Global Scientific JOURNALS

GSJ: Volume 10, Issue 9, September 2022, Online: ISSN 2320-9186
www.globalscientificjournal.com

Scientific Research Paper, Volume 2, submitted July9, 2021

"THE CHALLENGES OF AGING POPULATIONS IN AFRICA"

Case study of Rwanda

Mr. NSENGIYUMVA Anastase

Assistant Lecturer: University of Technology and Art Byumba

Email: anastasevictory@yahoo.fr

ISSN 2320-9186
9 772320 918006

ABSTRACT

The main objectives of this study were to examine the challenges faced by aging population in Africa with a case study of Rwanda. The study was guided by three objectives such as:To examine the challenges faced by aging population in Africa, to identify the advantages and disadvantages of aging population, and find out the measures to curb the challenges of aging population.

The study adopted quantitative and qualitative approaches to collect data from 96 respondents from different departments of life (aging populations, sector social affairs officers, RSSB officers and its beneficiaries from all the 5 administrative divisions of Rwanda (4provinces and Kigali city) by using purposive sampling technique. The instruments of data collection were questionnaire, interview, and documentary techniques.

The results show the perceptions of respondents about the challenges for aging population in Rwanda. Their perceptions show that more than 90% of the respondents confirmed that aging populations in face a variety of challenges including: poverty due lack of job, ageism, mistreatment and abuse of many types, isolation, famine and NCDs (Non Communicable Diseases). The respondents' perceptions have identified various effects of aging population and how they can be solved. They added that working people have make savings for their old agesinstead of waiting government aids.

As conclusion, based on findings, there are various challenges faced by aging populations in Rwanda and various effects have been identified. Through giving constructive recommendations to both citizens and government, populations during their working ages are encouraged to save more as they can so that at their old age, they will access to pronounced value of money to cover a large number of the needs (both primary and secondary needs).

Table of Contents

List of tables

I. INTRODUCTION

This studywas based on investigating the challenges faced by aging population in Africa with a case study of Rwanda. The data used were based on the perceptions, opinions and ideas from various Rwandan aging population, their relatives, and local leaders in charge of social affairs from various districts of Rwanda. The researcher selected purposively this sample due to the fact that they are the ones having full information about the challenges faced by aging population in Rwanda.

Currently older persons in Rwanda those aged 60years and above represent 4.9% of the total resident population. Reflecting a common female advantage in life expectancy, the share of older women in the total female population 5.6% clearly exceeds the corresponding for older men in the male population at about 4.1%. (Source: Fourth Rwanda Population and Housing Census (NISR 2013: 7)

Some of the challenges aging people are facing include loss of independence which is one potential part of the process, as are diminished physical ability and age discrimination. The term senescence refers to the aging process, including biological, emotional, intellectual, social, and spiritual changes. By consequence the ageing journey of Rwandans reaching 65years is distinctive, mainly stressed and because murder typically rained down on men highly gendered. In the coming decade Rwanda's elder population will increase to over 30% over 60years. The aging people were almost entirely absent from the public sphere. Although they are perceived to be 'wise' and have a huge yearning to retain agency, they lack a political voice.

There is also a challenge of water where fetching can sometimes take a two hour walk away and sometimes dirty. There is a challenge of food scarcity and health insurance expensivewhich is also to aging population. The access to social assistance is also complicated by multiple categorizations of needs. Other challenges include: the conflation of tiredness, ill health, disability and frailty in language, local custom, under skilled observation and via local community tensions and politics can leave even the most vulnerable elders unsupported.

The local interactions are affected by the traditional challenges of the life course, biographical pain, poverty, the legacy and memory of genocide history. Those released from prison after having been complicit in aiding and abetting genocide live in villages side by side with those whose struggles with their livelihood or ill health are compounded by the loss of loved ones as victims of the violence. The heads of household are extremely often frail elders without income caring for traumatized adult children and extended family members who are not productive. The

levels of vulnerability most often mean that as household sizes grow the usual economies of scale do not fit that vulnerability.

Many older adults are remaining highly self-sufficient and others on the other hand require more care. They don't have jobs and suffer from financial crisisas a challenge. Theyalso face many challenges in later life, but they do not have to enter old age without dignity.

According to Aboderin, (2010); a salient notion in discourses on older adults' vulnerability in Sub Saharan Africa is that older women are more disadvantaged compared to older men.

According to Knodel et al. (2003, 2016), the older women have a greater longevity compared to men and this implies a greater risk of being widowed or living alone as they become older. There are special domains in which older women have been observed to be worse off than their male patterns in some settings include health status and access to health services and or financial services.

According to Chappel et al. (1980, 2003, 2010), a female is disadvantaged in later life is seen as a result of different issues such as economic and social roles, exposures, power and opportunities between men and women over the life course. This resonates with a 'double jeopardy' notion; this sees that gender disparity in older age as the confluence of being both woman and being an older person. It has been noted that evidence points clearly to areas like closer ties with, loyalty and support from younger generation kin in which older women can have an advantage over men, and which likely have a bearing on risks of poverty and other negative social outcomes. Thus, while a differential impact of ageing on women and men is not in doubt, blanket assumptions of female disadvantage are unwarranted. Rather, there is need to recognize a likely variation in the relative status of older women and men across different dimensions of well-being or support, and across different socio-cultural contexts.

II. STATEMENT OF THE PROBLEM

Rwanda is one of the Sub-Saharan African countries where old or ageing people are facing serious challenges that affect them at different rate depending to their country of residence.

In contrast to, and partly as a reaction to an usual dominant focus on the vulnerability of older age and attendant views of older adults as a category of unproductive and dependent a second strand of perspectives in the research and advocacy discourse on ageing in South Saharan Africa has sought to highlight older adults' positive contributions to families, communities and or socio-economic development (Aboderin & Ferreira, 2008; HelpAge/UNFPA, 2012).

All above mentionedhave drawn on evidence of older adults' prominent role as primarily caregivers to children who have loosed their parents or orphans. Currently, perspectives have highlighted older people's engagement in small-holder agriculture, which remains the backbone of many African economies (Gorman, 2013), and the positive impact on labour force participation of working age adults enabled by the support of older people.

According to WHO, (2015); Aboderin, (2010), by understanding poverty vulnerability among older people concerns about a vulnerability of older adults have been central too much of the debate on challenges of ageing persons in sub-Saharan Africa. An established literature posits, particular vulnerabilities of older personsand their heightened exposure, relative to younger aged adults, they are struggling with illness/diseasesand disability from non-communicable diseases (NCDs), poverty, and also social exclusion. The number of drivers of such outcomes among older adults is understood to emerge from a spectrum of factors, which can also interact: The poverty over the lifecourse where older people may be subject to an accumulation of harmful exposures and limited opportunities over the lifecourse, especially where lives have been lived within contexts of poverty.

A serious issue of lack of schooling and consequently illiteracy for many young people; lack ofjob or employment opportunities, lack or insufficiency of saving or investing during younger years; or exposure to chronic sickness may be three core examples of poverty that continue to reverberate and indeed magnify as agedpeople. (Negin & Cumming 2010; Hontelez et al. 2011; Zhao & Goetz, 2011; Aboderin, 2011, WHO, 2015).

Very many countries fromSub-Saharan Africa, more than 60 % of older men and 50% of older women remain in their jobs or working careers. The older adults are predominantly engaged in vulnerable and low paid employment, specifically in smallholder agriculture, where functional limitations combined with limited education may constrain their productivity (Aboderin, 2012, 2015; Payne et al 2013; Li & Sicular, 2013; Skirbekk, 2008);

In the Rwandan context, the1994Genocide against Tutsi and many years of violence and unrest that preceded it had important implications for poverty, buildingassets, health facilitiesmainly for populations who were internally displaced (IDPs) or refugees, many for very long periods. The intergenerational supports roles and burdens of older people, engendered, for the case of Rwandaprincipally by the 1994 Genocide against Tutsi and HIV/AIDS epidemic (UNICEF, 2007).

Thoseroles include care-giving to grandchildren orphaned by the HIV/AIDS epidemic or to adult children already infected by it, or the maintenance of kin who are unemployed or otherwise unable to earn a livelihood. The Rwandan ageing people are also expected to care for grandchildren whose parents have moved outside the country. Notwithstanding potential positive effects, the strain of having to provide such support may affect material, physical older personsand emotional and well-being negatively (Schatz & Seeley, 2015; Chepngeno-Langat, 2014; Kohler et al. 2012);

As a result of declining fertility and longer life expectancy, Rwanda's population will become considerably older over the next 30 years, with both the number and share of older people growing rapidly. At the same time, Rwanda will continue its trends towards urbanization. Population projections together with persistent high fertility rates suggest that the population will continue to grow, putting increased pressure on already scarce land resources.

It is upon this background that the researcher intends to investigate the main challenges faced by aging population in Africa with a case study of Rwanda. The researcher also wished to identify the effects of such challenges on socio-economic development of Rwandan society as a case study. The researcher also got interest to carry out this research with intention to identify the measures that can be employed in controlling the challenges faced by aging population in and outside Rwanda.

II. OBJECTIVES OF THE STUDY

This general objective that guided this study was “Investigate the various kinds of challenges being faced by aging populations in Rwanda and suggest some of the measures to control such challenges.There were three (3) specific objectives that guided this study:

i. To examine the challenges faced by aging population in Rwanda
ii. To identify the advantages and disadvantages of aging population
iii. To find out the measures to curb the challenges of aging population.

III. LITERATURE REVIEW

There are various people across the world who wrote their essays, researches, articles and books on ageing population. Their writings on this topic have contributed to enrich this article entitled “the challenges faced by ageing population in Africa with a case study of Rwanda”; some of those writers and views or opinions can be described below:

The declines in fertility rates and rising life expectancy have contributed to population ageing increase. Most countries have rising life expectancy and an ageing population. This has been noted as case for very many countries in the world except the 18 countries designated as "demographic outliers" by the UN.Wikipedia.Though there is no universally accepted age that defines ‘older’ people. Most times it is based on the concepts of chronological time, a modification in physical capabilities, also a change in social roles that are related to work, and child caring, the mentioned concepts will mainlybe based on social and economic context. In those developed countries, they tend to use 65years to define ageing population and as a common age at which people are expected to retire. On the other hand, in many African countries however, ‘retirement’ as such is not as relevant a concept, with few workers are eligible to stop working or to go for retirement. As such, the WHO (World Health Organization) has adopted 50years for the purposes of collecting data on older people in Africa.

In Rwanda, aged persons (those of 60years and above) represent 4.9% of the total population. Females are with greater number than males, (5.6%) and (4.1%) respectively. Marriage amongst the current group of older people may be near universal; whereas individuals never having married seem to be extremely rare (very few people are not married). The comparison between women and the fact that men are far more likely to remain married even in their older years, on the other hand women aged 60years and above, there are as many widows as those who are currently married, and widowhood is increasing very rapidly while marriage is declining rapidly) from 60years to above. Source: EICV4 2013/14.

Women are more likely to live longer and therefore to be more widowed than men, whereas men are much more likely to remarry if they are widowed. These trends are totally similar to those found by Van De Walle et al (2016) in their analysis of DHS data from 29 African countries, for the case of Rwanda there are more widows at ages before 60, this reflects on the impact of the 1994 Genocide against Tutsi; Source: EICV4 2013/14.

The household compositionmajorities at about 68% of older people live with working age adults, mainly in towns or urban areas, and over 1/2 live with working age adults and their children. The 13% contain an older person, 7% are households with older people, working-age adults and children. The household composition is dependingeithersex, age, marital status and geographical location of aged people, and it was seen that men and women in urban areas are more likely to live with working age adults. **Source: EICV4 2013/14**

On the other hand in rural areas, at all ages, by comparison women are more likely to live with working age adult and children than men, probably reflecting on cultural norms for children to support their widowed mothers, whereas their widowed fathers retain their own household. For both men and women, the incidence of living with working age adults is decreasing from age 65-79, most likely the result of the children they had been living with. Getting re-married and leaving to form their own households, and the younger spouse becoming older as well (whereas at the younger end of the old-age spectrum, men in particular may be over 60 but have a wife who is still working-age). Source: EICV4 2013/14.

For aged men, this pattern of increasingly living without working age adults still continues for older ages, while for women it is not the same, for them, it decreases. Thus reflecting on the fact that that large number of women become older more issues such as disability and health, women become more likely to move in with remaining children compared to old men, even if that means relocating to urban areas, probably because they are less likely than men to own their homes therefore they may be compelled to co-habit together with their children. Source: EICV4 2013/14.

Strains in the adequacy for family based intergenerational support mechanisms and networks (Aboderin, 2004b; Gureje et al. 2006; Berthe et al. 2013, 2014; Ramlagan, Peltzer & Phaswana-Mafuya, 2013; Kohler et al. 2012; Schatz & Seeley, 2015). The arise of those strains variously are because of a sheer absence of adult children or even other younger generation adult kin for example because of the 1994 Genocide against Tutsi, rural-urban movement (van der Geest,

2002) and or even selective HIV/AIDS related mortality; constrained resource capacities of younger generations coupled with resource allocation norms that prioritize the needs of the young above those of the old (Aboderin, 2004b, 2006) or possibly changing norms of family support provision to older relatives (Aboderin, 2004b, 2006);

According to (WHO, 2015); older people are facing with inevitable declines of both physical and mental capacity taking place in the process of ageing toward later life but whose nature,onset and extent is tremendously variable and depends in large part on health systems and environment responses.

There is a challenge of lack of formal social protection also being faced by aging population. An extremely low coverage of formal old age retirement only 17% of ageing population in Sub-Saharan Africa are estimated to be receivingthose income (ILO, 2014), and also a virtual lack of comprehensive systems of long-term care provision towards older adults with a significant loss of either mental or physical capacity (WHO, 2015; Scheil-Adlung, 2015);

Aging people have circumstance to access to basic or primary services, in mainly health care and education (Mc Intyre, 2004; Aboderin & Beard, 2015). A key supply side factor underpinning such access limitations is a deeply nonpreparedness of Sub Saharan African systems of health and education to answer to the needs of old aged people as they remain oriented to addressing problems of younger age groups especially infants,children and reproductive age adults (Aboderin & Beard, 2015; WHO, 2015). That orientation reflects on priorities enshrined in the Millennium Development Goal agenda, which, between 2000 and 2015, provided an overarching healthand social sector investments frame for SubSaharan African countries and that excluded whatever direct consideration of older adults (Aboderin & Beard, 2015; Aboderin & Ferreira, 2008).

The specific impediments to health care access within this context include physical also known as geographical factors like long distances to or even forbidding waiting times and arrangements of facilities; and even financial impediments because of high costs of transportation towards private sector providers. Those private services are mainly sought in response either to the neither absence nor perceived low quality of care in government hospitals, health facilities/centers and clinics. On the other hand the demand side barriers may include the limited

understanding or even appreciation of the benefits of service use in older age (Aboderin & Beard, 2015).

Opposite to a reaction to an ever dominant focus on the older aged people'svulnerability and also attendant views of older adults like unproductive and or dependent a 2nd strand for a perspectives in a research and claim discourse on ageing in Sub-Saharan Africahas been sought to highlight the positive contributions of aged adults towards their families, communities and society at large (Aboderin & Ferreira, 2008; HelpAge/UNFPA, 2012). According to Gorman, (2013) more recently, perspectives have highlighted engagement of ageing people in agriculture like small holder farming, that remains the backbone of so many African countries' economies and the positive impact on participation of labour force for working age adults who are enabled by the support of ageing people.

The system of social support that was adapted for that period would not suit the aging population that is coming. The decline in birth cohorts born for the time characterized by low fertility is entering the labour market, but they are very few in numbers to replace the large cohorts that areexitingto the labour market. The tructures related to labour, health care and social security require a reorganization. There is a challenge to keep people of all ages integrated into society and to provide ways of participation. One of the important priorities to ensure that ageing is not forgotten or ignored when devising policies is mainstreaming ageing. (Source:https://www.unece.org/fileadmin/DAM/highlights/what_ECE_does/English/0726054_UNECE_AGEING.pdf).

Dr. Robert Butler (1968), coined the term ageism and noted that ageism exists in whatever cultures (Brownell). The ageist attitudes and biases based on stereotypes reduce elderly people to inferior or limited positions.

According to Stuart (2008), in so developed or industrialized countries the average age of corporate executives was at least 59 years old in 1980. The average age had lowered to 54 years old in 2008.

The abuse and mistreatment of the ageing people is one of the major social challenges being faced by those elderly people.It is well recognized biologically that the elderly sometimes become physically frail and that frailty renders them to become more dependent on others for care sometimes for even small needs such as household tasks, and also for assistance with basic needs or primary including eating and toileting. On the other hand a child, who depends on

another for care, an old person is an adult with a lifetime of experience, knowledge, and opinions or a completely developed person. This makes the situation of care-providing become more complex.

The mistreatment and abuse towards ageing people occurs when a caretaker not willingly deprives an older person of care or harms the old person in his or her charge. A caregiver may be a family member, a relative (brother or sister), friend, health professional or even an employee of senior housing or nursing care. The elderly may be subject to many different types of abuse.

Dr. Ron Acierno (2010), outlined 5 important categories of elder abuse that include physical abuse, like hitting or even shaking, sexually abuse, like raping and coerced nudity, psychological and emotional abuse, like verbal humiliation, failure to provide adequate care, and financial abuse.

According to Kohn and Verhoek-Oftedahl (2011), many of social researchers believe that elder abuse is not fully reported and yet the number may be higher. There is an increase of abuseamong people with health problems like dementia. The aged women have been found to be more victims of verbal abuse compared to their male patterns. Many other research studies have focused on the caregivers to the old peoplewith intention to discover the causes of elder abuse. They identified the factors that increased the likelihood of caregivers perpetrating abuse against those in their care. Such factors are lack of experience, having other demands like jobs, caring for children, living full-time with the dependent ageing people, and experiencing high stress, isolation, and lack of support.

Francis Davis etal. (2019) elder abuse is a general problem in Rwanda where we have people who are not productive but need to eat or satisfying their primary needs as others, these are old people and children who are not able to work. The aged citizens are possessed of great dignity, ingenuity and resilience and have overcome huge challenges of history, poverty and family damage such as food which can be scarce or lack variety; the food may be availablebut price can vary greatly across the seasons and harvests that limited to the means of older people. Some of them may be ble to cultivate but they don’t have land, or they can access only have access only to the land of very low quality, making nutrition a pressure and the hope of growing excess cash crops a faint one. With no cash income, ageing people are therefore unable to cover, among other

items, health insurance premiums and often have to offer up crops as in-kind payment for other transactions.

According to Emmanuel Murangira,etal. (2019), the abuse and neglect towards old persons. An old person may want to pay for someone who cultivated his/her land and sometimes the workers lie that the finished the work yet they didn't, this is also a serious challenge to old people to find trustable people. Fear of abuse or exploitation was widespread. This was most often expressed with regard to neighborhood relations and particularly the risk of help being offered in return for payment but that help never materializing..

There is a need to distinguish between the old and the oldest old, often defined referred to the people age 85yearts and above. Due to chronic diseases, the oldest old have the highest proportion levels of disability that need long-term care. Oldest old people consume public resources disproportionately. The increase in number of oldest old population has a number of implications: Pensions and retirement income will need to cover the longer period of life, health care costs has to rise though disability rates will decline somewhat and intergenerational relationships will take on an added dimension as the number of grandparents and great-grandparents increase. (NISR 2012 Thematic Report).

Though many countries in Sub-Saharan Africa are undergoing a pronounced demographic transition. For the case of Rwanda it is differentbecause of various reasons.Rwanda has made rapid improvements in life expectancy and total fertility as a result of significant investments in the health system and reductions in poverty. This means that Rwanda, if the right investments are made, can expect a potential first 'demographic dividend' in the near future. The concomitant growth in the country's already considerable number of older people, tough possess other challenges to be addressed as part of Rwanda's positioning both for a first and for a possible second demographic dividend. Such changes have implications for how the Rwandangovernment possesses a will to support the aging population and a change demographic profile, mainly for social protection provision. Since there is an increase in number of elderly people in Rwanda, therefore a need to improve data analysis in the domain of the characteristics of the aging people. (NISR 2012 Thematic Report).

Referring to the RPHC4 (Rwanda Population Housing Census four)Rwanda has about 511,738 aged persons having 60years and above, out of 11,515,973 inhabitants. By sex ratio

these old peopleare composed high number of women compared to males 304,499 and 207,239 or 5.6% and 4.1%respectively. Source: RPHC4 (Rwanda Population Housing Census four).

The number of elderly persons has been increasing each year wherein 1978 the elderly population was 4.8%, in 1991 was 5%, and then dropped again slightly in 2002 where it becomes4.3% and has increased in 2012to 4.9%. The share of elderly population is higher in rural areas than in urban areas 5.2% and3.0% respectively. The largest proportion of elderly people are found in Southern Provincewith29%), followed by Westernand the Eastern provinces (both 23%). Source: RPHC4 (Rwanda Population Housing Census four).

In regard to the marital status the data of married widowed, divorced and never been married are 57%,39%, 2% and 2% respectively. Note also that there are large differences in marital status patterns among men and women. There aremarried elderly men (84%) and only 38% of elderly women. More than one in two elderly women is widowed (58%). Source: RPHC4 (Rwanda Population Housing Census four)

The elderly people in Rwanda are facing various challenges accompanied by a process of loss of physical and often also mental abilities. More than 100,657 persons aged 60 or older declare that they live with a disability, and most suffer from difficulties walking. 1/5 people aged 60 or older are disabled (20%) compared to fewer than one in twenty among younger persons. Source: RPHC4 (Rwanda Population Housing Census four)

About 65%) of the elderly have no formal education, whereas 31% of elderly people have attended some of primary levels education, on the other hand 2.3% have attended secondary and only 0.5% have attended university. There is also a significant gender gap among the elderly population as referring to education status where 78% of elderly women without education compared to 46% of elderly men. (SNR, 2005).

The 136 economically dependent members (ageing people and children) have to be supported by 100 employed persons in households headed by elderly people. This economic dependency ratio is slightly lower than in households headed by younger household heads where 146 dependent members are supposed to be supported by 100 employed people.(SNR, 2005).

Like in any other country, Rwanda faces a highly increase in disability caused by increases in age-related chronic diseases in all the 30 districts of Rwanda. The loss of health and life in Rwanda increases greater from non-communicable or chronic diseases (for example: cardiovascular disease, dementia and Alzheimer's disease, cancer, arthritis, and diabetes) than from infectious diseases, childhood diseases, and accidents.

Population aging strains social insurance and pension systems and challenges existing models of social support. It affects economic growth, trade, migration, disease patterns and prevalence, and fundamental assumptions about growing older. Family structures are changing. As people live longer and have fewer children, family structures are transformed, leaving older people with fewer options for care.

IV. RESEARCH METHODOLOGY

This study adopted descriptive cross sectional survey design. The targeted population in this study concerned 379,670 people composed ofaging people, their relatives andemployees in different sectors, districts and central government in charge of health and social affairs targeted from all the 5 administrative divisions (4 provinces andKigali CapitalCity) in Rwanda. The sample size in people was chosen using the COCHRAN formula.

N= Population size

n = Sample size to be determined

Z = Standard normal deviation at 90%, confidence interval which is 1.96

p = Proportion of people facing challenges of old age

q = 1-p = proportion of people not facing challenges of old age

d = Degree of accuracy or tolerance error margin which is usually 10% 0r 0.1.

We generally use probability p to equal to 0.5 leaving error margin of 5%, the 95% of confidence interval.

$n = \frac{n * n_0}{N + n_0}$ When $n_0 = \frac{Z^2 pq}{d^2}$

$n_0 = \frac{1.96^2 * 0.5^2}{0..1^2} = 96.04 \cong \mathbf{96}$

$n = \frac{379670 * 96}{379670 + 96} = 95.97 \cong \mathbf{96\ persons}$

The purposive sampling technique was used to select 96 respondents. The information used in this study was originated from primary and secondary sources. The data collection techniques included questionnaire, use of interview guides and documentary techniques. The data collected were analyzed using both quantitative and qualitative techniques and the provided results were presented using the descriptive methods of data analysis.

V. DATA ANALYSIS AND DISCUSSION

The questionnaires were distributed to 96 respondents (80 aging people, their relatives and 16 employees in different sectors, districts and central government in charge of health and social affairs targeted from all the 5 administrative divisions (4 provinces and Kigali Capital City) in Rwanda) and they have been given one 10 days of responding the questions where the researcher found the participation rate of 100.0% of respondents (all respondents returned the filled questionnaires).

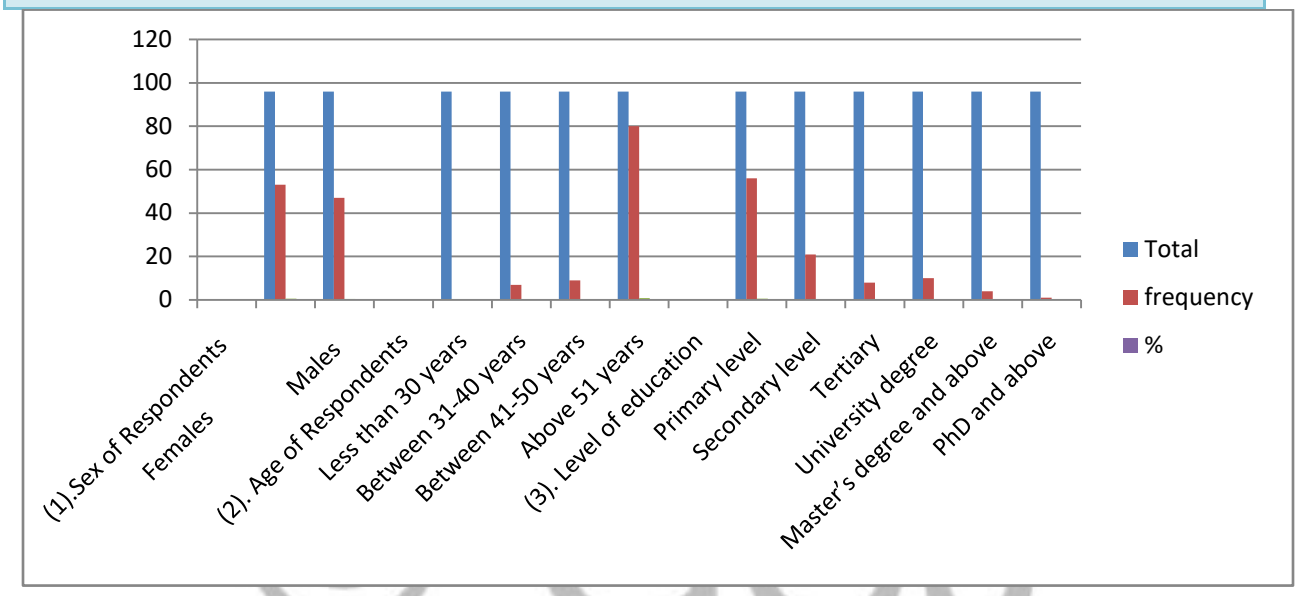
This section describes the summary of main findings in relation with the challenges faced by ageing people in Rwanda, effects of such challenges and suggestions/measures to be taken to solve those challenges faced by aging people in Rwanda, theireffects and measures/suggestions to overcome such challenges.

V.1. The personnel information of respondents

Table V.1: The personnel information of respondents

Item	Total	frequency	%
(1).Sex of Respondents			
Females	96	53	55.2%
Males	96	47	48.9%
(2). Age of Respondents			
Less than 30 years	96	0	0.00%
Between 31-40 years	96	7	7.29%
Between 41-50 years	96	9	9.37%

Above 51 years	96	80	83.3%
(3). Level of education			
Primary level	96	56	58.3%
Secondary level	96	21	21.8%
Tertiary	96	8	8.33%
University degree	96	10	10.4%
Master's degree and above	96	4	4.16%
PhD and above	96	1	1.04%



Source: Primary data, 2021

The above table illustrates the personnel information of respondents where females were 53 against 47 males or 55.2% against 48.9% respectively.

The categorization of respondents by age as described above shows a large number of respondents being above 51 years (i.e:80 out of 96 or 83.3%), 7 were between 31-40years old (7.2%), 9 respondents(9.3%) were found in range between 41-50years old.

According to the level of studies there were 56 respondents(58.3%) were with primary level, 21 or 21.8% had secondary level, 8 or 8.33% had tertiary, 10 or 10.4% have university degree, 4 respondents or 4.16% were with master's degree level and 1respondent or 1.4% was a PhD holders. The data above show that all categories of people participated in the research and contributed with their opinions, views and ideas.

V.2. The challenges faced by aging population in your society/community.

Table V.2: The challenges faced by aging population in your Rwandan society.

Item	Total	Agreed	
		Frequency	%
Poverty (they don't have money)	96	90	93.7
Aging diseases	96	96	100
Burden to the nation and family	96	50	52.0
Lack of primary needs (medical, food, clothes, etc)	96	87	90.6
Abuse and negligence	96	78	81.1
Widow	96	89	92.7
Problems of shelter/accommodations due shortage of financial means	96	91	94.7
Loneness (live alone or in isolation)	96	94	97.9
They lack moral/emotional support	96	93	96.8
Shortage or no income due to unemployment	96	96	100
Transport problems due to decline of physical strength (body weakness)	96	88	91.6
Face an issue of new cultures from new generation	96	90	93.7
They aren't able to do business to improve their life	96	96	100
They feel inferior in terms of social integrations	96	94	97.9

Source: Primary data, 2021

The above table V.2 illustrates the opinions of 96 respondents on the main challenges being faced by aging population in your Rwandan society. All the 96 respondents (100%) agreed that aging people in Rwanda face the challenges of aging diseases, shortage or no income due to unemployment and inability to do business to improve their life. The 94 respondents or 97.9% agreed that aging population in Rwanda feel inferior in terms of social integrations and loneness (live alone or in isolation) that challenge.

The 93 respondents (96.8%) lack moral/emotional support. Still 91 or 94.7% respondents confirmed the problems of shelter/accommodations due shortage of financial means among old people. Other 90 respondents (93.7%) said that aging people face the challenges of poverty (they don't have money) and face an issue of new cultures from new generation that challenge old people. The total number of 89 respondents (92.7%) confirmed that many of old persons are widows and this challenges them.

Other 87 respondents (90.6%) said that old people are challenged by lack of primary needs (medical, food, clothes, etc). About 78 respondents (81.1%) confirmed the problem of abuse and negligence towards ageing population in Rwanda. The small number of respondents of about 50 or 5.02% confirmed that old people are seen as burden to the nation and family and involuntary this also challenges them.

The above mentioned opinions of respondents towards challenges faced by ageing population in Rwanda show that many Rwandans in different domains are aware of such challenges.

V.3.The major diseases that are frequently affecting aging people in your community/society and they cause dangers to those aging people

Table V.3: The major diseases that are frequently affecting aging people in your community/society and cause dangers to those aging people

Item		**Agreed**	
	Total	**Frequency**	**%**
Diabetes	96	93	96.8
Coronavirus	96	30	31.2
Cancer	96	90	93.7
Hepatitis	96	89	92.7
Eye diseases	96	96	100
Drug addiction	96	49	51.0
Mental disease(confusion)	96	78	81.2
Hypertension (HTH)	96	94	97.9
Bone diseases	96	87	90.6
Malnutrition diseases	96	64	66.6
Muscle diseases	96	91	94.7
Psychological disorders (mood disorders, anxiety, etc)	96	94	97.9
Headache pain	96	51	53.1

Source: Primary data, (2021)

The above table V.3 illustrates the opinions of 96 respondents on the main challenges being faced by aging population in your Rwandan society. All the 96 respondents (100%) agreed that aging people in Rwanda suffer from eye diseases during their aging time. The 94 respondents or 97.9% agreed that aging population in Rwanda may suffer from Hypertension (HTH) and psychological disorders (mood disorders, anxiety, etc).

Still 91 (94.7%) respondents confirmed that muscle diseases are rampant among old people in Rwanda. The 93 respondents (96.8) confirmed that aging people may suffer from Diabetes. Other 90 respondents (93.7%) said that aging people are always suffering from Cancer diseases of various kinds. The total number of 89 respondents (92.7%) confirmed that many of old persons suffer from Hepatitis (A, B, C etc).

Other 87 respondents (90.6%) said that old people in Rwanda suffer from bone diseases. About 78 respondents (81.2%) confirmed that old people in Rwanda may suffer from mental disease (confusion). The 64 respondents (66.6%) agreed that aging people suffer from malnutrition diseases. Again 51 respondents agreed that old people in Rwanda suffer from headache pain. Another small number of respondents, about 49 0r 51.0% agreed that ageing people may suffer from drug addiction. The very smallest number of respondents of about 30 or 31.2% confirmed that old people are currently more affected by corona virus.

The above mentioned opinions of respondents towards diseases that always affect ageing population in Rwanda show that many Rwandans in different domains are aware of such diseases. What to note here again is that the most of diseases suffered by ageing people in Rwanda (as confirmed by many respondents in above table) NCDs (Non Communicable Diseases).

V.4. Theadvantages and 4 disadvantages of aging population in the Rwandan society/community.

Table V.4. (a). The advantages of aging population in the Rwandan society/community.

Item	Total	Agreed	
		Frequency	%
Teach to respect to young people	96	96	100
They are considered as libraries	96	96	100
They are wise population who advise new generation	96	93	96.8
They help to reduce crime rate	96	94	97.9
Transmission of cultural beliefs to new generation	96	96	100
They help to link the past events to present and future events	96	96	100
Transmission of knowledge and skills to new generation	96	95	98.9
They ensure family and society to remain safe	96	92	95.8
They share experiences to community for better life	96	90	93.7

Source: Primary data, (2021)

The above table V.4 (a) illustrates the opinions of 96 respondents on the advantages of aging population in the Rwandan society/community. All the 96 respondents (100%) agreed that aging people in Rwanda teach to respect to young people, they are considered as libraries, they facilitate the transmission of cultural beliefs to new generation, and they help to link the past events to present and future events. The 95 respondents or 98.9% agreed that aging population in Rwanda may help in the transmission of knowledge and skills to new generation.

Still 94 (97.9%) respondents confirmed that aging people help to reduce crime rate in Rwanda. The 93 respondents (96.8) confirmed that aging people are wise population who advise new generation. Other 92 respondents (95.8%) said that aging people ensure family and society to remain safe. Note also that the total number of 90 respondents (93.7%) confirmed that many of old persons share experiences to community for better life.

The above mentioned opinions of respondents towards the advantages of aging population in the Rwandan society/community, as mentioned in the table above show that ageing people are very advantageous to the Rwandan society in advance.

Table V.4. (b). The negative impact of aging population in the Rwandan society/community.

Item	**Total**	**Agreed**	
		Frequency	**%**
High level of needs in terms of food, clothes, medical services, etc	96	**95**	**98.9**
High risks of getting infectious/transmissible diseases	96	**76**	**79.1**
They lead to high government expenditures	96	**95**	**98.9**
They increase the number of consumers and dependants	96	**87**	**90.6**
They can cause society to stay stagnant	96	**74**	**77.0**
Resistance to acquire new changes/new culture (lack of flexibility)	96	**86**	**89.5**
They may lead to decline of socio-economic development	96	**59**	**61.4**
Lead to an increase of vulnerable people within a country	96	**87**	**90.6**

Source: Primary data, (2021)

The above table V.4 (b) illustrates the views of 96 respondents on the negative impact of aging population in the Rwandan society/community. The 95respondents (98.9%) agreed that aging people in Rwanda are with high level of needs in terms of food, clothes, medical services, etc, that they are not able to produce themselves and they lead to high government expenditures. Other 87 respondents or 90.6% agreed that aging population in Rwanda may increase the number

of consumers and dependants and they can also lead to an increase of vulnerable people within a country if not well controlled.

Still 86 (89.5%) respondents confirmed that aging people may have a resistance to acquire new changes/new culture (lack of flexibility). The 76 respondents (79.1) confirmed that aging people are with high risks of getting infectious/transmissible diseases that they can spread to the entire community. Again the 74 respondents 77.0%) said that aging population can cause society to stay stagnant (not develop). Note also that the small number of 59 respondents (61.4%) confirmed that many of old persons may lead to decline of socio-economic development of the community since they are not physically productive.

The above mentioned views of respondents towards the negative impact of aging population in the Rwandan society/community stated in the tableV.4. (b) above show that ageing people can affect the society negatively if not well controlled before.

V.5. The measures that can be applied to curb the challenges faced by aging population in your society/community or country.

Table V.5. The measures that can be applied to curb the challenges faced by aging population in Rwanda.

Item	Total	Agreed	
		Frequency	%
Create and involve aging people in various activities that generate income	96	96	100
Aging people of above 65years get monthly financial aids as direct support through VUP (Vision Umurenge Program)	96	93	96.8
Provide medical support via mutuelle de santée (community health insurance) for old people	96	96	100
Create funds for non-government aging workers	96	65	67.7
Increase pension remunerations	96	80	83.3
The old energetic people below 65years work in expended public works and earn monthly salary to support their them	96	86	89.5
Create a home based center catering for aging people who do not have family help	96	80	83.3
Provision of primary needs (food, shelter, clothes, improved medical services, public transport services, …)	96	86	89.5

Carrying them on wheel chair	96	48	50.0
Strengthening VUP support to cater for all vulnerable aging people	96	86	89.5
Encourage family members to take care of aging populations	96	95	98.9
Reinforce psychological and care services for old people	96	95	98.9
Provision of pension to from RSSB, Ejo Heza and life insurance agencies	96	86	89.5
Encourage all citizens to make long term savings for their old ages	96	96	100
The government should provide adequate social assistance to aged people	96	95	98.9
Helping old people to form cooperatives or association	96	93	96.8
Support old people to make investment and long term savings to various financial institutions	96	80	83.3
Enhance education of adults and aged people	96	86	89.5
House building plan for old people	96	96	100
The government of Rwanda through Umuganda rehabilitates houses for aging people.	96	95	98.9

Source: Primary data, (2021)

The above table V.5 illustrates the views of 96 respondents on the measures that can be applied to curb the challenges faced by aging population in Rwanda. All the 96 respondents agreed there is a need to create and involve aging people in various activities that generate income, provide medical support via mutuelle de santée (community health insurance) for old people, encourage all citizens to make long term savings for their old ages and enhance house building plan for old people so that the challenges faced by aging can be solved.

The 95respondents (98.9%) agreed that the government of Rwanda through Umuganda should continue to rehabilitate houses for aging people, the government should provide adequate social assistance to aged people, there should be a reinforcement of psychological and care services for old people and also encourage family members to take care of aging populations in handle the challenges faced by ageing population.

Other 93 respondents or 96.8% agreed that aging population should be helped to form cooperatives or association and also help aging people of above 65years to continue getting monthly financial aids as direct support through VUP (Vision Umurenge Program).

Still 86 (89.5%) respondents confirmed that in order to solve the challenges faced by aging people, it could be better to enhance education of adults and aged people, provide pension from

RSSB, Ejo Heza and life insurance agencies, strengthen VUP support to cater for all vulnerable aging people, provision of primary needs (food, shelter, clothes, improved medical services, public transport services, …) and old energetic people below 65years should continue working for expended public works and earn monthly salary to support their families and themselves.

Moreover the 80 respondents (83.3%) confirmed that aging people need to be supported to make investment and long term savings to various financial institutions, create a home based center catering for aging people who do not have family help and increase pension remunerations. Again, the 65 respondents or 67.7 agreed it better to create funds for non-government aging workers and only 48 respondents (50.0%) agreed that the very old people should be given care to be carried on wheel chair.

By analyzing the above mentioned opinions of respondents towards the on the measures that can be applied to curb the challenges faced by aging population in Rwanda stated in the tableV.5 above show that there are many ways to curb such challenges faced by aged people and they require an involvement of both family members, NGOs and the well determined government role.

V.6. The drivers of poverty and vulnerability of old age in Rwanda

Table V.6. The drivers of poverty and vulnerability of old age in Rwanda

Item	Total	Agreed	
		Frequency	%
Insufficient family support	96	93	96.8
Low saving rate during working age	96	96	100
More expenses for old people	96	75	78.1
Unemployment during their youth age	96	79	82.2
Misuse and mismanagement of their income and resources	96	90	93.7
High birth rate that lead to underdevelopment of their society	96	90	93.7
Traditional agriculture based economy which is less productive	96	93	96.8
Health problems that consume much money	96	90	97.7
Rural-urban migration of energetic people	96	75	78.1
Lack of job opportunities to old people	96	84	87.5
Shortage of socio-economic development activities	96	90	93.7
Low level of investments among aging people	96	93	96.8

Source: Primary data, (2021)

The above table V.6 describes the views of 96 respondents on the drivers of poverty and vulnerability of old age in Rwanda. All the 96 respondents (100%) there is Low saving rate during working age as a driver of drivers of poverty and vulnerability of old age in Rwanda . Other 93 respondents suggested that the drivers of poverty and vulnerability of old age in Rwanda may include the insufficient family support, traditional agriculture based economy which is less productive and low level of investments among aging people.

Another large number of respondents (90 out of 96 or 98.9%) agreed that the most drivers of poverty and vulnerability among old age people include: Shortage of socio-economic development activities, health problems that consume much money, high birth rate that lead to underdevelopment of their society and misuse and mismanagement of their income and resources.

The 84 respondents (87.5%) agreed that lack of job opportunities to old people as one of the major drivers of poverty and vulnerability among old age in Rwanda. Only 79 respondents agreed that unemployment during their youth age is also driverof poverty and vulnerability of old age in Rwanda. ;On the other hand 75 respondents (78.1%) confirmed that more expenses for old people and rural-urban migration of energetic people are also some of the drivers of poverty and vulnerability of old age.

he above mentioned opinions of respondents towards the drivers of poverty and vulnerability of old age in Rwanda. These drivers describe the socio-economic development status of aging population in Rwanda.

V.7. The characteristics of poverty in old age in the Rwandan society

Table V.7 (a). The main characteristics of poverty among aging people in the Rwandan society

Item	Total	Agreed	
		Frequency	%
Lack/shortage of money for basic needs like clothes, communication, transport, nutritional additives	96	96	100
Inadequate medical services	96	92	95.9
Loneliness (living in isolation)	96	96	100
They don't have sufficient primary needs (food, clothes, …	96	80	83.3
Lack of appropriate accommodations where old people live under old houses (not rehabilitated)	96	92	95.8

Source: Primary data, (2021)

The above table V.7. (a) describes the views of 96 respondents on the main characteristics of poverty among aging people in the Rwandan society, where all the 96 respondents (100%) agreed on shortage of money for basic needs like clothes, communication, transport, nutritional additives and loneliness (living in isolation) as characteristics of poverty among aging people in the Rwandan society.

Another large number of respondents (92 out of 96 or 95.8%) agreed that the most characteristics of poverty among aging people in the Rwandan society include: Inadequate medical services and lack of appropriate accommodations where old people live under old houses (not rehabilitated). On the other hand 80 respondents (83.3%) said that poverty among aging population include: shortage or even lack of sufficient primary needs (food, clothes, …)

The above mentioned opinions of respondents on the characteristics of poverty among aging people in the Rwandan society clarify how the Rwandan as agreed most of the respondents where they confirm on lack of basic needs and loneliness.

Table V.7 (b). The characteristics of poverty ratio for ageing men and women (in their old age) in the Rwandan society for the poverty in old age is different for men and women

Item	**Total**	**Agree**	
		Frequency	**%**
Both males and females are affected by poverty at different rate during their old age	96	**35**	**36.4**
Both males and females are affected by poverty at the same rate during their old age	96	**96**	**100**
Males are more affected than females	96	**24**	**35.4**
Sometimes females are more affected than males	96	**57**	**59.3**

Source: Primary data, (2021)

The above table V.7 illustrates the characteristics of poverty ratio for ageing men and women (in their old age) in the Rwandan society for the poverty in old age is different for men and women where all the 96 respondents (100%) have agreed that both males and females are affected by poverty at the same rate during their old age. The 57 respondents out of 96 (59.3%) agreed that Sometimes females are more affected than males whereas only 24 out of 96 respondents (25.0%) agreed that males are more affected than females. On the other hand 57 out of 96 respondents

(59.3) said that both males and females are affected by poverty at different rate during their old age.

These views show that all people whether male or female can be affected by poverty during their old age in Rwanda.

V.8. The factors that increase the vulnerability of people in old age in Rwanda

Table V.8.The factors that increase the vulnerability among people in old age in Rwanda.

Item	Total	Agree	
		Frequency	%
Not physically fit in productive activities	96	89	92.7
Negligence of aged people by family members	96	94	97.9
Isolation (living alone at home)	96	96	100
Unemployment among old people	96	96	100
Different diseases related to old age	96	96	100
Low/absence of savings to make their pension	96	96	100
Insufficient funds from central government to cater for all challenges faced by aging population.	96	49	51.0
Shortage of resources to generate income	96	76	79.1
Shortage of financial means to access all primary needs (medical services, food, clothes, shelter, …..)	96	89	92.7
Young people are not educated enough to care for their parents and grand parents	96	76	79.1
Family conflict among family members	96	89	92.7
Divorce among couple	96	83	86.4

Source: Primary data, (2021)

The above table V.8. describes the views of 96 respondents on the factors that increase the vulnerability among people in old age in Rwanda, where all the 96 respondents (100%) agreed on low/absence of savings to make their pension, different diseases related to old age, unemployment among old people and isolation (living alone at home) as core factors that increase the vulnerability among people in old age in Rwanda.

Another large number of respondents (94 out of 96 or 97.9%) agreed that negligence of aged people by family members is another factor that increases the vulnerability among people in old age in Rwanda. Other 89 out of 96 respondents (92.7%) agreed that some of the factors that increase the vulnerability among people in old age in Rwanda include: being physically unfit in

productive activities, shortage of financial means to access all primary needs (medical services, food, clothes, shelter, …..) and family conflict among family members.

On the other hand 83 respondents (86.4%) said that divorce among couple is another factor that increases the vulnerability among people in old age in Rwanda. Still 76 out of 96 respondents (79.1%) agreed that shortage of resources to generate income and the way the young people are not educated enough to care for their parents and grandparents as factors that increase the vulnerability among people in old age in Rwanda. The small number of respondents (49 out of 96 or 51.0%) said that another factor that increases the vulnerability among people in old age in Rwanda is the insufficient funds from central government to cater for all challenges faced by aging population.

The above mentioned opinions of respondents show that many people are aware of the factors that increase the vulnerability among people in old age in Rwanda.

V.9. Respondents' views on how Ubudehe 1 category capture vulnerability in old age in Rwandan society.

Table V.9. Respondents' views on how Ubudehe 1 category capture vulnerability in old age in Rwandan society.

Item	Total	Agree	
		Frequency	%
People in old age are helped by the government by giving them money that can support them as they are non workers and pay for them medical insurance	96	94	97.9
Old people from Ubudehe category I benefit from direct support (DS) via VUP	96	96	100
Through Umuganda (community work) houses and toilets are built for old people of Ubudehe category I	96	96	100
Girinka program start with people in category I	96	64	66.6
Government pays medical insurance (Mutuelle de santée) for all Rwandans (including old people) from category I	96	96	100
Government pays monthly stipend of 7,000 to 10,000fr for every vulnerable aged person of category I	96	94	97.9
Ubudehe program also cater firstly with aging people in category I	96	89	92.7

Some of old people from Ubudehe category I receive free telephone to facilitate their communication	96	48	50.0
People are making a certain progress in terms of life improvement	96	64	66.6
Government gives them some domestic animals for increase their economy	96	89	92.7

Source: Primary data, (2021)

The above table V.9 describes the opinions of 96 respondents on how Ubudehe 1 category capture vulnerability in old age in Rwanda where all the 96 respondents (100%) agreed that Old people from Ubudehe category I benefit from direct support (DS) via VUP, through Umuganda (community work) houses and toilets are built for old people of Ubudehe category I, and the government pays medical insurance (Mutuelle de santée) for all Rwandans (including old people) from category I.

Another large number of respondents (94 out of 96 or 97.9%) agreed that people in old age are helped by the government by giving them money that can support them as they are non-workers and pay for them medical insurance and government also pays monthly stipend of 7,000 to 10,000fr for every vulnerable aged person of category I.

Other 89 out of 96 respondents (92.7%) agreed that Ubudehe program also cater firstly with aging people in category I and government gives them some domestic animals for increase their economy. The 64 respondents (66.6%) said that People are making a certain progress in terms of life improvement and Girinka program start with people in category I. The small number of 48 out of 96 respondents (50.0%) agreed that some of old people from Ubudehe category I receive free telephone to facilitate their communication.

The mentioned opinions above show that respondents are aware on how Ubudehe 1 category capture vulnerability in old age in Rwanda and people from different categories get benefits at different rates.

V.10. Respondents' views on how relatives of aging population take care of them.

Table V.10. Respondents' views on how relatives of aging population take care of them.

Item	**Total**	**Agree**	
		Frequency	**%**
Many relatives don't take care of aging people of their communities	96	**47**	**48.9**
Many relatives take care of aging people of their communities	96	**79**	**82.2**

Some old people don't have direct relatives due to effects of 1994 Genocide against Tusti and the society take care of them in their villages	96	**90**	**93.7**
Some relatives take care of aging people of their communities	96	**90**	**93.7**

Source: Primary data, (2021)

The above table V.10 describes the views of 96 respondents how relatives of aging population take care of them. The 90 out of 96 respondents (93.6%) said that some relatives take care of aging people of their communities and some old people don't have direct relatives due to effects of 1994 Genocide against Tusti and the society take care of them in their villages.

On the other hand 79 out of 96 respondents (82.2%) said that many relatives take care of aging people of their communities whereas 47out of 96 respondents (48.9%) agreed that many relatives don't take care of aging people of their communities.

V.11. The support mechanisms already put in place at sector or district level

Table V.11. The support mechanisms already put in place at sector or district level

Item	**Total**	**Agree**	
		Frequency	**%**
At sector level, the office social affairs, its attribution include taking care of aging people	96	**95**	**98.9**
Social development unity at the district level has a variety of mechanisms to take care of aging people	96	**79**	**82.2**
Other mechanisms at sector level include Ubudehe, VUP, Girinka among others	96	**89**	**92.7**

Source: Primary data, (2021)

The table V.11 stated thesupport mechanisms already put in place at sector or district level where the 95 respondents (98.9%) confirmed that at sector level, the office social affairs, its attribution include taking care of aging people. Again 89 out of 96 respondents (92.7%) said that other mechanisms at sector level include Ubudehe, VUP, Girinka among others. The 79 out of 96 respondents (82.2%) said that social development unity at the district level has a variety of mechanisms to take care of aging people.

V.12. The contributions of old people to their families/community

Table V.12. The contributions of old people to their families/community

Item	**Total**	**Agree**	
		Frequency	**%**
They contribute in terms of ideas by acting as advisors, role model and influential people.	96	96	100

They participate in public works such as expended public works	96	87	90.6
They participate in domestic activities (cooking, cultivation, etc)	96	93	96.8
They look after or take care of their grand children	96	89	92.7
They coordinate and lead family and cultural ceremonies (Umuganura, cultural marriage, burial ceremonies, cultural festivals and traditional entertainments)	96	96	100
They give advices to family member	96	96	100
They teach young generation about past (history) of their society	96	96	100
Some of them are cattle keepers, farmers, business men and other economic activities	96	87	90.6

Source: Primary data, (2021)

The above table V.12 describes the opinions of 96 respondents on the contributions of old people to their families/community where all respondents (96 out of 96 or 100%) agreed that old people contribute in terms of ideas by acting as advisors, role model and influential people, they coordinate and lead family and cultural ceremonies (Umuganura, cultural marriage, burial ceremonies, cultural festivals and traditional entertainments), they give advices to family member and they also teach young generation about past (history) of their society.

The 87 respondents (90.6%) agreed that some of aging people are cattle keepers, farmers, business men and other economic activities and other participate in public works such as expended public works. The 93 respondents (96.8%) said that old people participate in domestic activities (cooking, cultivation, etc). On the other hand 89 respondents (92.7%) said that old persons look after or take care of their grandchildren.

All these stated contributions of aging population show how important old people are and how they help to maintain the positive values and positive attitudes of Rwandan society.

V.13. The views of respondents on how old people who access to VUP and Mutuelle de Santé, how adequate do they meet their needs.

Table V.13. The views of respondents on how old people who access to VUP and Mutuelle de Santée, how adequate do they meet their needs.

Item	**Total**	**Agree**	
		Frequency	**%**
All old people above 65years are eligible for this support (VUP& Mutuelle de	96	70	72.9

Santé)			
The support is given to those people belonging in either category 1 orcategory 2 of Ubudehe since those in category 3,4,5 have enough resources to support them	96	67	69.7
Support they get is not enough to meet all their primary needs as they only get 7000frw per month	96	80	83.3
The old people in Ubudehe category I receive free medical insurance	96	96	100
The old people in Ubudehe category I receive direct support (financial support) from VUP	96	96	100

Source: Primary data, (2021)

The above table V.13 describes the views of respondents on how old people who access to VUP and Mutuelle de Santée, how adequate do they meet their needs where all respondents (96 out of 96 or 100%) agreed that old people in Ubudehe category I receive direct support (financial support) from VUP and they receive free medical insurance. The 80 respondents (83.3%) agreed that support that old people get is not enough to meet all their primary needs as they only get 7000frw per month.

The sizable number of respondents (70 out of 96 or 72.9%) said that the all older people above 65years old eligible for this support (VUP& Mutuelle de Santé). On the other hand 67 respondents (69.7%) agreed that The support is given to those people belonging in either category 1 or category2 of Ubudehe since those in category 3,4,5 have enough resources to support them.

V.14.The unmet needs of the aging people who can't access the VUP and free medical insurance of Mutuelle de Santé services.

Table V.14. The unmet needs of the aging people who can't access the VUP and free medical insurance of Mutuelle de Santé services.

Item	**Total**	**Agree**	
		Frequency	**%**
Adequate primary needs (Clothing, shelter, food, personal hygiene etc)	96	**76**	**79.1**
Employment opportunities to satisfy their needs	96	**92**	**95.8**
Access to public transport and communication	96	**76**	**79.1**
Adequate medical services	96	**67**	**69.7**

Source: Primary data, (2021)

The above table V.14 describes the views of respondents about the unmet needs of the aging people who can't access the VUP and free medical insurance of Mutuelle de Santé services that include: Employment opportunities to satisfy their needs agreed by 92 respondents (**95.8**%), access to public transport and communication as agreed by 76 out of 96 respondents or (79.1%) , adequate primary needs (clothing, shelter, food, personal hygiene etc) also agreed by 76out of 96 respondents or 79.1% and adequate general medical services that was agreed by 67 out of 96 respondents or 69.7%.

V.15.Other types of services provided by government to support the well-being of aging people.

Table V.15.Other types of services provided by government to support the well-being of aging people.

Item	**Total**	**Agree**	
		Frequency	**%**
Pension services	96	78	81.2
Psychological support	96	80	83.3
One cow per family (Girinka munyarwanda program)	96	96	100
Mass medical screening	96	94	97.9
Mass immunization (hepatitis vaccination, etc)	96	96	100
Construction and rehabilitation of houses and toilets of vulnerable people through Umuganda	96	94	97.9
Support for incike (widowers whose all children were killed from the 1994 Genocide against Tutsi	96	96	100
Construction of kitchen garden (akarima k'igikoni)	96	96	100
Ubudehe services	96	78	81.2
Saza neza support	96	63	65.6
Ejo Heza project (long term saving scheme)	96	94	97.9
Life insurance (pension) provided by RSSB (Rwanda Social Security Board) for government and private permanent employees	96	78	81.2

Source: Primary data, (2021)

The above table V.14 describes the views of respondents about other types of services provided by government to support the well-being of aging people. As agreed by all respondents (96/96 or 100%) those types of services may include: one cow per family (Girinka munyarwanda program), mass immunization (hepatitis vaccination, etc), construction of kitchen garden

(akarima k'igikoni) and support for incike (widowers whose all children were killed from the 1994 Genocide against Tutsi.

The 94 out 96 respondents or 97.9% agreed on the following services: Mass medical screening, construction and rehabilitation of houses and toilets of vulnerable people through Umuganda and Ejo Heza project (long term saving scheme). Again the 78 out of 96 respondents or 81.2% confirmed that other types of services provided by government that support the well-being of aging people include: Ubudehe services, psychological support, pension services and life insurance (pension) provided by RSSB (Rwanda Social Security Board) for government and private permanent employees. The small number of respondents (63 out 96 respondents) agreed that saza neza support is another service provided by government to support the well-being of aging people.

All these stated services provided by government to support the well-being of aging people of aging population show how good the government of Rwanda gives a considerable support to old people are and how they help to sustain the positive values and positive attitudes of Rwandan society.

VI. CONCLUSION

The findings of this research show that the research objectives were achieved, research questions were well answered by all respondents and hypotheses were verified, the null hypothesis that saying that "aging people in Rwandan society don't face any challengeduring their old age" was rejected after data analysis, on the other hand the alternative hypothesis that said "there are challenges that are being faced by aging people in Rwanda" was retained. The findings give us a considerable support to confirm that the aging population in Rwanda face. The findings highlighted the effects of such challenges to the socio-economic development of aging people and also suggested possible measures to control those challenges in advance.

VII. RECOMMENDATIONS

The government of Rwanda, NGOs and other local entities should work together and much harder to improve all the types ofservices that cater for the well-being of aging people within the Rwanda. They have to cooperate with a target to respond positively to socio-economic conditions and wake up to constructive risk management for aging population.

The government institutions such as RSSB, EJO HEZA PROJECT, LODA and others have to reinforce their services planned for managingand caring the fulfillment of the needs of aging people.

The Rwandan citizens should be encouraged to start making savings in various insurance institutions such as RSSB (Rwanda Social Security Board), EJO HEZA PROJECT, Prime Insurance Company, Radiant Insurance Company among other insurance company for insuring their pension during their aging period. Such savings will help old people to cover their needs and remove a greater the burden from the government.

REFERENCES

PUBLISHED AND UNPUBLISHED RESOURCES

- Acierno, R., Melba A. Hernandez, Ananda B. Amstadter, Heidi S. Resnick, Kenneth Steve, Wendy Muzzy, and Dean G. Kilpatrick. 2010. “Prevalence and Correlates of Emotional, Physical, Sexual, Financial Abuse and Potential Neglect in the United States.” American Journal of Public Health 100:292–7.
- Alice Nabalambaa etal. (2011), Aging Population Challenges in Africa, AfDB Chief Economist Complex, Vol. 1, Issue 1 November 2011
- Francis Davis, etal. (2019), Ageing in Rwanda – challenges and opportunities for church, state and nation. Teddington/Birmingham: Tearfund and University of Birmingham.
- Isabella Aboderin etal. (2018),Population Ageing in Rwanda: Current Needs, Future Projections, and Implications for Policy Final Report: January 2018
- KT Press (2017) ‘ADEPR Church dragged into new wrangles’, KT Press, 20 January 2017 https://ktpress.rw/ 2017/01/adepr-church-dragged-into-new-wrangles.

- Rachel S.W. etal (2018), Population Ageing in Rwanda: Current Needs, Future Projections, and Implications for Policy, Final Report: January 2018. Kigali-Rwanda
- Rwanda National Institute of Statistics (2014), Fourth Population and Housing Census, Rwanda, 2012 Thematic Report on Socio-economic status of elderly people, Kigali-Rwanda

ELECTRONIC SOURCES

- https://journals.sagepub.com/doi/abs/10.2190/XTQG-6DXD-9XWE-9X85?journalCode=ahdb.
- http://reliefweb.int/sites/reliefweb.int/files/resources/Ageing%20in%20Rwanda%20finalversion_original.pdf
- https://www.newtimes.co.rw/news/ejo-heza-can-new-savings-scheme-secure-future-informal-workers
- https://www.rssb.rw/index.php?id=16
- https://sites.manchester.ac.uk/global-social-challenges/2019/06/03/is-an-ageing-population-a-bad-thing/