PSYCHOSOCIAL CHALLENGES AND COPING MECHANISMS OF ELDERLY PEOPLE: THE CASE OF DURBETE TOWN, ETHIOPIA

Mekonnen Mulat Sentayehu[1] and Mekonnen Melaku Anteneh[2]
[1]M.A in Social Psychology
[2]M.A in Educational Psychology Email Address: antenehmelaku83@gmail.com

ABSTRACT

The aim of this study was to investigate the psychosocial challenges and coping mechanisms of old age people. Coping styles could be adaptive or active (problem focused coping, emotion focused coping, problem solving and corrective/ preventive coping). Qualitative approach was employed. The research had provided answers to the following research questions; (a).What is the conceptions of being an old man/woman? (b) What are the main psychosocial challenges faced by old age people? And (c) How do people at old age cope up the challenges? The study was conducted based on the lived experiences of 60 participants of the old age category (30 females and 30 males). These participants were selected by purposive sampling technique and the data were collected by in-depth interview. The finding of the study indicated that, conceptions about aging were; tiredness, loss of respect and insulted by the family and community members, loss of acceptance, and exclusion. Psychosocial challenges of elders include anxiety, fear, shame, inferiority, isolation, and depression. Old age people have taken different techniques of coping to regulate their feelings. These are praying, forgiveness, silence, tolerance, sharing feelings, adaptive behavior, acceptance, and crying. These findings evidenced that; the psychosocial needs of agents of cultural preservers were unaddressed. Therefore, sufficient social and psychological measures should be taken for the betterment of old age people's life.

KEYWORDS: Psychosocial challenges, coping mechanisms, old age people, psychosocial measures

INTRODUCTION

The term 'elderly' or older person has been perceived in different ways in different countries. It is, however, mainly explained in relation to chronological age. Robertson (1996) in his discussion about 'what is old age', has stated that the age of retirement for judges in UK is 70 years and the age at which a woman is placed on pension would be raised to 65 years. On the other hand, while a study carried out in Sweden sets old age at 76, that of the study conducted in Finland about depression among the old people consider the category of people with age 60 years and above as old age class. Kotkamp-Mothes et al. (2005) in their part referred elderly people as those who are older than 60 years. This evidenced that; there is no consensus about the age range for elderly category. For Toner et al. (2003), old age is described as a period in life of a person when he/she cannot adapt

properly to what he had previously adapted to.

The population of Africa is estimated 1.2 billion which constitutes16 percent of the world's population. From this population, 55 million which accounts 3.6% of Africa's population fall under elderly people category aged 60 years and above (ADB,2015). Much of the world's overall projected increment expected between the years 2015 to 2050 is to occur either in high-fertility countries, mainly in Africa, of which Ethiopia is amongst those countries with large populations.

As to the Central Statistics Agency's current sample statistics data, the population size of Ethiopia was projected at 94.5, 106, and 129 million by 2015, 2020, and 2050 respectively. Of this, elders making up 5.2% in 2015; and expected to grow to 10.4% in 2050 (CSA, 2006). The life expectancy at birth for the period 2010-2015 for Ethiopia is estimated to be 63.1 years, and grows to 74.5 years in average by2050 (UNDESA, 2015).

The elderly in the Ethiopian context have been seen as icons for patriotism, reservoir of heritages of useful cultural values for the next generation, agents for solving problems and reconciliation of conflicts between and among individuals and ethnic groups (MoLSA, 2006). Even though elderly people, in most ethnic groups, do have such tremendous socio-political contributions, there is no specific legal framework designed to protect them (Bergon, 2001). The Constitution of the Federal Democratic Republic Ethiopia Article 18 No 1, on prohibition against inhuman treatment states that, "everyone has the right to protection against cruel, inhuman, or degrading treatment or punishment" (Federal Democratic Republic of Ethiopia, 1995).

The focus of the majority of research efforts in Sub-Saharan regions have been in the area of child care, adolescent delinquency, prenatal care, and related topical issues. In contrary, very little attention has been given for the issue of elders (HAI, 2001; MoLSA, 2006). In support of such less emphasis, although their proportion showed year to year increment, (UN, 2004) noted that; elderly people are unrecognized and highly vulnerable to multi-faced problems. A study which was conducted in Sub-Saharan countries stated that; older people are adversely affected by economic, physiological and psychosocial challenges (HAI, 2001). There are also many myths and stereotypes about elderly as: senile, rigid in thought and manner, having old fashioned morality and skills, greedy, forgetful, asexual, unattractive and even useless. All these myths and stereotypes called ageism, leads prejudice against the elderly (Lelghlin, 2008; KAHSA, 2007).

Moreover, it is noticed that; people of different age groups have different perceptions about the old age category. For instance, old age from a middle age perspective, old age from an old age perspective, and old age from society's perspective is somewhat different. Meaning, these groups do have different perceptions about elders. Despite the positive outlooks of the society towards older people, stereotypes and myths about aging called ageism raise up negative images on older adults. Earlier studies stated that 'ageism' to old age is equivalent to 'racism' to skin color (Leghlin, 2008; KAHSA, 2007). As a result, ageing has significant relationships with behavioral problems, mainly: with anxiety, depression, dementia, and low performance of working memory, loneliness, and poor self-esteem (UHSO, 1990).

However, elders tried their best to develop some coping skills such as: engaging themselves in some other things around them. Amongst the coping mechanisms, trying to accept current situation,

seeking out for help or services and also giving back to the best of their ability is a sense of appreciation (Duner& Nordstrom 2004). These Coping mechanisms are also seen to be related to human personality traits and a time changing process in accordance with the situation we found ourselves (Birkeland&Natvig 2009).

These days, population of elders is raising worldwide including developing countries like Ethiopia (UNFPA and HAI, 2012). Elders can be productive, if favorable conditions are created and when stakeholders (families, neighbors, community-based organizations and voluntary associations, governmental and non-governmental organizations) share their problems. It is largely of a hidden problem which will be committed against aging people by family members in the domestic settings (Choi and Mayer, 2000). Lesser value have been given to make use of their life-long accumulated knowledge and experiences. Lesser attention has been also given to elderly people in contrary to what they have contributed for the continuity of traditions and cultures of the society. In addition, they can also contribute a lot in the development of their country.

Even though aging was the time when they are in need of family and communal payback for what they had contributed, such a good culture seemed gradually eroded away . This poor payback is thought aggravated, when families and communities themselves faced problems. Such societal difficulties make the livelihood of elders like mumps on goiter. Nowadays, elders are encountering various problems, which eventually expose them to begging because of the absence of family and community support (HAI, 2011).

Old people are also increasingly taking responsibility for orphan children infected with HIV/AIDS, and grandchildren (MoLSA, 2006). The cost of caring for the sick, and related unexpected medical and household expenses, can impose considerable pressure on them to sell assets and even to become full time beggars (MoLSA, 2003).

Additionally, the aged persons seem to be overlooked with the assumption that they have income security from the retirement pension. However, it is evidenced that the pension benefit for the majority is not adequate to cover their livelihoods (HAI and Cordaid, 2011).The inflation disturbs the living conditions of elderly people and leaves them vulnerable to socioeconomic problems. They are not able to fulfill their basic needs: food, clothing, and shelter.

There are few research reports that provide information about elderly people in Ethiopia. Kifle's (2002) anthropological study on old age and social change in the rural village of Goshwuha in the district of Ensaro, in Amhara Region explored the life situations of elders. The study identified problems of elderly people including lack of proper care and support, and vulnerability to socio-economic problems.

The scholarly literature addressing elderly issues in Ethiopia is minimal and focuses on the socioeconomic problems of elders, problems facing the families in providing care and support to elders, and factors influencing the traditional values and functions of the family (Assefa, 2010; Kassaye, 2007; Jember, 2007). Mussie (2006) studied the consequences of HIV/AIDS in the traditional support networks of the elderly in Arada Sub-City, Addis Ababa. The findings show that social exclusion, psychological stress and trauma are the problems of elderly people. According to a report of Help Age International-Ethiopia (2010), among the homeless elders studied in Addis Ababa, many have experienced discrimination, abuse, and violation of rights.

Getachew (2007) pointed out factors affecting the living conditions of elders like changes in values, family structure, demographic characteristics, roles of the family, and urbanization. Setegn (2010) studied community-based elder care in Awuramba, in Amhara Region. This exploratory study focused on mechanisms of providing support for elders; tasks of community members to support elders; selection criteria used to identify elders entitled to community-based care; and the interaction of elders with community members. Solomon (2012) used a phenomenological approach to study the lived experiences of abused elderly people in Bishoftu Town, Oromia Region.

Even if, these studies show some issues about elders, there are still gaps of studies about psychosocial challenges and coping mechanisms among elders. Of course, at a national level, governmental and non-governmental organizations as well as association of older persons have started to make greater efforts in tackling problems of the elderly people. However, due to the absence of networking and inability to streamline the activities of the concerned bodies in conducting in depth study, designing and implementing programs, psychosocial challenges are notwell solved. Psychosocial issues include the psychological and social aspects of person's life influencing thoughts, feelings, behaviors, healthy functioning, well-being and quality of life. Psychological components include cognition, emotions, and personality. Social factors include socioeconomic status, religion, culture, education, social supports and job status. Psychosocial challenges are the main problems of elders in day to day activities. For instance, in our culture, while young adults and middle adults can fully participate in different social parties, such as: Idirs (social gathering formed for burial ceremony), Senbete(social gathering formed for religious purpose responsible to provide food and beverage services on Sunday after church service), Mahiber(social gathering in the name of saints for memorial and sharing their blessing) and so on, elders cannot do so due to incomeshortage, loss of physical strength and the likes.

On the other hand, elders cannot communicate easily, because of aging related hearing impairment and loss of proper production of speech due to the loss of teeth. They cannot walk easily as compared to the other community members in order to participate in different social activities. Additionally, their visual acuity and range of vision significantly decreases and pauses difficulties for easier movement from place to place. Moreover, elders who had psychosocial challenges cannot live as to the standard of the other society members. i.e. they cannot fulfill their necessities, such as food, clothing and households of living homes and so on. On the other hand, elders like other society members are in need of inviting their families and relatives in their homes. But, they fail to do so. This also develops the other psychosocial challenge among elders.

The researcher thought that; elders of Durbetie Town might also face aging related psychosocial challenges in different circumstances and thus, get instigated to undertake an investigation on the psychosocial challenges and coping mechanisms of elderly.

To this end, the research was aimed to explore the lived experiences of elders at Durbetie Town, on the bases of which, the following specific questions were derived from:

1. How do old people describe being an old man/woman?
2. What are the main psychosocial challenges of old age people?
3. How do old age people cope up with their challenges?

General objective

The major objective of this study was to identify the psychosocial challenges and coping mechanisms of elders of Durbetie Town dwellers, Ethiopia.

Specific objectives

Specifically, this study was focused to:

1. Identify the conceptions of elders about their oldness.
2. Identify psychosocial challenges of elders.
3. Identify coping mechanisms of elders.

Significance of the study

The findings of this research are thought to have the herein benefits and beneficiaries:

1. Elderly people of the town will be well informed about the scholarly supported coping up mechanisms and continue to get aspired for further successes. Which in turn makes them to lead physically and psychologically healthier life.

2. It can serve as a foundation for the community members, political leaders, religious institutions and community based organizations towards the provision of care and support for their past heroes and heroines.

3. It also serves as a point of reference for other interested individuals to get engaged in doing research in same issue in depth and wider scope.

Scope of the Study

This research focuses on describing and interpreting the lived experiences of elderly men and women (60 and above) in the case of Durbetie town. This town is found in Amhara region, west Gojjam zone. It is the capital city of south AcheferWoreda district. As to the Municipality's Office, 20015document, the town covers about 16k.m. sq. The town has two Kebeles, five Iddir associations and an 'Elderly Association Office.' The population of town dwellers is about 25,000; of which about 1,481 are elders. And, the elderly people were the concern of this study and data sources as well.

METHODS AND MATERIALS

Research Design

This study employed a qualitative explanatory approach. The focus of the research was on investigating personal experiences and their meanings in their natural and context-specific settings. The data had been described in the form of words rather than numbers. The data would have been rich in descriptions and explanations of processes in identifiable local contexts..

Selection of Research Participants

Purposive sampling was used for searching cases or individuals who cover the spectrum of information rich case perspectives in relation to the phenomenon. Both sexes (male and female) were considered. To begin with data collection, ten research participants (four males and six females) had been purposively sampled. During actual data collection, other elderly people were involved until all the research questions had been exhaustively addressed. These participants include individuals from different background to produce rich accounts of their living experiences. Purposive sampling was preferred because; there was a need to get those who do have rich knowledge and experience about the phenomenon under investigation.

Instruments and Procedures of Data Collection

In-depth interview was the data collection method for this phenomenological study and to understand participants' experiences. The interactive nature of in-depth interviews allowed the researcher to cover issues under discussion, probe, and explore the participants' reasons, personal issues, attitudes, intentions, emotions, feelings, opinions and beliefs.

The interview guide was developed in English but; transcribed into Amharic languageas all the participants' were from Amharic speaking ethnic group. Vernacular language experts checked the conceptual equivalence between the English and Amharic versions of the interview guide before implementation. This had been doneto better understand the internal feelings of the participants and for easier interpreting of their bodily actions/languages.

At the onset of data collection, the participants were informed about the purpose of the study which might contribute in getting valid data. In addition, they have been given the address of the researcher, told current place of work and shown the letter of cooperation given to the researcher from the concerned body. Generally, giving awareness about the study program was done. The interview had taken place on one-on-one and face-to-face situation. Again, convenient place and time was arranged for each participant in accordance to each interviewee's consensus. Then, the interview had been made as per the scheduled time frame.

The need to use non-directive style of interviewing and open-ended questions was to allow the participants being felt free to control wandering and subject matter of the interview. All the interviews had been recorded by voice recorder with the consent of each interviewee and notes been taken to complement.

Data Analysis and Interpretation

The data analysis was done by the combined methods: descriptive and interpretive processes in order to clearly disclose and made understood the participants' lived experiences.

The interview data had been re-transcribed back to English. The raw data obtained from each participant then been described clearly The equivalence in essence between the Amharic and corresponding English transcription of the interview data had been checked and approved by language experts..Next to this, significant statements and phrases relating to the basic questions are

extracted from each transcript followed by writing a rich and exhaustive descriptionin line with scholarly ideas from the review of related literature.

Ethical Considerations

At the very beginning of sample selection, the purpose of the study was explained and full consent of participants and authorities had been secured. Each interviewee was informed that; there is an audio-tape recording to take place and they have been made to sign their agreement. Moreover, participants werewell informedthat their participation is voluntary basis and all information in the survey is used for the research purpose only. Again, the possible advantages of the findings were communicated. The ideas of research participantshad been written in quotations and bear unchanged. It had taken into consideration that, participants' words and sentences are carefully transcribed into English language without losing the original ideas.

Confidentiality or the ethical protection given to participants was mentioned. For such a purpose, participants were assigned by pseudonyms or their identity was protected from disclosure and remains unknown. Participants had been assured of their right for confidentiality, their right to the end and their involvement in the study at any time is also set in the letter of their consent. In general, the participant's rights, interests and wishes have been taken into consideration. At the end the research findings were reported for the community and other concerning bodies.

RESULTS AND DISCUSSION

Profiles of participants

Participants' age was categorized into three: young old (60-74), middle old (75-84) and retired old (85 and above) years. The proportion of participants across these age and sex groups are: young old (60-74), 20 participants (10 males and 10 females); middle old (75-84) 20 participants (10 malesand 10 females) and retired old(85 and above) 20 participants (10 malesand 10 females) totaled 60.

While the marital status of male participants was: 12 married and live with their partners,10 widows, 4 divorced, and 4 nun that of females was: 8 widows, 11 divorced, 3 live with their husband and 8 nun. In relation to the educational qualification of the participants, 26 were illiterates and 34 have attended lower levels of religious schools during their early ages. Religious wise, 25were Muslims and the rest 35were Orthodox Christian followers. Their previous occupation small scale retailers (20), National defense soldier (5), farmers (10), daily laborer (16), and households (9).

Current occupation of the participants is only to get money for subsistence. Some of them were participating in small scale retailing, some engaged in hand crafts production, and the others were daily laborers. A few werebeggar and nuns had no recognized occupation. As a whole, all the participants' current income is not enough, except for subsistence purpose.

Some participants had different physical and health problems. For instance, 3 females were with impaired vision, 1 female have high sever on her hip, 3 male and 5 female live with HIV and take ART, 2 females have high heart failure, 1 female have kidney problem, 1 female and 2 males have series stomach ache, 1 male and 3 females have continuous coughing, particularly at night time, 1

female has tooth ache and 1 female had no teeth.

All the participants' current residence is Durbetie town. 20 of the participants live in thegovernmental owned houses named "Kebele houses" -which were overtaken by the military government from Feudal lords after the downfall of Emperor Hailesellassie I since the 1974 public revolution. The rooms are not well plastered having shared partition sidesand thus,any noise and talk of a person/s from the other room can easily be heard disturb one another. These poor living rooms to the saddestdoes not have toilets, and shower and thus the aging dwellers are subject to make use of any open piece of land for toileting, bathing, and pouring out any waste. Again, the rooms have no electric power supplies which make their living highly miserable.

Sixteen (16) of the participants on the other hand were living in their homes. Even though these participants live in their homes and are free from paying monthly rent, they have been facing many difficulties. For instance, their homes are very old, and without toilets, electric lights, water pumps and thus not as such different in quality and facilities from "Kebele living rooms". Those of ten (10) were living with their children which can be considered luckiest in some aspects. Yet, the feelings of over dependency, poor and/or miss treatments, direct and non-direct moral violations, etc made their life darkened. Those of eight (8) nun participants were living at church grave houses serving the church. The most unluckiest seven (6) were living in verandas, under tree shades and streets sides been engaged in begging.

Conceptions of being an old man/woman

Even if old age is being highest stage of life and full of wise, it brings many negative psychological and emotional feelings to them. In this regard, participants (p 1-15) described that; "Being old is tiresome, full of danger, and you cannot escape from it. These were married men and women in total (15). The male ones, (12), describe their life experiences as their partners gave less care and concern and/or been ignored and at the same time receive no respect at all. They thought that this had happened because of: the failure to do any activity both sexual and non-sexual ones as before, poor earnings and poor living standards and the likes. As a result, we have been insulted day-after-day, nagged, and shown hate and disrespect facial expressions on usual basis from own wives. The married three(3) female counter parts on their part noted that, their husbands become elder earlier than us and thus stopped sexual relations, become greedier and fail to give money for household costs, tend to exclude them in the discussions they make when visitors come, show disrespect and greet not as well as get into alcohol addiction and attempt to nag and beat occasionally."

Participants-16 to 20 describes about old age as: "They feelboth mental, emotional and physical tiredness, and thus, fail to perform activities easily expressed in terms of simple activities consuming much of their time. They added that;as they do have great worriesabout their future as age has increased, the greater the challenges might faced. They think of better to pass away before their dependency gets worse."

Participant -21 to 26 described as follows: "During young age, we feel so strong and did not gotten tired easily. But now, we lost more energy to reach our shelters, or verandas. Old age madeus to be a full day beggar, which is so shameful duty and as a result feel shy, while people whom known us sees us. Again the day time hot weather and night time cold weather conditions made life more harsh

than you think of."

Participant-27 and 28 described that; "The two participants one with tooth ache and the other toothless experienced serious difficulties related to feeding food items solid and requiring tooth and more energy to chew. It had blocked the biological desire we have to eatsuch food items. It has resulted from aging. During young adult times, our teeth were healthier to feeding and were part of our beauties. As to them,nothing is good in old age and in fear of what is coming next."

Participant -29 to 33 described old age as; "These were living in their children's house, all in all dependent upon sons and daughters. They expressed asthey are too old to be engaged in any home duty and can't help them as before. Full dependence as to them is the worst experience and miserable enough. They are experiencing disrespects form brother in laws and son in laws, grand children, and servants (homemade) as well. When we thought of about the future, our guiltyfeelings get maximized. We never think of to this level of misery happensduring old age."

Participants -39 to 52 described old age as;
"These were having health related physical problems specifically leg abnormality, hip get very sick which had happened since last two years.They are in fear of the situation might get worse than cure. They were embedded in hopelessness and begging their death to happen before their health get worsen. Aging is broadly hated experience in the culture of Amhara people-they prefer death than full dependence aging time. The ordinary translation of a proverb, explaining such fear and hate is "late alone for death, we expect the deadly aging."

Participants-53 to 60 described old age as;
"These were women nuns living at church rendering some services. As to them, being at old age and living so long is not good. They feel that; they are no more fully dependent and tend to leave their worries to God at the moment. Yet, they still do have some worries about their future if in case they stayed alive until loosing the full physical strength and for this they engage in prayer to go to God prior to getting weak enough."

Some participants (Participants-34 to 38) in contrary to the majority of participants have good feelings towards oldness. They noted that;, "Old age is the time when we become mentally and emotionally matured enough, our biological sexual desire cool down to some extent, feel responsible for personal and communal wellbeing, and even serve as cultural conflict resolution agents. As a result we get reserved from past bad practices such as multi-sexual engagements and from getting drank. Moreover, we elders can also be engage in productive activities which are in balance with our physical fitness and capacity. We are experience rich, and have ambitions to lead successful and happiest life."

Psychosocial challenges of elderly people
Old age people who participated in this study experienced emotional challenges such as: felt sadness, anger, shame, fear, anxiety, depression, and hopelessness as a result of many contributing factors. They were experiencing insult, bullied verbally or nonverbally, considered defenseless, disrespected, undermined, and dishonored by some community members including own families.

Get into sadness and/or depression

One of the psychosocial challenge elderly people faced was; when they misstheir children and other support providers by death. They get into deeper sadness and emotional distortions. For instance, participantswith such experience described in weeping tears as follows:

"My elder son was brave, he understood my concerns easily, even when he was a kid , he used to wash my feet daily and preparing coffee drink as well. During the Ethio-Ertrea war, he joined the national defense force, for a must to do engagement, and died to bring nothing. I never even gotten his body and buried near to me as per our cultural contexts.   If my son was alive, I might have grandchildren, him and his wife to support one-another and most probably thought to havingbetter health and living conditions."

"The other participant who lost three children experienced deepest sorrowand become a beggar. I get too old and fail to engage in farming that is whyI get into such a shameful duty. By doing so, I am supporting my orphan grand kids;at this very moment I seek support by myself. I feel guilty when I saw people whom I know such as my former neighbors."

Developing Fear

The other psychological and emotional challenge is related to getting into fear. They afraid of the reply from grand children, neighbors, daughter in laws, and friends in situations such as:.expressing their feelings and needs to their support providers, to talk to them, to request food and drinks, to make comments, to ask for help, and to get financial and material support. There were still some participants who afraid of their wives to demand food and beverage. They described it,

"Even though we felt hunger, we didn't ask something to eat. When we get out of patience and demand for food, they became nervous and insulted and even request to leaveher and went anywhere else. At this time, we felt burnt. But, we attempted to fight against our own feelings thinking there is no other good opportunity to try. Still others struggle against their biological needs and feelings and suppress them in fear of been fired from their supporters homes. Thus, waiting them to do whatever they wish."

Developing Shame

Participant on the other hand felt shame because of their health conditions particularly those with HIV/AIDS. Because of people's limited knowledge about the how to be caught with HIV/AIDS and in fear of been infected from us, we faced mistreatment excluded from communal matters in the neighborhood. They reflected that,

"Some people considered unsafe sexual practices as the only means of HIV/AIDS transmission and they labeled a person living with HIV/AIDS as untrustworthy. We attempted to create awareness to avoid this hasty generalization but, not successful. When people met or saw usduring church services, market placesand/or in the village they begin talking in low voice each other and they made us feel shame. We tried to hideus with a scarf not to be identified by people."

Developing Anxiety

Bad health conditions impacted much in developing anxiety to old age people. To this, a patient participant explained that; he was shocked and become emotionally unstable for many months, when

told he caught HIV/AIDS by the physician. He get into fear and develop mistrust towards others including relatives, neighbors, and community members. The reactions of his neighbors and community members, who knew his HIV status, made him suffer to the extent of developing different images about himself; death anxiety and fear of the community members. He explained his feelings as follows:" I imagined that people perceived me as a mad animal or strange creature. It had resulted from what I actually experienced: children run away from me, neighbors and relatives stopped greeting, and no one is volunteer to seat with me for food or discussion. Thus, I developed death anxiety, and feared that someone might even kill me on my bed. There were times when I shiver in bed when I heard some noise outside thinking a killer is coming near to me. The degree of such feelings decreased when time passes. But, never been freed."

Annoyance

Being insulted was the other noticeable psychological and emotional challenge participant elders were experiencing. Elders were insulted for many reasons including their old age, physical appearance, poor hygiene, poor health conditions, the way they behave, clumsinessin physical movements, for challenging others' ideas, idleness, economic dependence, being poor, being an HIV/AIDS patient, failure to do a certain job, alcohol addictions, sexual impotency, and so on. Insulting words expressed against elderly people included; tired, crazy, dumb, blind, lame, dirty, boring, drunkard, beggar and greedy. Some guys also used facial expressions and gestures to insult and frighten elders. Elders were emotionally harmed by these insulting words. Female participant who lost their whole or most teeth mentioned that, "As the community members' nick named them "Emagurgum-Amharic word to mean toothless." I get annoyed begged the not to say so; but couldn't stop it."

The sexually inactive and with little physical strength participant experienced insultfrom wives. The age imbalance during marriage made husbands to get old earlier than their wife and as a result, wives labeled them"an impotent person". They harassed husbands to the extent of telling to go away from home. Such wives even tend to insult if neighbors attempt to interfere to settle the problem. For this reason, neighbors ignored their mediation roles in fear of the negative replyfrom wives.

Elderly people (both men and women) have customs of drinking alcohols even before taking breakfast. They might do so because they were addicted before aging or might get into addiction at aging to suppress the burdens bad emotional feelings. For instance, one woman participant who was highly alcohol addicted reported that she accustomed to drink"katikala or Areki-home brewed Ouzo like drink which is stronger than Ouzo in its alcoholic content "even before food. She became intoxicated regularly. She described her experience as, "I usually drunk katikala/Areki. For this reason, the community members and neighbors disguised me every day. Even children insulted me with loud voice. No one understood my feelings, never tried to know why I do so, and never tried to let me get out of being drunk. It is shameful action. But I need drinking alcohols more than any favorite food, because it gives pleasure and helps as a cure to forget bad experiences of past and present."Old age people who lost most or all children by death experienced insult by children in the neighborhood whose ages are mates to the dead children as if they killed. This made themfeel:sad and anger which can easily be noticedduring the data collection moments. They noted, "I was shocked and suffered by the insults of my neighbors. Being insulted by children who are much younger than me was painful. They thought that I am cursed because of wrong doing on one hand

and cursed my children to die on the other hand. Even some think of as if I am evil spirit person stopped relations with me."

In general, insults, stigma and discrimination of any sort, forced to go away from home, not invited to participate in social discussions witnessed there is serious disrespect happening.

Social challenges of old age people

Old age people on one hand demanded much care and support and fail into dilemma whether or not they lead independent life on the other hand. Some participants described that, they disliked living with their family and need to live in their huts freely, they prefer to live alone. They believe that total dependence resulted in disrespect, being hated, and might cause conflicts between family heads (wife and husband) and among the whole family.

Participantswho do have such a belief described, "My son raised methe issue if I agree to live with him. I didn't accept it, because his wife is not in a good mood with me. She didn't consider me as a family member. I thought that she might order me to look after her stock and carry her baby on my back daily. In general she needn't accept meto live with them as to my general observation. Her sons insulted me. So I prefer to live independent. I have a unique behavior, in that I had no patience if heard something disguising."

The others also share the idea that, if the neighbors or community members have invited them for food, they didn't go freely as they want. Because the elders are shy of the community members, they need not talk to others, they have developed inferiority. On the other hand, on holidays they can't wear new clothing or well washed clothes. In the invitation home they saw that, all the other guests wore in neatly washed or new clothes. At this time, they felt ashamed and never felt free to seat near the well dressed others. If they have thought this way, some old age ignore attending invitations.

Physical and health problems have influencedengagements in social activities such as festivities. Some participants described it as, "While we were strong enough, I used to visit my daughters and granddaughters in their home in a proud emotion. But, by now at old age, I refrainfrom doing so not only because of lack ofbut also because they no more considered me as an important person. There is no frequent visit from anyone, and leading lonely and darker life. There are times people do respect you only when you are self reliant and have something you do for them. When you are not on this position and do have health problems, no one bothers too much about you and acts as an outsider."Giving less attention to old age people is the main social challenge in the community. Most old age people are living been ignored. Most of the participants described it in different ways. Children, grandchildren, the neighbors and the community have ignored these old age people; particularly the fully dependent ones. Two of the participants (3and 8) described that, the community and their family members have shown their dislike. These old age people are afraid of been considered as parasitesby their children's family.

There are old age people in the streets, seat on strong sun shine in winter season, and sitting on muddy placesin the rainy season. Some need the help of any person to walk along, but the other people did not have any consideration for them as evidenced by participants of such experience. They discussed this as, "They felt sad,and wishing to die before the situation get worsen. Living by

begging for daily food, having no shelters and faced the harsh hot and cold weather conditions for so long is more than death to us. Nobody; family or the local administration had concerns about us."

Living conditions of old age people affect their social well-being. The participants who live in poor"kebele houses-low price rented government owned houses"partitioned with no sound proof materials experience disturbance from one-another. Because any talk and voice from the neighboring room can easily loudly heard one cannot take a nap or get asleep at any time he/she wishes.This sometimes lead into quarrel which highly affects interpersonal relationships.

The participants who lived in "Kebele" houses accustomed to contribute some money for common purpose. To collect the money and to pass decisions about common issues, each member been informed by the nominated chairperson in Sundays. This gave chance to share ideas and talk about their previous successes failures. Participants with physical problem related tomobility and make use of big stick as support while walking have only limited accessto participate during common discussions. They described that;"While we were at productive age and engaged inour respective work, we were enjoying better social life with many people on daily basis. But now, there is a very limited access andmostly passthe day time alone in the compound. Anyhow,such limited interaction though partly bad, it had limited the clashes which might aroused as a result of unhealthy ideal exchanges with other people. Fortunately, theseparticipants lead peaceful life and support one-another."

One participant with acquired hearing impairment in his part had different view in relation to social life at aging. He described that;"I do not want to talk with any person rather preferbeen alone in my hut. It had given me great freedom. The hearing impairment I faced protected my mind from been harmed because I never heard well anything bad forwarded against me. Moreover, I fail to properly speak out to any person bad or good because I have left with no teeth to talk well. It is comfortable because nature prevented me from harming anyone. Eight (8) nun participant who lived at churcheshad better chance to communicate with the community members coming for church services and other nuns and priests. They described their social life as; "We got great pleasure because we do have opportunities to talk with friends daily in the morning and after weekend church services.We participated in prayers and meal hall services with priests. The priests have given great respect for us and our services which helped us freed from our tensions."

Community based organizations are the main influential, to solve the community members' challenges such as on funerals and other community issues. Some of these are: "Iddirs- Amharic word for non-religious cultural social gathering facilitating funerals" , "Senbete-Amharic word for a social cultural gathering for religious memorial of Saturday-6th day in the order of Genesis, "Mahiber-Amharic word for religious cultural gathering established and named after names of Saints (Humans and Angles) etc. Moreover, members of "Mahiber" are obliged to participate in funeral services. Membership ispossible for old age people in the community based organization is high. Of course, such organizations will never welcomethose who fail to contribute money and/or make invitation paybacks. Such poor people had been invited for food and beverage on the basis of Biblical principles believing it is among the practices which open the way to heaven- spiritual life after death.

Participants who did not involved in such cultural gatherings tend to develop some worries as described this way:"When we think of our failure to membership in the cultural gatherings, we feel

inferiority and loneness as well as get into anxiety. We fear of who will do the burial(funeral) of our body at death."Some old age participants do not want to get involved in income generating activities. This is because they are having trouble in seeing or hearing. They experienced the worst level of loneliness commonly when a partner or an age mate friend getsick or dies. Children and grandchildren are often very busy in their own business and sometime live par away from old age parents and grandparents. Often older adults choose not to leave their usual dwelling places and live at places where their children or grandchildren are dwelling which further limits their socializing. Senses, such as hearing and seeing, diminish, making communication difficult. Most old age experience these problems. For example,twenty of the participants can't hear properly. The other twowith sever tooth ache and/or no tooth can't talk properly. These participants mostly need sitting alone; especially with no teeth wanted to seat alone and she needn't talk with any person. On the other hand, one of the participants whose granddaughter live with disability was ever busyin taking care of the kid full day. This had restricted her interaction with the neighbors. She felt ashamed because of the people's and own poor understanding about children with disability and made her prefer loneness.

Old age people are suffered with public perceptions and stereotypes. Elders have named by nicknames assigned by the community members. Their physical appearances', walking styles' are the common stereotyping descriptions. Elders need respect from the family, neighbors and the other community members. These stake holders should take care of the needs of elders. The community should avoid their negative perceptions, myths and stereotyping on elderly people. Participants who faced stereotypes described the situation as;" Stereotyping people on the basis of age is wrong act. We do have had our own qualities and life skills which might be helpful for all. Even if our physical appearance, walking styles, and communication ways are different, the community should understand us and instead support in our long fights for life. We need respect and considerationin communal matterssuch as in conflictreconciliationas experience is key in doing so."

Psychosocial coping mechanisms

Self-treatment
Most of the participants have given their suggestions on the following self-treatment activities. These activities were making self-busy, attending religious practices, medical treatment, developing tolerance and sharing feelings.

The participants supposed doing work and earning income as a sign of strength, and as therapeutic for fighting stress. Two of the participants indicated that, "they have got relaxed when they stayed in the market for doing their businesses. They have enjoyed on the market days." The other two participants make them busy on doing household tasks and running small businesses, which helped them to be: physicallyand mentally active, and forget their worries for a while. All others have underlined that, "doing work stimulated thinking to find out solutions to the problems." They have understood the outcome of idleness in increasing psychological stress. They tried to have their own sources of income to reduce burden of economic dependence and the risk of psychosocial challenges. Some of them were engaged in petty business activities and daily labor. Some participants were not participating in income-generating activities; because of physical disability and poor health conditions andthus fully depend on others for food and other necessities. This made them get into psychological stress.

Participants who engage in different income generating activities mentioned as they have gotten mental satisfaction. On the other hand they come to cover costs for food items and other necessities and work engagement made them improve their body or physical fitness.

The uninvolved participants describes that; mostly they eat food once a day and as a result feel tired and miss body balance while walking.

Adjusting self with the changing social environment and health conditions was the other coping mechanism the participants noted. Problems related to mental health and disabilities are very common in old age people. Most of the participants experience: stress, depression, anxiety and become pessimist in their views. Some expect such cases common to happen at this age. In their own words they described as; "Experiencing severe head ache was common in our forefathers during old age. We have known so long and live with it for many years. While severityget worse, we accustomed to tieour head well around the skull using piece of clothes and take rest. We tookno medication for head ache. We believe it as not curable and considered as normal."

Religious Practices

Participants considered religious activities as a relief while they have felt psychological disturbances. They have prayed, fasted, and do faithful activities. Elders prayer in the church, mosque, and at home and expressed their wishes to God. Their prayersfocuson: getting daily bread and clothes, health, kindness to cruel people, maintenance of peace in the family; neighborhoods, community, in the country and the world at large; friendly relationship; dying in dignity and blessing of their souls after death.

There are some cases reflected on their wishes.Nun participants, expressed the need for religious practices as;"We are committed to praying, fasting, and attending religious demonstrations in the church. Our prayers are regular; day and night and we provide services to the church by cleaning the compound. All these are blessed activities which helped ussuppressour worries unnoticed and develop forgiveness personal qualities.According to one Orthodox Christian participant, religion enhanced morality, spirituality, tolerance, sense of self-respect, praise worthiness, and it increased strength to cope with psychosocial challenges. Her future ambition is to be a nun expecting soon blessed by God. I have a great hope that, I will be more healthier, happier and render exemplar services." "In a similar fashion, the Muslim participant, reported as; shepray to Allah to give her tolerance and endurance to cope up challenges. "I am patient, and the survival of my life is depending on Allah. Allah was my source of strength. I asked Allah to improve my health condition, to provide me daily bread and improve my safety."In general, all the participants shared that, religious practices have created feelings of happiness, mental satisfaction, and internal comfort. For this they used to visit religious institutions and pray continuously.

Social coping mechanisms

Elders recognized tolerance as a means of coping with psychosocial challenges. They explained that showing tolerance changes things from bad to good. Participants described,

'Social tolerance is helpful to avoid and manage conflicts, guided by the Holy Quran,

taught.Developing mutual respect and tolerance among friends and relatives is useful to live peacefully. They believed that, human beings should compromise their differences as nothing will be gained from conflicts. Likewise, some others strongly opposed the use of violent behavior as it has nothing to do in alleviating disagreements and conflicts.They believed that violence increases tensions and dissatisfied God and lead to further distraction. We valued and worried about our soul to be in heaven after death and paid less attention to earthly life."

Most of the participants mentioned different aspects of tolerance comprised of forgiveness, adherence to non-violent actions, silence, and avoidance of conflicts before their occurrence, and choosing an appropriate time and place to react to the challenges. The other social coping mechanism"sharingfeelings with wives, children, family members, community members, relatives and friends" had been mentioned by most participants. Old age people expressed their feelings, objections, interests, and the contexts and problems that they have experienced. By sharing their feelings some of the elders have gotten support, advice and relief from expressing their feelings.

Participants pointed out,

"The importance of sharing feelings in order to open up discussions with family members, relatives, and neighbors. Discussion was good to get solutions to the problems and have got relief, while we released our feelings to others. In such discussions the elders criticized each other and compromised on their differences to relax tensions. The mentioned as they referred their cases to their neighbors and wise persons in order to settle problems." In support to this idea, a married man participant thought that releasing complaints to the neighbors and other valued community members helped him to win back the respect and care of his wife. Our discussion held in the presence of people whom we respect helped us in bringing behavioral betterment."

On the other hand, there are conditions when releasing feelings might back fire and result in discouragement. Some participants were doubtful about the need to sharing personal feelings to others to cope up challenges. They believed that; it might worsen the situation and degrade our personality in the face of others.

"Trusting someone else that he or she will kept secrets, is most of the time fooling self. The proverb of our fore-fathers 'A fly will never enter into a closed mouth', taught us that, most persons can't keep secrets. Thus, in fear of backlashwe mostly never discloseour secrets for mental safety."
Furthermore, the geographical distance between the participants and their children, relatives and friends with whom they wanted to share their feelings, and the lack of concern given to the problems of old aged peopleis thought preventing them from sharing their feelings. Most participants suggested that, even though sharing feelings is believed to reduce feelings of anxiety, depression, loneliness, and hopelessness and such challenges, geographical locations affect them from doing so with their families, relatives or trustworthy friends.

On the other hand balancing between the time budget for social interactions and time budget to be alone is important. The amount of time, a person wants to spend on socializing or alone varies based on one's personality. Some participants want more time alone than others. During times of solitude, one has gained insight into oneself, others, and the environment. During periods of solitude, we have time to reflect and interpret events that have happened to us. Among the participants some

described,

"We mostly prefer to sit alone and retrievepast successes and failuresand make inferences about future life. After engaged inany duty we plan to seat alone and used to evaluateachievement which gaveus a chance to avoid wrong doings and arrange for the coming. Others interference sometimes might not coincide with your personal values and for this reason we prefer to be away from the reach of others."

Institutions undertaking psychosocial treatments for Old age people

As institutions are well organized, they can design programs which can provide care and support for old age people with psychosocial challenges. For instance, two of the participants have received blankets from HIV/AIDS Secretariat Office. They described their feeling as;"By now we have felt comfort and slept well. Cold weather never affects and feel cool. If possible, the institution should treat other elders. Old age people who fail to support self, have very broad psychosocial and economical challenges and in need of support from other people or organizations. Other old age people with health problems other than HIV/AIDS describe the care and treatment as, we usually got medical treatments from Health stations. Doctors and nurses gave special treatments sometimes free of any charge. The health professionals gave important advice on continuous basis. We are thankful for it."

On the contrary, other participants felt bad andunsatisfied by the services rendered at health station. They described," In case we visit the health station been sick, lesser care and concern been given from the time of reception to the time of diagnosis and making medical prescriptions. We are perceived as we are no more important.Such poor handling practices made us prefer to live with the disease thinking keeping our dignity is better than facing humiliation."

In addition to rendering psychological treatments, both cultural and governmental associations participate in the provision of basic needs such as: closes, food, and sanitation goods though might not sufficient. On the other hand, old age people are given special treatment by their formal association such as: "Elders Association". Again, "Labors and Social Affair Office" get participated in engaging old age people in income generating activities.

In the words of the participants, their initiation to engage in income generating activities had been described as;

"If we get a trading shop (shade) and enough capital to begin a business, we are yet wholehearted to engage in workand be able to lead better life. But, because there is no support, capital and moral, we are leading a trashy life through begging. By begging we are getting enough money for day-to-day life; but it is shameful and the worst of all other activities than theft we lead us miss ours and our family's dignity." Still many others, whose health and physical conditions are relatively well, were mentioning their mental and emotional readiness to engage in work and continue leading productive life. They forwarded, "we are yet strong enough and had good value for work than today's adolescents such as those: wandering nonsense films the whole day, chewing chat daily, and alcohol addicted ones. But, the local as well as the regional government bodies pay greater attention and assign budget for such so called "youth with no moral" than us. It seemed to us that; they are doing so in fear of political unrest."

Support from families and members of the community/neighbors

As age increases, sense organs become either fully or partly dysfunctional. They might suffer vision and hearing related impairment which maximizes the need for support from the families, relatives, the community members. Participants: 6, 11 and 17 described;

" I can't hear and see easily, my blurred vision make my mobility difficult. My neighbor helps me to go with her every Sunday to the church. Mostly I sat near my neighbors for their support. They talk with loud voice; to helps me clearly hear to the them and get part in their discussion. I demanded hearing aids and sight glasses if anyone helps me (participant-6). Two participants, (11 and 17), with multiple disability: who suffered visual impairment and hearing difficulties/losses, devote their time for praying to God, which they believed it had helped them felt good or get relaxed."

Self-initiated coping up mechanisms (Adapting to the situation)

Old age people themselves can engage in self adjusting activities to avoid their psychosocial challenges.. Mostly, old age people want to be busy and make use of their time in doing different activities. It helps avoiding psychosocial challenges in addition to income generating.

DISCUSSION

Conceptions of being an old man/woman

Old age peopleare in need of living freely without any interference. Most participants want to live aloneor independently. Even though the problems/challengeswere not simple, they needn't take anything from others. Two of the participants described that, living been self-supportive gave us freedom and satisfaction. Even if their children need to take them to live with their family, old age people in this study mentioned as they did not have interest. Literature supports it, as ageing is a process that leads to decline in health status and limits the activity of the old people. Despite of this, old people remain interested to maintain their privacy with little or no external influence, they want to live independent life and go around by themselves (Duner& Nordstrom 2004).

The study shows that, old age people get engaged in the proper upbringing process of their grand children. Children grown and treated by their grandparents are found generally good in their overall behavioral characteristics. One of the participants devoted her time for her grandchild. In support of this finding, Ministry of Labor and Social Affairs noted that, Ethiopia elders are arbitrators, guardians of their grandchildren, heads and advisors of the family and community, and they are familiar with indigenous knowledge, and the history and culture of the country (Ministry of Labor and Social Affairs (MoLSA, 2006).

Elders expressed about themselves as, even if old age is being highest stage of life and full of wise, it brought many psychosocial challenges to them. They have challenges of care and support; some were insulted by their family members. Old age is tiresome to do different activities and brought them physical illness, loss of respect and such other challenges. Different,research reports (Help Age International, 2001; MoLSA, 2006) described that, many elderly people cannot meet their basic needs, face health problems, and lack suitable caregivers.

Old age people had been facingproblems of adapting themselves to new environmental conditions;

psychological challenges and health problems. From the same perspective, Cohen et al. (2011) agree that both positive and negative situation influence elders' everyday activities which have greater affect on the body system.

Some elders have good feelings for their oldness. They live freely on their own capacity. They perceive all the occasions as a condition. They feel better and have good future ambitions for the coming life hood. In the same way, the literature supports this idea that some elders also found oldness as a relief when the job is stressful, and enjoy the freedom and autonomy it provides them (Koenig, 2002). The other research also suggests that, whereas in some collectivist cultures, oldness is a time of rewards, respect, and leisure for an adult life well lived (Bantley, 2007).Bowen, Noack, and Staudinger (2011)also remarked that the effect of oldness seems to greatly depend upon individual preferences and pre-retirement working conditions as well as the individual's ability and resources to adapt to the new life stage.

Major psychosocial challenges of elders

Findings of this research show as elders were facing diversified challenges. Some of these are memory losses, neuro-physical problems of vital organs: heart failures, kidney illness, hearing impairment, vision problems, muscle weakness, low level of bone strength, behavioral or psychological problems such as: anxiety, depression, loneliness, and low self-esteem or loss of confidence, loss of body balance, loss of social interaction, poor social perceptions and stereotypes, and loss of good quality care and support services.Literature says, aselders are exposed to multi behavioral and psychological problems such as anxiety, depression, loneliness, and low self-esteem. All these are among the factors that lead elders to develop psychological or behavioral problems. Similarly, the literatures indicated that, elders are vulnerable to multi behavioral and/or psychological problems such as anxiety, depression, loneliness, and low self-esteem (UHSO, 1990).All these are among the factors that lead elders to develop psychological or behavioral problems.

The findings of this study evidenced that; most elders have challenges in their different organs and body parts. Some of them have suffered with heart failure, kidney illness, vision loss and hearing impairment and so on. Similarly literature supported that, ageing process can be linked to normal changes in the body system ranging from mental disability, breaking down of vital organs, vision loss, muscle weakness, and low level of bone strength. (Kim et al. 2001). In addition, elders those who suffer from heart failure have high probability of suffering from other medical conditions which worsen their medical situations. If the problem grows over, elders can't interact with the family and neighbors easily and develop loneliness. Similarly, Giuseppe Rengoet al. (1995) states that, elderly people tend to suffer advanced stage of heart failure, go through disability in some cases, and later end up designing their way of life to suit the condition they find themselves in. These problems range from social interaction, marital life to cognitive dysfunction (Rengo et al. 1995).

Mental disability related to forgetting the situations and/orevents happened before are the findings of the research. The study also indicates that, shyness, fear, anger and anxiety have negative effect on person's reasoning ability leading to inability to cope or adapt to the new challenges. When this occurs, symptoms like unstable mood, loss of social interaction, looking down upon one-self, and self-attack have been described. The literatures described that, when age related disease develops,

problem is posed to mental ability of a man (Toner et al. 2003). Changes in way of life, problem with senses and brain in relation to memory can have impact on ability of the elderly to process information better.

Elders have been challenged by loss of balance while they walk and stand. It isa very common day to day experience of elderly. Older persons who had feet joint ill-health (such as feet swelling, stiffness and pain) were less likely to be engaged in doing activities than their counterparts without such health challenges. This association is perhaps not surprising considering that the complication could adversely affect walking. The literature reported that, the cause of falling is weakened body systems and the situation keeps worsening as the elderly keep falling. Some of the old people keep complaining about pain or damage that occurs to the cells of the vital organs of the body. Chronic pain is generated from different parts of the body and affects general comfort of the body system. It is assumed that age has effect on pain (Gagliese&Melzack 1997).

Elderly people need social support and approvals from the community members. But most elders haven't got any respect. On the contrary, some elders have known by their nicknames for their physical appearance and postures. Other commonly held stereotypes of older people are associated with physical attributes and appearances. Similarly, Facial appearances in particular have been reported as an important criterion for defining elderly people (Okoye 2004, Musaiger& D. Souza 2009). In addition, Palmore (1999), stated that, many of the most commonly held stereotypes reflecting old age are twofold with many reporting older people, in a negative light as well as corresponding positive stereotype that are almost direct opposite. Additionally, Cuddy et al. (2005) reported that conventional societal stereotypes perceive elderly people as warm but also as incompetent.

On the contrary, some elders have great values in their family and community. They have got high place and respect. They served the community in conflict resolutions and other community services. Arnold-Cathalifaud et al. (2008) maintained that there are few exceptions to these negative responses to older people and ageing. A number of recent studies have reported overall positive or at least neutral attitudes. Similarly, studies have also reported that older people have been perceived as warm, genuine, kind, and motherly. Although the stereotypes of older people as weak, in poor health and disabled result from the ageing process and therefore have a basis in reality, some researchers have argued that it is not the experience of all older people and is often based more on myths than reality (Barrett &Pai 2008).

The finding shows that, a number of limiting factors such as: weakened senses such as hearing and seeing make their communication difficult. Most of the participants are overburdened with these challenges. Barrett &Pai, (2008) reports that,older people are also characterized as having physical impairments, needing physical support aids as well as having declining eyesight and hearing.

Most elders do have the desire to invite their families and community members, but they can't do because of loss of economy and physical weakness. This develops inferiority for them. Supporters of Social Exchange Theory offer the explanation that elders who are unable to give material or intangible rewards in return for receiving support from others may strain those relationships leading to psychosocial and other challenges (Barnettet al, 2011). Additionally, Christina Batistich (2004),

Eckley&Vilakazi (1995), andSonia Lynne Salari(2011) added that exchange, rewards, reciprocity, avoidance of punishments and costs are important elements for the continuity of interaction among individuals or groups.

Living conditions of elders affected their well-being, living environment, the people who live with them affects their psychosocial wellbeing. The literatures also support that, the socio-ecological model highlights the influence of individuals, families, groups, organizations, and communities on human behavior (McClennen, 2010). Thus, from a socio ecological lenses, social policies, public unrest, inadequacy or nonexistence of health and social care facilities and services, ageism, racism, and marginalization of elders may be seen as contributing to elder abuse (Eckley&Vilakazi, 1995;Sonia Lynne Salari, 2011; United Nations Population Fund, 2002).

Coping Mechanisms of elders

Different types of coping strategies used by the elders and how these strategies are inter-connected have been examined in this section. There are different coping strategies which have been mentioned in the findings and reviewed literatures. These are; Active coping strategy/ exercise, education, social interaction, getting busy, taking rest when needed, therapy, medications and good living. Adaptive coping strategy/ acceptance, hope, change in perception, re-definition of self, avoidance, dropping responsibilities, praying, less fear for life & death.

Ageing is a process that leads to decline in health status and limits the activity of the old people. Despite of this, old people remain interested to maintain their privacy with little or no external influence, they want to live independent life and go around by themselves (Duner& Nordstrom 2004). The elderly are challenged by the outcome of ageing process but to keep moving with life, coping strategies become an essential way out.

Elderly people are biased with their daily activities. Most elders have gotten their families or relatives after long time. Even if they forgot their friends' appointments, they gave attention for their activities. In support of this finding, Kang'ethe (2010) indicated that the constant demands of the job may cause elders to neglect friends, interests and activities that once gave them pleasure. In addition, the finding has indicated that, balance of social time and time alone is important to the elders. The amount of time, a person wants to spend on socializing or alone varies based on one's personality. It was established by Windsor (2009) that continuous efforts, hope, general health, pleasing oneself and social interaction have a relationship with recovery from age related challenges. Getting busy, involvement in social interaction and going through physical and psychosocial therapies were found in a number of literatures to have improved health status (Windsor 2009, Cohen et al. 2011). Furthermore,elders themselves should be avoided the psychosocial challenges. Most elders need doing many activities and avoiding challenges. They lost their time in doing different activities. It helps avoiding psychosocial challenges in addition to income generating. Similarly, the writers (Young, Robinson, & Dickinson, 1998) discussed that, hope, re-assurance, smooth communication, introducing new coping skills, correcting bad behavior and removing hazards improves the elders' health status. However, looking at the effectiveness from another angle, some old people who have gone through coping strategies stated that effect of avoidant coping is little and does not last for a long time. They concluded that, going through such difficult activities only makes them feel better for a short time does not worth it (Young, Robinson, & Dickinson, 1998).

Elders needed to live in suitable environment that, all conditions should be fulfilled. They have satisfied with their family condition and living environment. Their living environment: air conditions, environmental sanitations, suitableness of roads or streets free from any danger. In the same way, Weaver and Jackson (2010) stated that, health means being well or healthy in one's body, mind and spirit, and living in a healthy family, community and environment. Additionally, Taking essential and favorite foods gave more luxuries for elderly people. The study indicated that, Elders need eating nice food and soft drinks for their satisfaction. Some elders discussed that, while they take best foods and drinks, they felt strong and brightness. In the same way, Ouwehand et al. (2006), also discussed, successful ageing is described as living a good life such as good eating habit, and moderate exercise over a long period of time as we grow with the intention to minimizing or preventing the seriousness of age related changes that could set in at old age. Few of the old people are found to have observed preventive approach (Ouwehand et al. 2006).

Participating in different activities strengthen elders muscles and physical bodies. Most of the participants participate in social activities, petty trades' home duties and daily labors. It strengthens their physical fitness and social relations. In addition their mental activity improved and can maximize their physical health. In most cases, when the elderly face serious decline in vision loss and heart complications, they are highly disturbed about their health condition and may affect their mental ability. Managing underlying problems that are responsible for the mental disabilities have direct positive effects on mental disability. Meanwhile, less chronic mental disabilities can also be easily managed by getting busy, participation in social gathering and education. Social action is very important in the lives of the old people as it keeps the body and mind in shape and gives the elderly the will power to engage in some of their less strenuous daily activities. Some literatures discussed that, use of social intervention and participating in different daily activities are confirmed successfully in coping with mental disabilities. Most of the elderly find it difficult or risky to engage in active tasks because of their health status but according to the study results, the elderly who managed to participate in active roles were healthier more than those that disengaged them-selves (Pierce, Sarason & Sarason, 1996, Yeap et al, 2010). Additionally, Corrective approach appears to be common practice of coping in the literatures (Kahana & Kahana 2001). This is coping with or modifying one's life to adapt to stressors when they have already occurred. Actively engaging in social activities such as exercise keeps the bones and body in good shape.

Mental health and disabilities are very common in the elderly people .Most of the participants are experiencing stress, depression, loneliness, and anxiety. Most elders take it as a habit. Though, mental disabilities are not clearly proven to be caused by ageing but they are mostly common among the old people. Some literatures discussed it as; adaptive approach has also been mentioned in most of the reviewed articles as coping strategies that work for age related changes which failed to be managed by active approach. The elderly with incurable diseases like cancer or those that are physically or mentally unfit to engage in any active coping usually adopt adaptive approach. They try to adapt to this condition by changing their perception about the condition through having hope and accepting the situation (Affleck et al, 1992).

Vision loss or impairment is the common challenge of elders. The study shows that most elders losses their time by praying to their God, it gave them relaxation and felt better. Similarly, Bittner et

al. (2010) Described that, old people suffering from vision problems use diversion of attention by getting involved in what they like most or where their ability lays, sense of funniness and taking of rest when necessary as coping skills (Bittner et al. 2010). Old people like engaging in avoidant attitude while those that are little bit older and religious in nature prefer praying and keep hoping for the best (Gagliese & Melzack 1997).

In addition, elders considered religious activities as a relief while they have felt psychological disturbances. Elders prayed in the church, mosque, and house and expressed their wishes to God. The elders have explained that, they have benefitted from doing different religious practices. Religion enhanced the elders' morality, religiousness, tolerance, spirituality, sense of self-respect and worthiness, and it increased their strength to cope with challenges. Their pleasure are getting daily bread and clothes, health, kindness to cruel people, maintenance of peace in the family; neighborhoods, community, in the country and the world at large; friendly relationship; dying in dignity and blessing of their souls after death. Some literatures describe as; religious coping was identified as an effective means for dealing with challenges confronted in old age (Heckhausen & Schulz, 1995). Elders those live in their private homes normally take faith and believe in acceptance as the main working coping skills (Birkeland & Natvig 2009).

The study has mentioned that, elders required rehabilitative support to the elderly makes it possible to achieve positive effect in the use of coping. Elders are supported by the family members, neighbors, the community members, the institutions and etc. elders required emotional assistance or advice from different sources in time of distress or suffering. The coping mechanisms to overcome their psychological problems include mobilizing care supporters turning their faces towards their family members, peers and community members. Research has indicated that recent hospitalizations for stroke or hip fracture are strongly prediction of nursing home admissions (Temkin-Greener &Meiners, 1995). Cognition and affect can influence the course of rehabilitation after hip fracture. Patients with greater expectations for recovery and greater previous experience are likely to recover more rapidly.

On the other hand, elderly people are able to found meaning focused duties in anything they participated, for example through volunteering activities such as; leading community groups, contributing their own assignment for the community and so on. It created in them confidence and generousness. Similarly (Garland et al., 2010), states that, elders understood and embraced the fact that dealing with others in genuine concern and love bears positive results. Additionally, results of a research(Olff, 1999), on psychological solution as regards immune system confirmed that keeping body fit, having adequate rest and practicing openness are workable and meaning-focused coping skills.

Implications

The study indicated that, elders themselves need to take responsibilities to cope with their psychosocial challenges. Therefore, improving elders' social interactions, social activities, and their self reliance is needed. Furthermore, they do themselves busy in different income generating activities, for ignoring stressed situations and take continuous physical exercise to strengthen their muscles and to improve their physical fitness. On the other hand, developing acceptance, avoidance, adaptation, emotional and other coping mechanisms helps them to resist psycho social challenges. Additionally, elders are advised to reconcile conflicts with their family or other community

members, and use different opportunities to control troubles with them.

Training elders' in different life spectrums improved their life skills. For instance, participation of elders in public meetings and community organizational discussions helped them to updating themselves. In addition, their attention for their religious aspects improved their confidence and gave strength while the problems raised and gave chances to accept the new situations. On the other hand, education and distribution of information on psychosocial challenges was highly advised and public awareness about psychosocial challenges. Furthermore, mobilization of existing resources, co-ordination among the family, community members, community-based organizations, religious institutions, and associations is attained to prevent psychosocial challenges and allow elders to get pleasure from their life.It is important to strengthen the efforts of community-based organizations such as "Iddirs", "Mahber", "Snbet"and religious institutions through technical and material support to integrate community-based elder care.

Coping challenges of elders require commitment of the family, neighbors, community based organizations, the Government and Non-Governmental Organizations, the private sectors and others in various intervention activities. The family, neighbors and community members can minimize the challenges of elders by providing psychological and social supports, improving elders' safety and sanitation, visiting and advising elders, and holding open discussions on problems which facing the elders. On the other hand, the community has criticized stereotypes and negative perceptions on elders', which aggravates psychosocial challenges. Additionally, expanding social networks of elders in villages and neighborhoods improve their communication and sharing of internal feelings.

Creating conducive living environment increases elders' participation in social, economic, religious, family and community associations. In addition, helping elders to be productive, to gain access to credit services, and creating job opportunities are important measures to diminish psychosocial challenges among elders and to improve their well-being. On the other hand, the study has shown that, it is important to strengthen the efforts of elders to participate them in consultancy, mentoring and coaching the younger generation to keep and share their knowledge and experience in addition to motivate increase their sense of acceptance. Therefore the community members, community based organizations (Iddirs, Senbeties and Mahibers) and others will be arranged favorable conditions for elders.

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