

Reflections on support mechanisms for older people in the coronavirus disease 2019 (COVID-19) era in Zimbabwe

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Abstract

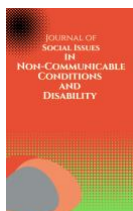
The purpose of this article is to examine community-based support mechanisms for the elderly, and the extent to which they can be strengthened in order to help promote the valuable contributions of the elderly to communal life in Zimbabwe. The elderly population was one of the most vulnerable groups worldwide to the coronavirus disease 2019 (COVID-19), as the pandemic increased their health problems. Elderly people in Zimbabwe are a particularly vulnerable group, and their misery is complicated by a defective social protection system for the elderly, as well as other obstacles posed by the economy, drought, and, more recently, the coronavirus disease 2019 (COVID-19) and lockdown measures. Because Zimbabwe's health system is broken and ineffective, the bulk of the country's poor people have been forced to rely on traditional herbal treatments and medicinal plants to combat the pandemic and other diseases. Despite the fact that the western model of elderly care is institutionalized and predictable, it is in direct opposition to the African model of elderly care, which is based on the family and community system. The traditional African care system relies on adult children for assistance as well as communal social networks. Family, friends, and neighbours are part of the social networks that provide assistance to the elderly in the form of food, shelter, and clothing, among other things. A policy that advocates for home remedies to complement western medicine is recommended, as home remedies allow the elderly to strengthen their immune systems and alleviate their health challenges.

Key words

COVID-19; elderly; home remedies; savings club; social protection; Zimbabwe

Key points

1. This research adds to existing knowledge on a defective social protection system and economic doldrums in Zimbabwe which puts the lives of the elderly people at risk.
2. The article contributes to an understanding on the need to complement western medicine with home remedies to strengthen elderly people's immune systems and alleviate their health challenges.
3. It offers insights on current health care system, which has shifted toward more innovative and comprehensive models of care for the elderly, highlighting the complementary role of community support systems.
4. Adds that the elderly in the African model of care need not just medical care, but also social networks to help them manage their illnesses and other social issues in their communities.



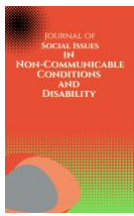
Introduction

The purpose of this article is to explore a robust geriatric intervention that could help reduce elderly people's vulnerability to old age-related challenges in Zimbabwe. This is so because Zimbabwe is experiencing and will continue to see an increase in older aged citizens. Available statistics in Zimbabwe show that the proportion of people over 60 years old is expected to increase by more than fivefold over a 100-year period, rising from 4.7% in 2000 to 25.2% in 2100 (Makore & Al-Maiyah, 2021). Estimates by the United Nations Department of Economic and Social Affairs (2021) showed that there are 573 341 people above 64 years old, of which 241 280 are males and 332 061 females in Zimbabwe. However, aging in Zimbabwe is taking place against a backdrop of rising poverty, political upheaval, shifting family arrangements, and a deteriorating social protection system (Makore & Al-Maiyah, 2021).

Despite having an advanced age as their common denominator, elderly people in Zimbabwe are a heterogeneous population because individual life trajectories are marked by a variety of social, economic, physical, emotional, and life courses. Typically, for those receiving old age pensions, their misery is complicated by a defective social protection system. Makore & Al-Maiyah (2021) note that the elderly in the urban centres of Zimbabwe are faced with rising urban poverty, informality, the effects of the HIV/AIDS epidemic, shifting family support structures, complex migrant movements, economic restrictions, and inadequate social security schemes. For the elderly in rural areas, particularly those that have not been employed in their lifetime, the disruption of the family support system for the elderly due to modernity means that they no longer have anything to fall back on (Makore & Al-Maiyah, 2021).

Ironically, not all elderly people have a bleak and unpleasant aging experience; some are fortunate to have considerably less bio-psychosocial and physiological obstacles as they age (Mbulayi & Kang'ethe, 2019). For some, old age is a blessing because they have a support system to fall back on, from their children who may have migrated to the diaspora and who regularly send foreign currency to sustain the daily upkeep of their parents. Albeit this, the elderly population in Zimbabwe is faced with obstacles posed by the economy (inflation, cash liquidity, and an economic downturn), drought, and more recently, the coronavirus disease 2019 (COVID-19) and lockdown measures.

The ever-growing population of elderly population is a global phenomenon (Mbulayi & Kangethe 2019; Makore % Al-Maiyah 2021). The proportion of persons aged 60 and above continues to rise across the globe, and Africa is no exception. According to estimates from Help Age International (2008), Africa's aging population will reach approximately 200 million by 2050. According to the United Nations Department of Economic and Social Affairs, Population Division (2019), Sub-Saharan Africa's elderly population will grow from 31.9 million in 2019 to 101.4 million by 2050. Chronic and worsening poverty, as well as the weakening of family and community structures in Africa, are worsened by migration, violence, natural catastrophes, and the effect of HIV and AIDS (Help Age International 2008). Against this background, the key question addressed in this article is: "Which robust geriatric intervention could help reduce elderly people's vulnerability to old age-related challenges in Zimbabwe?" The article examines community-based support mechanisms for the elderly, and the extent to which they can be strengthened in order to help promote the valuable contributions



of the elderly to communal life. Cervical cancer is the most prominent cancer and the foremost reason for morbidity and mortality among women and girls in Zimbabwe, yet it is avoidable, early detectable and highly curable in tertiary health centers such as Parirenyatwa (Paul, 2016).

Research methodology

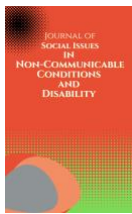
To address the key research question, this paper utilises the qualitative research approach through documentary analysis. The qualitative research approach seeks to understand a phenomenon within their social and cultural context. Specifically, the paper examined issues that the elderly people are confronted with in Zimbabwe. The study assessed Zimbabwe's social protection system and made policy recommendations in connection to the challenges encountered by the country's elderly population. The documentary analysis involved peer-reviewed articles and grey literature. A literature search was conducted using a variety of accessible databases such as EBSCOHost, Google Scholar, Elsevier, SAGE, Science Direct, Taylor & Francis, Sabinet, and African Journals Online (AJOL).

During the search, keywords such as "elderly people," "old age," "social protection," "coronavirus disease 19 (COVID-19)," "local remedy," "*Zumbane*," "African social system," "extended family," "elderly welfare," "self-help," "health," and "elderly policy" each produced 50 articles when paired with "Zimbabwe." To provide an up-to-date account of the elderly population in post-colonial Zimbabwe, grey literature from government-owned newspapers (The Chronicles, The Herald, and Sunday Mail), civic society reports (Help Age), and private newspapers (The Daily News, The Standard, and The Zimbabwean) supplemented elderly issues raised in peer-reviewed literature. To better understand the official position on the elderly population in Zimbabwe, official documents consulted included: the National Age Network of Zimbabwe; Help Age Zimbabwe; the Old Age Pension Act of 1936; the Old Age Pension Act repealed 1988; the Older Persons Act of 2012; Section 9 of the Old Persons Act, titled "*Eligibility for Social Welfare Aid*"; and the Department of Social Services. Thirty-four articles published between 1988 and 2022 were chosen for thematic analysis based on predefined criteria, that included: challenges faced by the elderly in Zimbabwe; European models of care for the elderly in Zimbabwe; a dual care system for the elderly in Zimbabwe; social protection systems for the elderly in post-colonial Zimbabwe; and home remedies in the face of a weak health care system.

Results

Challenges faced by the elderly in post-independence Zimbabwe

The elderly population is faced with a myriad of challenges in Zimbabwe. One of the major challenges is the persecution of elderly women, who are disproportionately accused of witchcraft compared to their male counterparts. A report by Maphosa (2021) showed that in April 2021, three elderly people (two females aged 71 and 89, and a male aged 87) were killed over allegations of witchcraft in Mashonaland East and West provinces of Zimbabwe. Beliefs in witchcraft are still quite strong and firmly ingrained in Sub-Saharan Africa (Eboiyehi 2017).



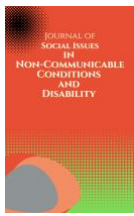
For that reason, the elderly are victims of abuse at community level, as some suffer from abandonment due to accusations of witchcraft. Others are made to sign documents when they are not in their right mind. Some elderly people are thrown out of their homes with others being denied medication owing to accusations of witchcraft.

The point has to be made that elderly people are part of contemporary society in need of supportive mechanisms, to reduce their vulnerabilities to abuse by some members of the community. Article 22 of the Universal Declaration of Human Rights compels all states to come up with a social security system for elderly people without regular income. Within this framework, this article argues that to alleviate the bad experiences of the aged, a strong policy framework as well as a sound and effective support system are required.

Communicable and non-communicable diseases are two of the most serious problems that old people face around the world. Hypertension, diabetes, chronic respiratory ailments, malignancies, and kidney difficulties are only a few of these (Arthur-Holmes et al., 2020). Globally, the health concerns of elderly people are similar to those of that same group in Zimbabwe, who suffer from both communicable and non-communicable diseases. According to a sample survey conducted in three provinces of Zimbabwe in 2020 by the Centre for Community Development Solutions, the National Age Network of Zimbabwe, and Help Age Zimbabwe (2020), 41% of elderly people had hypertension, 37% had joint aches and pains, 8% were diabetic, another 8% had respiratory problems, 4% had heart problems, 2% had diabetes, 2% had gastro-intestinal problems, and 1% had serious injuries. The high rate of communicable and non-communicable diseases among Zimbabwe's elderly, suggests that it is necessary to address the senior population's health concerns, as well as improve health facilities to alleviate their health worries.

Another challenge that the elderly in Zimbabwe face is extreme poverty. According to 2015 estimates, 64% of Zimbabwe's elderly people live in poverty, both in rural and urban regions (Tomlin, 2015). The 2020 estimates showed that 80% of the elderly population in Zimbabwe are poor (Zimbabwe National Statistics Agency cited in Moyo, 2020). Poverty among the elderly is exacerbated by the responsibility of caring for orphans and vulnerable youngsters. According to Help Age Zimbabwe (2020), over 60% of orphans in Zimbabwe are in the care and custody of elderly adults. The situation is significantly worse for old people in rural Zimbabwe, as the vast majority of them do not have a regular source of income.

Elderly individuals in rural areas rely on subsistence farming and asset sales to feed themselves and the children under their care. Elderly persons who have biological children or children in their custody assume the responsibility of raising school fees for them (Moyo, 2020). The high levels of poverty among the elderly point to the need for supportive systems for this group, who face numerous obstacles in modern Zimbabwe. Moreover, COVID-19, lockdown measures, and social distancing laws have increased the burden on Zimbabwe's elderly. The severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) causes COVID-19, an infectious illness.

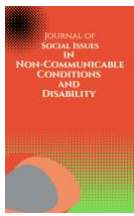


Zimbabwe, like other nations across the world, was hit by the pandemic, and the government responded by implementing a variety of measures, including a national lockdown, to stop the spread of the disease. The country went into national lockdown on March 30, 2020, for a duration of 21 days, which was then extended until December 2020. (Dzobo et al. 2020). The lockdown was prolonged indefinitely to halt the third wave of the pandemic at the time of publishing this article. To date, one of the greatest defence strategies against COVID-19 infection has been documented as vaccination. In a sample study of 97 older persons conducted by the Centre for Community Development Solutions, the National Age Network of Zimbabwe, and Help Age Zimbabwe (2020) in Zimbabwe in 2020, 79% of elders expressed anxiety about not being able to afford protective masks. Some elderly persons had difficulty getting medication from local clinics and hospitals, according to the same study. During the COVID-19-induced lockdown, some people reduced the amount of food that they ate on a daily basis. One of the greatest issues facing Zimbabwe's elderly is the country's dwindling economy. The depreciation of the Zimbabwean dollar versus the US dollar (USD), and the loss of trust in the banking system as a result of depositors' lifetime savings disappearing overnight in 2008 (Musarurwa, 2018), are typical examples of how Zimbabwe's financial industry and economy have failed its citizens. It is worth noting that the COVID-19 pandemic hit Zimbabwe at a time when the country's annual inflation had reached 785.6%, putting ordinary people and the elderly at risk of starvation and poverty, as a result of a lethal mixture of macroeconomic instability, climate shocks, and governmental policy missteps (Smith, 2020). The purchasing power of the Zimbabwean dollar has been undermined by inflation, and even those older persons on pension plans and those deserving of public assistance have seen their monthly incomes dwindle to nothing. The current socioeconomic turmoil in Zimbabwe, combined with its dynamic interaction with lockdown policies and social distancing regulations, have made life much more difficult for elderly people, who are unable to engage in informal activities that are typically used as a backup to support their day-to-day living. These processes are taking place in an environment where remaining at home by the elderly has become one of the most effective ways to avoid catching the deadly coronavirus.

European model of care for the elderly in Zimbabwe

From 1890, Zimbabwe was under British colonial control. It gained independence in 1980. Zimbabwe has a lengthy history of aged care, dating back to the 1930s, thanks to government-led social protection. A notable example is the Old Age Pension Act of 1936. The Act established a non-contributory pension for all non-African senior citizens aged 60 and up except for the blind and sick black Africans. Employed black Africans were ineligible for the non-contributory pension after they reached retirement age, ostensibly because they would return to subsistence farming in their remote villages. However, the Old Age Pension Act, which was based on racial lines and was repealed in 1980 after independence, did at least benefit blind and sick black Africans (Kaseke, 1988).

Zimbabwe is currently employing a western-style approach to elderly care. European settlers established the Old Persons Act, which was a modified version of the Old Age Pension Act of 1936 (Kaseke 1988). The Act gave financial assistance to adults over the age of 65. This



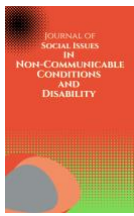
European welfare system was based on a dualist welfare system, in which only individuals who had retired from the formal economy, as well as the sick, impoverished, and aged people with disabilities, were eligible for public support. These three latter groups, in particular, were all paid at the discretion of the social welfare department (which is a government agency) on the basis of necessity (Kaseke, 1988).

Accordingly, the western paradigm of aged care resulted in the establishment of Old People's Homes (OPHs) in Zimbabwe. These OPHs provide food, shelter, clothing, medications, and other fundamental necessities to the elderly residing there. According to studies on the quality of life of the aged in OPHs, older persons experience economic hardships and insufficient support. Hungwe (2009) discovered that economic downturns, such as inflation, declining donor funding, and lack of government support, have an impact on the welfare of the aged in OPHs. According to Ruzvidzo (2017), older persons in OPHs lack food, shelter, clothing, medications, and other fundamental necessities. According to a report by New Zimbabwe.com (2020), the elderly in one OPH in Mutare, Zimbabwe, are trying to make ends meet. The emergence of COVID-19 has put the lives of elderly people in OPHs at risk of poverty and hunger, due to the unavailability of social support (Hungwe, 2009; Ruzvidzo, 2017). The strength of the western model of elderly care is institutionalised and predictable. It is institutionalised in the sense that OPHs, for example, were established by a piece of legislation. The predictability of the western care system lies in the fact that elderly allowances are guaranteed every month.

A dual care system for the elderly in post-colonial Zimbabwe

The emergence of the European care model had ripple effects on the traditional family support system for the elderly, in that Zimbabwe developed a dual care system for the aged following independence, namely the African traditional system and the western model of care (Makuvaza, 2017). Compared to the western care model, the traditional African care system relies on adult children for assistance as well as communal social networks. Family, friends, and neighbours are among the social networks that provide assistance to the elderly in the form of food, shelter, and clothing, among other things. Elderly folks gain a sense of community and belonging as a result of these social networks. As such, elderly people are cared for by an extended family support system, which manifests itself in the mutual communitarian approach, in which a person becomes a person via the actions of others (Ringson, 2020).

In Zimbabwe, the efficacy of both western and traditional African senior care models has been subjected to scholarly evaluation and analysis (Kaseke, 1988; Gwadamirai, 2009; Dhemba, 2013; Makuvaza, 2017). For example, Chindedza, Mupfumira & Madungwe (2013) posit that OPHs are perceived as a borrowed culture that is met with mixed reactions by some sectors of the Zimbabwean community. On the one hand, there is a negative view of OPHs, which stems from negative attitudes and assumptions about the western care approach. Those who consider OPHs to be a borrowed culture, by implication, prefer to care for the elderly through the conventional family support structure (Chindedza, Mupfumira & Madungwe, 2013).



On the other hand, there are those like Gwadamirai (2009), who criticized family support structures, claiming that they are difficult to maintain given urbanization, migration, and socioeconomic challenges. According to Dhlamini-Sibanda et al. (2017), due to socioeconomic and demographic developments in Zimbabwe, an increasing number of older people are accepting that they can no longer rely on family support structures.

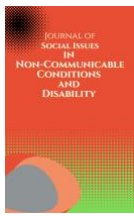
Despite the fact that the western model of elderly care is institutionalised and predictable, it is in direct opposition to the African model of senior care, which is based on the family system. The saying Chirere chigokurerawo in chiShona (look after your children today so that tomorrow they will look after you) underpins Zimbabwe's family social care system. Although this dictum instils in the elderly the expectation that their adult children will look after them in their old age, these expectations have been dashed in Zimbabwe, which is grappling with insufficient food, shelter, health care, economic down-turn, and other basic necessities for adult children, due to factors such as unemployment, migration, and urbanization (Ruzvidzo, 2017). This article therefore claims that community-based support mechanisms are needed to alleviate the situation of the elderly in Zimbabwe, both in OPHs and for those who rely on traditional family support networks.

Social protection systems for the elderly in Zimbabwe

The social protection system in Zimbabwe is based on the Older Persons Act enacted in 2012, which is a government action to improve the well-being of the elderly. An older person is defined by this Act as someone who has reached the pensionable age of 65 years or more. Whatever age the government has chosen, it is critical to underline that the Act recognizes the realities of aging. As a result, Zimbabwe's public assistance programme is now regulated by the Old Persons Act, which is administered by the Department of Social Services. By definition, a public assistance programme is a monthly stipend given to eligible elderly individuals for the rest of their lives (Dhemba, 2013).

Section 9 of the Old Persons Act, titled "Eligibility for Social Welfare Aid", states that the physically or mentally handicapped, as well as those who are continuously ill and unable to care for themselves, are eligible for public assistance. While it is self-evident that a certain number of elderly people fall into the defined category, it is also reasonable to assume that there are elderly people in rural areas who deserve public assistance but are unable to obtain it, due to factors such as distance and a lack of knowledge about where to obtain it. As a result, a policy review may be required to ensure that the selection criteria are inclusive.

In Zimbabwe, elderly persons experience irregular public aid disbursement and underfunding. According to Dhemba (2013), beneficiaries only received one-month allowances from January to September 2012. According to Chinyoka (2017, p.6), Zimbabwe's public assistance programme "has minimal coverage and modest benefits due to limited funding, and payments are sometimes inconsistent and unexpected." As data suggests, the current public assistance model has systemic flaws, since it does not offer elderly individuals with stable and ongoing economic support. Zimbabwe's social protection system for the elderly is beset by structural



problems, including unpredictability, such as unpredictable cash deliveries to those who deserve it, and underfunding concerns (Dhemba, 2013). Even if the social assistance system was still working, its efficiency would be hampered by the banking sector, which has collapsed, leading to the erosion of the purchasing power of the Zimbabwean currency due to inflation (Musarurwa, 2018).

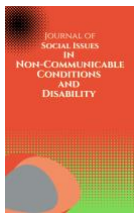
A closer examination of the predicament of the elderly indicates a lack of political will on the part of the government and other important stakeholders, in confronting structural issues affecting the welfare of this group. The government's failure to provide assistance to the elderly occurs in the context of Zimbabwe's ever-increasing financial challenges, which are due to inflation and the declining purchasing power of the Zimbabwean dollar against the United States dollar. Muronzi (2022) estimated that 7.9 million people in a population of 16 million (according to 2022 Census statistics) experienced extreme poverty in 2022. A World Bank (2022) report revealed that Zimbabwe's economy is being impeded by deteriorating agricultural conditions and price volatility. In the same report, it was revealed that unpredictable rains were to blame for a decline in agricultural production in 2021, which took place as inflation rose to 285% in 2022 (World Bank, 2022).

Home remedies in the face of weak health care systems

Because Zimbabwe's health system is broken and ineffective, the bulk of the country's poor people have been forced to rely on traditional herbal treatments and medicinal plants to combat the pandemic (Bholani & Musekiwa, 2021). The emergence of COVID-19 coincided with weak health care systems in most underdeveloped nations (Arthur-Holmes et al., 2020). The weak health care system in underdeveloped nations such as Zimbabwe, has led to a lack of faith in the delivery of formal health care services among older persons. COVID-19's emergence spurred countries such as Ghana, Madagascar, Tanzania, and Zimbabwe to allow the use of traditional medicine in the fight against the virus.

Despite these advancements, some global and local medical practitioners remain sceptical about the safety and usefulness of traditional medicines in the treatment of the COVID-19 virus (Arthur-Holmes et al., 2020; Matiashe, 2021). Traditional medicine's safety and efficacy have not been a major problem in Zimbabwe because the majority of people have established faith in it. As a result, ordinary Zimbabweans living distant from medical health facilities employ home remedies to treat common illnesses before seeking scientific medical help (Mavhunga, 2020).

Due to misinformation and scepticism regarding the COVID-19 vaccine during the COVID-19 era, some Zimbabweans have gained faith and belief in traditional medicines (Mavhunga, 2020). It has also been proven that vaccinated people can become infected with the coronavirus, therefore home remedies have been suggested as treatments for COVID-19. The Lippia javanica (Zumbani tea leaves in one local Zimbabwean local chiShona language) is one of the home medicines used against flu-like viruses such as COVID-19 in Zimbabwe. Zumbani leaves are traditionally used to make tea that heals colds, coughs, fevers, and malaria. It is



thought to contain phenolic chemicals, which have antibacterial and antiviral capabilities, preventing bacteria and viruses from attacking the host (Matiashe, 2021). As a result, Zumbani is seen as more of a symptom reliever than a cure for COVID-19 and other different forms of flu. It can be utilised for steaming; in which case a person should inhale it for relief. Those who utilise home remedies may also find that drinking a cup of Zumbani or other herbs as tea once or twice a day, might help relieve pain from colds, flu, and fever. Moyo (2021) avers that Zumbani and numerous other herbs had been demonstrated to help patients recover from coronaviruses. He further argues that Zumbani's ability to heal the current coronavirus variations is still being tested, so only time will tell.

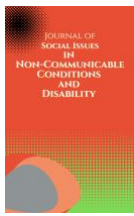
Policy implications

The question that the article sought to address was which robust geriatric intervention could help reduce elderly people's vulnerability to old age-related challenges in Zimbabwe? Policy implications to help elderly people in both urban and rural Zimbabwe overcome social care issues, should include establishing urban, senior mobile clinics in high-density suburbs, as these installations can go a long way towards resolving the health needs of the elderly. By and large, these geriatric mobile clinics might be used as a form of day care for the elderly, which would be a more effective way of monitoring their health concerns than relying on overcrowded clinics.

In addition, the issue of witchcraft accusations and the poverty syndrome associated with old age, calls for government and family support systems to scale up current social care systems based on trustworthy, community-based support mechanisms. Apart from that, the COVID-19 pandemic, lockdowns, and social distancing regulations have increased the vulnerability of elderly people, as they now live in isolation, cut off from a network of friends and relatives who constituted a supportive network. This scenario calls for a robust policy intervention that seeks to strengthen these disrupted social networks, to help reduce the vulnerability of the elderly from isolation and abuse. Over and above that, the government through the Ministry of Social Welfare must register all elderly people, especially those that have not been employed, across the various communities in Zimbabwe to integrate them into the same social protection system received by their counterparts who have retired from active work. Another policy intervention should be to make modalities to extend the retirement age from 65 to 75, if an individual is mentally sound and healthy, depending on their type of work and employment. Being out of employment in Zimbabwe's volatile economic environment, plunges the majority of elderly people into poverty and forces them to survive at the mercy of their extended family members, who may be struggling to make ends meet. For those with health challenges, government should maintain retirement at the age of 65 years.

The need for community-based support mechanisms for the elderly

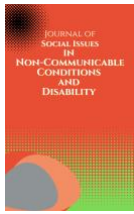
This article argues for the strengthening of community-based support mechanisms for the elderly, in order to help promote their valuable contributions to communal life in Zimbabwe. The need for strengthening community-based support mechanisms gets inspiration from the



current health care system, which has shifted towards more creative and holistic models of care. A community-based care system is one of the models whose primary goal is to look after elderly people and enable them to remain safely in the community (Siegler et al., 2015). Communities are a necessary evil in that, even though they provide safety, security, and nurture the lives of their members, they can also be a hotbed for abuse and violence for vulnerable and disadvantaged people such as the elderly. Albeit these realities, there is a need for civic society organisations and government to promote community-based support mechanisms (CBSMs) for the elderly. Community is closer to people's lives, including the disadvantaged and vulnerable groups such as the elderly. For that reason, strengthening CBSMs is an important option than old people's homes as the elderly will remain safe in their homes and closer to their family members, except for those elderly people that have migrated to distant places away from their relatives. Communities offer the elderly access to local community assets such as social networks, family systems, home remedies, and engagement with various volunteer groups such as community-based health care workers, to mention but a few. The majority of community-based health care workers are familiar with home remedies and elderly support groups, through which elderly people can access counselling services, nutrition information, and other caregiving services directed towards them. The strength of CBSMs is that they are responsive to members of the community. For example, if a member of the community gets sick, other members will provide care in the form of regular visits, providing food, comfort, prayers, and other essential services such as cleaning the sick person's house and laundry, among other things. Such activities and services are rendered on a voluntary, non-monitory basis, by community members from around where the elderly person is a resident. These merits are the basis for which this article has argued for the need to strengthen CBSMs for the elderly in Zimbabwe, rather than an over-reliance on the western model of care alone for the elderly. For that reason, a hybrid model, in which elements from the western model and African care system are combined, can help to mitigate the plight of the elderly.

Conclusion

The question addressed in this article was: "Which robust geriatric intervention could help reduce elderly people's vulnerability to old age-related challenges in Zimbabwe?" A large number of elderly population in Zimbabwe suffers a variety of obstacles, including the regular health difficulties connected with old age, the economy, and droughts. COVID-19, lockdowns, and social distancing measures have increased the burden suffered by elderly people. In the COVID-19 era, the elderly people with non-communicable diseases required not only medical care and special attention, but also social networks to assist them to manage illnesses and other social problems in their communities. Social networks, which comprise family, friends, and neighbours, are a vital support system for the elderly in the era of COVID-19, and provide welfare and address their health concerns. Through social networks, elderly people can have access to home remedies that complement western scientific medicine, allowing them to enhance their immune systems and alleviate their health difficulties.



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Author's contribution

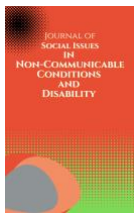
The author contributed to the completion of this article single handedly and approves the final manuscript.

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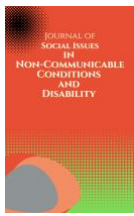
Competing interests

The author accept that no competing interests exist in the conduct of this article.



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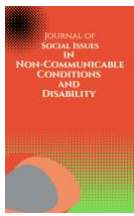
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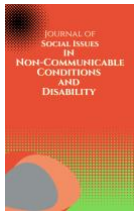
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