at inadequacy of community services and difficulty of defining and coordinating health and social care. ((Gutsa (2011.), Townsend (1962))

4.2.3 Opportunity and Challenges of institutional life for Elders

The elders have got different opportunities to be the residence of the institution. The elders provided different service like housing, three times meal per day, closing and medical treatment for their chronic disease. And the care givers provide different service for them like counseling, massaging and support the elders who are physical disabled because of this they can't walk by themselves.

> *The institutional care givers revealed the elders get good opportunities after entering the institution life. They get better care and support services like meal three times per day, housing. Medical treatment, clothing and counseling services.*

The elders have faced different challenges in their institution life experience. The challenges are there is a residential building construction in the institution for the purpose of create enough space for the elders but the institution have not finished the construction because of scarcity of finance resource. Because of the scarcity of the financial resource the construction take a long period of time to provide the service.

> *A caregivers noted there is a challenge in institution like the dalliance of building construction because of finance limitation this challenge influenced the care and support service for the elders*

Anderberg et al 2009, Fiveash 1997, Murphy et al 2007, & Teeri et al., 2006) argue that he elders, who live in nursing homes, faced different challenges associated with living in nursing home like lack of autonomy, environmental factors, negative relation and lack of purpose in life. Lack of autonomy as one of the major factors that negatively affect residents living in nursing homes.(Anderberg et al 2009, Fiveash 1997, Murphy et al 2007, & Teeri et al., 2006). Lack of autonomy by elderly residents' resulted to Loss of independence, control, dignity and integrity,

residents were not included in decision making therefore they had to fit in the institution routine. residents were denied making choices in matters concerning their care and living arrangement,

For elderly people living in institutions privacy is extremely important, personal space or territory is a key aspect of privacy. However studies have identified lack of privacy as one of the major issues affecting residents living in nursing homes. (Fiveash 1997, Anderberg 2009, Murphy 2007, Train 2004).When elderly people become permanent and often dependent residents and need more help with every personal activities, loss of privacy is felt. (Teeri 2006, et al)

Environmental mastery is a dimension of well-being and this includes lacked flexibility in running institution, residents were denied doing things they were capable of doing, resident's wishes were not granted, lacked privacy or lacked personal space, had roommates and shared bathrooms, elderly felt powerless when they saw co-inhabitants health deteriorate, lacked meaningful activities within the institution.

Studies have confirmed that psychological abuse from employees is the most frequent form of abuse experienced by residents of nursing homes these may be in form of experienced physical and psychological abuse, staff bossiness, they were authoritative towards elderly residents, poor communication and failure to give information which led to residents feeling abandoned by nurses. Residents were treated in rude and angry manner by care givers. Residents felt that they could not trust employees.

Life in nursing homes has been described as inactive and lonely and most of time lacking of social activities. Older people's experiences of belonging and capability are important for the meaning of life in nursing homes. (Anderberg & Berglund) Having a purpose in life is a dimension of well-being, this occurs when an individual has beliefs that give life purpose, one feels that there is meaning in present and past life and when one has goals in life and sense of direction. Lack of purpose in life is as a result of felt idle and lonely. Residents felt that they had no one to talk to. Long days and felt bored. Residents felt isolated thus lacked life’s purpose. Felt bored and were not interested in participating in activities, due to feeling of helplessness when residents saw their co-inhabitants health deteriorates.

4.2.4 Coping mechanism used during institution life of Elders

The care givers give different copping mechanism for elders. When the elders live in institution, they loss their meaning of life because of their chronic disease, lacking of social activities, no one visit for long period of time and psychosocial problem because of this they felt loneness, lack purpose of life, face stress and act suicide. So, the caregivers support them by counseling and health care treatment.

> *The care givers said that when elders faced stress because of their chronic disease and feel loneness and hopelessness the counselor give a counseling for them to cope up their institutional life.*

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CHAPTER FIVE; CONCLUSION AND RECOMMENDATION

5.1 Conclusion

This study tried to show the pre institution life experience, institutional life experience, opportunities and challenges and coping-mechanism of institutional life of elders. The institution have own criteria to admit the elders in the institution, and it accommodate 120 needy elders in the institution,

The pre institution life of elders, despite having been forgotten by the society to live in the streets for long period of time, driven out of their families, and living helplessly were found enjoying their institutional life. They spent their spare time by waving, making handmade materials for income generating, gossiping, watching T.V., and having discussions among themselves. The institution face certain problems associated with service delivery, attentive care and facility, defiance of building construction for the purpose of residential room for the elders.

Community participation and volunteer activity were shown in the institution playing critical role in the care giving activity and showing respect to the resident elders. Beneficiaries in the institution expressed their feeling about societal visit and support as important for societal belongingness which they were not experiencing in their previous life.

Care givers in the institution are either volunteer who come to help the elders without any prior orientation or hired workers The role of care givers in the institution is care and support the elders by cooking their food and giving meal regularly, and medical treatment, swiping the room, giving counseling , support the elders to walk easily. The care givers get spiritual satisfaction to help the elders.

Even if the elders and government preferred institutional life is better life relatively the pre institution life of elders. But the finding indicates that the elders live within the community arrangement is more better than within the institution because the institution life have their limitation and challenge by disengaged social life of elders from the society and loss the purpose of their life. So, institution life must be the last alternative for the life of elders,

5.2. Recommendation

The finding of this study indicated that the elders people need quality of life with in the community and care and support institution. But the best one is this research recommended that the elders people are living with their family, neighbors and relatives with better social and economic support by volunteer or concerned bodies. To develop a culture in to the community the government and the social worker have a critical responsibility for the satisfaction of the elder.

The government role is making policy based on the assessment of the social worker to improve the social life and the economic status of the elders and organized the elders by different small scale business and support them by essential resource based on their age to improve their economic status as well as social responsibility with in the community arrangement.

Social workers are uniquely placed to conduct individualized bio-psycho-social assessments of need that identify and address interconnected physical, psychological, life course and social needs. Social workers undertake the complex and sensitive task of working alongside older people and careers to reach an understanding of their difficulties and help them find ways of managing these to prevent their escalation. Their skills include: developing community resources, connecting older people to appropriate services, and providing a continuous supportive relationship through times of crisis and change. This can make it possible for older people to remain in their own homes and communities for longer, despite increasing frailty. There is evidence that social workers in hospital emergency departments and other interdisciplinary contexts enhance the impact of follow-up care and reduce readmissions of older patients

Social workers have a role in initiating and delivering preventive interventions, to improve elder people's quality of life and contribute to longer term financial savings. Facilitating older people's access to appropriate and timely preventive services can reduce the need for domiciliary support, prevent falls, and delay admission to a care home

Social workers' assessment skills, in particular the ability to identify social, psychological and emotional needs and strengths, mean that they are well equipped to explore goals for rabblement with service users, to plan how these are best achieved and to review progress and outcomes

Community approaches can mobilize older people's skills, experience and expertise. The development of social enterprises and 'Social Work Practices' may offer new opportunities for social work involvement in innovative community orientated activities.

Social workers can make a significant difference to the lives of older people with complex high intensity needs, who may be reluctant to engage with services. Social work skills in building trust, eliciting understanding of the older person's wishes, exploring options and facilitating choice and control are key to positive and sustainable decision making in later life; they also promote autonomy and dignity.

Social workers' training in critical analysis, reflection, and decision making equip them for the complex task of protecting vulnerable adults from harm. This role requires understanding of the law, policy and procedures and balancing protection, with the promotion of independence and self -determination. Social work's ability to assess and intervene at the level of informal networks is an important component of 'preventive safeguarding'. Social workers can be instrumental in identifying and ameliorating risk factors for elder abuse such as stress, mental health problems and substance misuse in the lives of family and friends. .Social workers' commitment to social justice and advocacy is especially important in contexts involving incapacity and deprivation of liberty.

Generally, gerontlogical social work has enormous potential to respond to the diverse needs of a growing older population. Social workers have an important proactive role to play within community based programmers designed to promote and maintain social engagement, health and wellbeing. The skills of social workers in promoting relationships can maximize opportunities for older people to continue living as part of families and communities as well as offering support to those who are isolated. Expertise in supporting people through change and transition is central to specialist gerontlogical social work and could be used much more extensively and in a wider range of settings.

There is significant scope to develop and extend social work's leadership role in joint working between health and social care. The professional values of social work and its commitment to social justice place it in an ideal position to provide advocacy, uphold older people's rights and prevent and address abuse. To further these agendas and to take forward the addressed: practice, education and research.

In terms of practice, there is a pressing need to reverse the increasing disappearance of gerontlogical social work and, following the example of the US and Canada, to establish it as a recognized and valued resource for current and future generations of older people and their families. There is a parallel need for ageing related subjects and research to be embedded in social work training and education. Developing specialist capacity in teaching is vital if gerontlogical social work is to be rebuilt.

In relation to research, there is little explicit research focused on social work with older people, as distinct from social care. There is a primary need for e development of gerontlogical social work we propose that three key intersecting areas are investment in research activity, driven by gerontlogical social work academics and practitioners, to demonstrate the contribution of social work to the wellbeing of older people and to the health and social care economy. Again, there is much to be learned from the successful strategies in North America to rebuild gerontlogical social work research. Enhancing the lives and wellbeing of older people and their families through specialist, evidence-based gerontlogical social work is vital to the development of the future social work profession. Timely social work interventions that are responsive to older people's needs and preferences are also cost-effective as they have a significant preventive function in the short and longer term.

One of the many challenges for gerontlogical social work is investment in research activity, driven by gerontlogical social work academics and practitioners, to demonstrate the contribution of social work to the wellbeing of older people and to the health and social care economy.

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APPENDIXIES

APPENDIX 1 Guiding Question of the Elders

This study is being conducted by saint Marry university student as part of the social work research assignment. The title of the research is The lived Experience Of Institutional Life For Elder People, the Case of Kibre Aregawiyan Migbare Senay Dirijit in Addis Ababa. This research is done to assess the live experience of elder people in the social institution.

This study is intended for educational purpose only. This questionnaire randomly distributed among elder people who live in Kibre Aregawiyan Migbare Senay Dirijit in Addis Ababa.

- Do not mention your name for the purpose of confidentiality
- Your response must be clear and reliable for the validity of the research
- Thank you for your response

Background Information

Age:- 60- 65 ☐ 66-75 ☐ 76 - 80 ☐ Above 80 ☐

Sex:- Male ☐ Female ☐

Marital status:- Married ☐ Unmarried ☐ Widowed ☐

How long did you live in this institution_____

Elder's life experience

1. Pre-institutional life experience

Would you please describe to me your overall life experience before you come here?

Probing questions

- Whom you were living with before?
- Have you got children? If yes, how many and where are they now?
- Had you have an owned house before? What happened to it (if yes)?

- What was your living standard based on your economic status? (upper, middle and lower class
- What was your source of income?
- What is your social role in the community arrangement

Institutional life experience

1. Would you please tell me about your life experiences in the institution?

Probing questions

- What factors have pushed you to enter this institution?
- Do you like the institution you are live in now?
- What is the difference between your previous life and institutional life?
- Do you have social interaction with other residents of the institution?
- How do you spend the day at the center? What are your daily activities?
- Do you have any relatives or visitors coming in search of you? Who is it if so?

I. Opportunities and Challenges of Institutional life

1. Would you please tell me about the opportunities of the institution is providing you?

Probing question

- What services are you provided in this institution?
- What is your regular meal service in the center?-
- How many times do you eat per day? -
- What medical treatments are you attending currently?
- Is there any chance to get diagnosed for health status checkups
- Do you like the care givers treatment of the institution?
- Do you want to visit religious institution?
- What are the religious practices you are engaged in?
- What is the role of you in the institution?
- Do you think there are enough services and facilities for care?

2 Would you please explain the. Challenges faced living in the institution?

Probing question

- What are the problems you are facing currently?
- What services would you like to be provided if it was possible?
- Suppose that you were in charge of this organization, what changes would you make to change the center as a better place for elderly?
- What are your ambitions, to be cured from illness, to get a better treatment and support, to leave this center or to die than living here, to live longer……

II. Coping mechanisms used during institutional life

1. Would you please reflect on how do you address the challenges face while living in the institution?

Probing question

- Do you have care givers to support you?
- How religion has supported you to cope the problem?
- How the institution supports you when you face difficulties?

Is their anything you would like to add?

APPENDIX 2 Guiding questions for Interview with key informants (care givers and administrator

Background Information

Name of the Institution_____

Position of the respondent_____

Age:- 20 – 30 ☐ 31 - 40☐ 41- 50 ☐ above 51 ☐

Sex:- Male ☐ Female ☐

Educational background:- Diploma☐ Degree☐ masters and above☐

Profession_____

Work experience:- 1-5☐ 6-10☐ 11-20☐

1. What are admission criteria of clients to the institution?-
2. What are the available resources for the care and support in your institution?
3. How do you feel about working with older people and helping aged peoples?
4. Do you think you will stay longer and help older peoples further? Why? -
5. What are the causes of illness of elders beyond physical and biological cause of illness?
6. What are the problems of peoples in the care center, what are the critical ones? List them cognates' out please
7. What problems do you face in the service provision?
8. What external interventions do you have to help the elders of the institution?
9. Are there any elders discharged from the care center? If yes, what is their reason?
10. What are the regular services provided? List them out please What efforts are there to create socialization groups within the admitted elders?
11. Are there any arrangements for the clients to visit religious places of their choice?
12. What is the income source of the institution?
13. In your views, institutional life or in community arrangement life is better for elders? why?
14. How is the trend of admission
15. Is there anything you would like to add?