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SOCIAL CONSTRUCTIONS OF SUCCESSFUL AGEING: THE CASE OF RUWARE PARK IN MARONDERA, ZIMBABWE..... 329

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**KEYWORDS:** social construction, successful ageing, geriatric, ageing, intervention plans, older persons

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Social constructions of successful ageing provide an invaluable resource for challenging and reconfiguring approaches and models of geriatric care. This paper has established that contrary to normative framing of successful ageing as that (ageing) which is free from diseases and infirmity, older persons in Ruware Park of Marondera had some social, cultural, personal and economic conceptualisations of the notion. Based on these varied conceptualisations, this paper has advocated for the remodelling of geriatric care programmes, policies and philosophies towards infusing localised notions of successful ageing in forming comprehensive and multidimensional geriatric intervention plans. Social work is critical in effectuating the change.

## **SOCIAL CONSTRUCTIONS OF SUCCESSFUL AGEING: THE CASE OF RUWARE PARK IN MARONDERA, ZIMBABWE**

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### **INTRODUCTION**

Ageing and the ageing process remain among the most ambiguous experiences for humanity (Gilleard & Higgs, 2014). On the one hand, growing old is celebrated as a precursor of God's celestial blessing upon humanity and, on the other hand, its bodily impacts are often dreadful (Roanova, 2010). More so, on its brighter side, ageing has been construed as a learning curve from which older persons emerge with greater wisdom, knowledge and experience. Conversely, the process is riddled with physical, social, cognitive and psychological intricacies whose impacts are sometimes devastating to the elderly (Weiss, 2013). This perhaps vindicates assertions that ageing is both a blessing and a curse (Luke, 2010; Gilleard & Higgs, 2014). While tales of miserable ageing abound, Cruikshank (2013) mentions that not all older persons experience grim and painful ageing; some are lucky to experience their senescence with far fewer bio-psychosocial and physiological challenges. To this end, as their starting point, the researchers ask what older persons perceive as successful ageing? The researchers strongly believe that an investigation of the social constructions of successful ageing among older persons carries the potential to reveal important solutions for the mitigation of the many physiological and socioeconomic challenges encountered by older persons. Additionally, the researchers contend that an appreciation of the constructions of successful ageing by older persons can go a long way in redefining and remodelling gerontological theories and intervention strategies towards ensuring their fidelity to the core essence of geriatric welfare, which has been described by the Gerontological Society of America cited by Saxena (2016) as "adding life to years, not just more years to life".

### **BACKGROUND**

The frontiers of social gerontology have continued to go beyond the discipline's initial discourse interests and touched on pertinent new and interesting issues (Katz & Calasanti, 2014). The phenomenon of successful ageing has been defined by Foster and Walker (2014) as including three main components: low probability of disease and disease-related disability, high cognitive and physical functional capacity, and active engagement with life. This represents one of the relatively new discourses of social gerontology that has continued to stimulate scholarly debates across the globe. Reichstadt, Sengupta, Depp, Palinkas and Jeste (2010) write that the new impetus for understanding interpretations of successful ageing has broadened the focus of geriatric care and research by providing a plurality of narratives and framings of ageing and how to achieve trouble-free ageing. However, Elder, Johnson and Crosnoe (2003) underscore that the bulk of the knowledge on the phenomenon of successful ageing has largely been drawn from the natural sciences and has thus focused on objective factors of ageing such as degenerative diseases and age-induced infirmities. This unbalanced exposition

of the phenomenon (successful ageing) gives an impression that the challenges of ageing are only physical (Drake & Middleton, 2017). Reichstadt *et al.* (2010) dispute this narrative by indicating that the majority of older persons seldom face physical ailments but other challenges.

The literature abounds in commentaries showing that the interpretation of successful ageing varies among individuals, cultures, age groups and geopolitical locations, among other variables (Kok, Aartsen, Deeg & Huisman, 2015; Elder *et al.*, 2003; Reichstadt *et al.*, 2010). In their study Katz and Calasanti (2014) found that the majority of their participants believed that successful ageing was more about the absence of disabling geriatric diseases. In contrast, Bulterijs, Hull, Björk and Roy, (2015) noted that respondents in his study believed that disease and infirmity were natural processes during old age, hence they considered successful ageing in terms of one's ability to save, so as to be able to take care of oneself when these natural processes occur. Feather (2015) states that in their study they observed a significant trend among older persons who occupied venerated religious, political and socio-cultural positions who interpreted successful ageing in terms of some altruistic and philanthropic works they did. Reichstadt *et al.* (2010) mention that successful ageing among seniors could be interpreted to mean the ability to retain psychological and cognitive capabilities, which in turn means the ability to remain independent, self-reliant and productive. Other factors that have been put forward as indicative of successful ageing include satisfaction with life, resilience, adaptability, stability, wellness and engagement (Katz & Calasanti, 2014; Peracino, 2014; Walker, 2014).

Improvement in human longevity is one of the main accomplishments of post-industrial governments of the world (Davies & James, 2011). Statistical evidence demonstrates that population ageing was the major demographic transformation in the second half of the 20th century in both the developed and developing worlds (Dhemba, 2013). Population experts have indicated that at the end of 2015 there were 900 million older persons in the world, with projections suggesting that by 2050 this figure would more than double to reach a record high of more than two billion (*20% of the global population*) (Peracino, 2014). Demographers have established that by 2030 one in every five people in the world will be aged 65 years and older, with the proportion of this age group expected to outstrip that of children below the age of 5 years (United Nations, Department of Economic and Social Affairs, Population Division (UNDESAPD), 2015). Given the prevailing trend, analysts have declared that ageing populations will soon place excessive pressure on socioeconomic resources, especially in developing countries, which have yet to develop social safety nets to contain the growing geriatric population (Bloom, Chatterji, Kowal, Lloyd-Sherlock, McKee, Rechel & Smith, 2015). The colossal task of protecting and caring for the ever-growing population of older persons, therefore, necessitates a paradigm shift in terms of the thinking and programming of geriatric interventions and policies. Perhaps re-conceptualising the notion of successful ageing to reflect local beliefs, attitudes and perceptions could be a worthwhile stating point.

This paper, therefore, explores the varied social constructions of successful ageing and also indicates factors that older persons consider pertinent to successful ageing. Undertaking a study like this is timely as it can lead to new narratives and framings of successful ageing, leading to recommendations for new innovative and sustainable geriatric care plans, as well as programmes and policy directions for impactful interventions in Zimbabwe.

## **PROBLEM STATEMENT**

Older persons are some of the most vulnerable demographic groups in Zimbabwe as in many other parts of the world. Their vulnerability is characterised by a decline in, or loss of, their physical, cognitive, social, economic and psychological capacities, resulting in their requiring support and care from others. While the challenges of old age cut across all societies, the available research evidence suggests that some older persons are more likely to experience their old age with greater difficulty, including being prone to physical, psychological and cognitive incapacitation as compared to others. This variation is the consequence of a number of social, economic, physical, emotional and cultural experiences along individual life courses. Despite this realization, in Zimbabwe older persons have

continued to be treated as a homogenous group with similar needs; hence interventions targeted at assisting them has always taken a blanket approach that overlooks individual differences, especially with models of geriatric care and protection that have been borrowed from Western societies. It is possible that interventions crafted around such conceptualisations of ageing, and specifically successful ageing, are failing to effectively capture the needs of local older persons. This could mean that authorities are developing and implementing poorly conceptualised and wrongly targeted assistance programmes, which thus fail to help the older persons in addressing their challenges. Perhaps developing socially constructed narratives and framings of successful ageing will help to inform the design of appropriately conceptualised and targeted geriatric policies and programmes that can meaningfully transform the welfare of older persons in Zimbabwe. This study explored the social constructions of successful ageing among older persons living in Marondera.

## **RESEARCH QUESTION**

This study was predicated on the following fundamental question:

- What is successful ageing from the view point of older persons?

## **STUDY AIM**

This study aimed at exploring socially constructed narratives of successful ageing among older persons resident in Marondera.

## **RESEARCH DOMAIN AND STUDY CONTEXTUALISATION**

This study was conducted in Marondera, which is a small town in Mashonaland East Province of Zimbabwe. The town is located about 68 km to the east of the capital city, Harare. As part of their community engagement initiative, the researchers started a social forum group for older persons living in Ruware Park, a suburb of Marondera. The initiative involved bringing older persons together and assisting them to share their life stories and experiences, and so seek for solutions to their common problems. The initiative also sought to create a sense of belonging amongst older persons, who were being excluded from social interaction because of their inability to engage in the technology-driven communication taking place on social media platforms. This paper is an outcome of one of the discussion topics with older persons.

## **METHODS AND STUDY SETTINGS**

Creswell (2014) conceptualises research methodology as a strategic framework for action, which guides the arrangement of conditions for the collection and analysis of data towards answering some pertinent research questions. This study was based on the tenets of the qualitative paradigm, approach and research design. A case study approach was used as the specific research design. This implies that limited samples were selected and participants were interrogated in order to make making their views, experiences and opinions on the subject of successful ageing explicit (Blair & Minkler, 2009). Given the nature of the subject of inquiry, the study used a descriptive and exploratory design. According to Creswell (2014), an exploratory design suffices where not much has been written about the topic or the population being studied, and the researcher seeks to listen to participants and build an understanding based on what is heard. Creswell (2014) states that a descriptive design addresses itself to the statistical component of a study in which the researcher may opt to describe responses to the independent, mediating or dependent variables without regard to any specific theoretical guides. The choice of the design was informed by the need to increase opportunities for learning and generating new in-depth knowledge regarding the subject of inquiry.

The study used two data-collection instruments, namely a semi-structured interview guide and a focus group discussion guide. The semi-structured interview guide was used to tap into the personal experiences and constructions of successful ageing from the perspective of 8 selected older persons. Similarly, the focus group discussion guide was used to facilitate 2 focus group discussions comprised

of 7 participants each. This means that the total number of units of analysis in the study was 22. The sample size was determined by the saturation point after which the researchers realised that additional cases were no longer adding any new insights or expanding the scope of the investigation.

The researchers employed a non-probability sampling methodology in selecting samples for the study. Neuman (2013) states that non-probability sampling involves the selection of samples in a process that does not give all participants equal chances of being selected. A purposive sampling strategy was used as the specific sampling technique. As part of the sampling goals, the study strive to ensure gender parity and also operationalised “older persons” to mean those who were above the age of 65 years. Participation in the study was largely based on the discretion of the researchers, who picked samples which offered the greatest degree of variability and thus provided the most opportunity for new discoveries and learning.

Focus group data were collected at Dombotombo Community Hall in Marondera during a social forum discussion session. Individual interviews were conducted with selected older persons at their homes. Data were collected during August 2017. Data collection was cross-sectional, implying it was undertaken over a short period of time (Creswell, 2009). The researchers were responsible for all data-collection processes. Given the different levels of literacy among the participants, the researchers decided to conduct the interviews using Shona, which was the vernacular language of all the participants. To ensure efficient data collection, the proceedings of individual interviews and focus group discussions were recorded using an audiotape and were later transcribed into Microsoft Office Word. To supplement the data-collection process, the researchers and their assistants also wrote down some notes, including recording non-verbal cues and temperaments necessary for contextualising the findings.

## **DATA ANALYSIS**

For the purpose of making sense of the large chunks of the collected raw data, the researchers used the thematic analysis approach. The process of thematic analysis as outlined by Creswell (2009) followed a process of first transcribing audio data verbatim, followed by data pruning/cleaning, which entailed the removal of meaningless and incoherent sentences from the transcribed data sets. The cleaned data were then subjected to a process of coding in which data were sorted according to similarity of ideas (Neuman, 2013). The codes were then transformed and converted into specific themes and subthemes answering the central questions of the study (Creswell, 2014). In contextualising and enriching the study’s findings, verbatim quotes were used in writing the research report.

## **ETHICAL AND LEGAL REQUIREMENTS**

According to Creswell (2014), social science research as an enterprise to establish the truth around a particular social phenomenon is guided by some profound ethical and legal guidelines which inform objective, reliable and trustworthy inquiry. This study was conducted in the professional capacities of the researchers, who are qualified social workers and researchers in their own right. The researchers observed the highest possible regard for ethical considerations. The researchers informed participants about the purpose of the study and their rights as participants. This process ensured informed consent, which was secured through written consent forms signed by participants. The researchers also took it upon themselves to ensure that participants suffered no harm emotionally, physically or otherwise (Neuman, 2013). Participation in the study was voluntary and anonymous (Creswell, 2009).

## **RESEARCH FINDINGS**

While the previous sections have outlined the procedural foundation for conducting the study, this section presents its findings. Generally, the findings demonstrated that there was a multiplicity of conceptualisations of successful ageing by older persons in Marondera.

## **An overview of the demographic qualities of study participants**

A review of the demographic characteristics of participants showed that older persons in Marondera were a non-homogenous group despite having advanced ages as their common denominator. While 22 participants were investigated, eight (8) were subjected to in-depth interviews, while fourteen (14) formed two focus groups. For those who were subjected to in-depth interviews, five of them (62.5%) reported intermittent geriatric ailments without disability while two (25%) were wheel chair bound due to age induced infirmities. Only one (12.5%) participant was semi disabled. She had eye sight problems and also difficulties with mobility. Those who were subjected to in-depth interviews achieved gender parity in that four males and four females were interviewed. However, for the fourteen (14) participants who were involved in focus groups, there was a statistical preponderance of females with three (21.4%) being males while eleven (11) (78.6%) were females. This was because most males refused to join the social forum groups citing that they were busy or uncomfortable with joining the group. On education, 16 (73%) of those interviewed and those who formed focus groups had at least primary level education. Notably, the level of physiological fitness had a great influence on the living arrangements of the participants; participants who were displaying infirmity indicated that they were living with their children while those who were physically able to care for themselves indicated that they were staying alone, with the bulk of the independent participants indicating that they were custodial grandparents. In terms of both in-depth and focus group participants' ages, the minimum age was 67 years, the maximum was 76 years, the mode was 68 years and median was 68 years.

## **Social constructions of successful ageing**

Having provided a descriptive profile of study participants in the previous section, the ensuing subsections present the actual findings pertaining to the constructions of successful ageing by older persons. The researchers emphasise that the data-collection instruments used in the study – an in-depth interview guide and a focus group discussion guide – were truly open. No leading questions were asked; rather, the interviews and discussions revolved around one major question: “What would you consider to be successful ageing.” This question was explored using extensive probing.

### ***Successful ageing as absence of infirmity and disabling geriatric disease***

The absence of infirmity and disabling diseases was singled out by participants as one of the major indicators of successful ageing. Data from both individual interviews and focus group discussions demonstrated that older persons strongly believed that absence of geriatric diseases and the concomitant disability signifies a successful senescence. This conviction was largely based on the overt belief that old age is not a disease, but rather a natural stage of the lifespan just like adulthood and adolescence, hence it should not necessarily be associated with disease and disabilities. In underscoring this belief, one woman noted:

*“I think successful ageing is when I am able to continue doing things for myself without becoming overly dependent on others for my basic survival processes such as walking, talking, working, bathing myself and preparing my own food in the way I want it.”*

This viewpoint was resoundingly supported in the two focus group discussions, with more than half of participants of each focus group session affirming their strong belief that ageing can best be conceptualised as successful when it is pain-free and allows the individual to continue living his/her life without becoming overly dependent and unproductive. To corroborate this view, another male focus group participant stated that:

*“For me successful ageing is about being able to continue living your life without being bed-ridden and being carried around as if you are a child. I have always asked God that if I have to become an invalid because of old age, then there is no reason he should keep me alive, I must rather die when my family still has a good memory of me.”*

Similarly, a wheelchair-bound woman who was also partially blind offered an emotional conceptualisation of successful ageing with reference to her own circumstances. She said:

*“If you look at me, the life that I am leading is miserable; being a burden to others is emotionally draining. I don’t think anyone deserves to live a long life that is devoid of meaning and significance. At times I wish that God takes me and I can rest, but we can’t tell him (God) what to do.”*

It is evident from the above narratives that the absence of disabling and chronic geriatric diseases and conditions was construed as the basis of successful ageing.

### ***Successful ageing as having a good social and economic standing in society***

The research also established that participants equated successful ageing with a good social and economic standing in society. The participants indicated that a good standing in society entails factors such as commanding some level of respect from others, being acknowledged for one’s contributions in community development and having a good support structure in the form of strong and reliable socioeconomic networks. One female participant said:

*“For me successful ageing is when I can feel and see that I am respectable to others and also having my achievements and contributions to society and others being acknowledged. I believe that when you are respected, you feel motivated to overcome any challenge plus when you are respected, you will never be abused, I dread being mistreated in my old age.”*

Focus group discussions largely confirmed successful ageing as being characterised by the ability to retain social acceptance regardless of lost physiological capacities. More so, focus group participants argued that for an older person to be able to retain social acceptance, relevance and respect in modern society, they need money so that they avoid becoming parasites and a nuisance to others in their old age. The following sentiments were expressed during focus group discussions:

*“I agree with her [another focus group member] when she say successful ageing is when you feel respected by others for what you achieved during your productive years.”*

*“I think for successful ageing it is crucial for you to have invested for your future; they say make hay while the sun shines, you won’t be respected if you ask your family for food, medication.”*

From these narratives it is clear that successful ageing is construed as entailing the older person’s having amassed sufficient socioeconomic resources to secure their future. It would appear that participants believed in the social exchange of resources to ensure successful ageing.

### ***Successful ageing as having capacity for philanthropic work***

The study findings indicate that the bulk of participants believed that the greatest motivation for them was the ability to help others in any way possible. Accordingly, a statistical majority of 5 out of 8 interview participants indicated that they believe that they would have achieved successful ageing if they were able to help their families and communities by sharing their wisdom, wealth and experience. One female participant had this to say:

*“I have seen and done all; I believe I am at an age where like my late mother I can be that role model to my grandchildren and other young women in this community. I think if I manage to do that I would say I had a happy, fulfilling old age.”*

This sentiment was widely supported in the two focus groups conducted. In one focus group discussion one female participant indicated that she believed that older persons who get to be abused are those who have nothing to offer to their families and communities. This idea was supported by another male focus group participant who noted that, culturally, older persons are expected to do philanthropic work for the good of society. He said:

*“In our culture we believe that older persons have greater knowledge, wisdom and experience amassed during the course of their lives. As such, old age becomes a time you share your knowledge of what life is about. You have to demonstrate to young people life is not only about having plenty but it’s about sharing and generating mutual happiness, this is the time when you create your own legacy of how you would want to be remembered. When you have something to give out, you will have achieved successful ageing.”*

From the narrative above it is clear that older persons in Marondera believe that successful ageing is about achieving a culturally sanctioned meaning to life which in the main entails having the capacity to undertake some philanthropic work that would help to define their legacy.

### ***Successful ageing as having no regrets for the past***

According to study participants, successful ageing occurs when one has successfully negotiated all the stages of one’s life course and thus has no regrets for the past. Participants indicated that having no regrets does not necessarily imply that the individual would not have made some mistakes in the past. Rather having no regrets simply means that the individual is contented with what they did in their lives and derive joy and happiness from sharing their experiences with other. They also expressed their firm belief that for one to achieve successful ageing which is devoid of regrets, it is crucial for one to have worked hard to invest financially and build strong social relationships. One male participant said:

*“I think the most successful ageing is one in which there is no regret for things done or not done. My grandfather used to tell me that a troubled older person is he who keep using the phrase “if only”; if you lived your life well, you will be a happy and contented old man.”*

On the other hand, some focus group participants disagreed with the view that it is only those with financial investments who can enjoy successful ageing. They argued that life circumstances are different, hence some people may have failed to invest financially but they invest in the education and wellbeing of their children, who would then to take care of them in their old age.

Some older persons argued that their having no regrets in old age means boldness and readiness to face death at any time. They argued that people who experience unsuccessful ageing often experience an inordinate fear of death, while those who experienced successful ageing look forward to their death as they will be looking forward to a good afterlife. However, in the case of those who lived deviant lives, they regret their actions and fear going to face their Creator. One female participant said:

*“I think a successful old age is one in which there is no regret and willingness to answer your Creator on what you did during the entire span of your life. We hear that that there are people who use black magic to stop themselves from dying; this is an indication of unsuccessful ageing.”*

From the findings above one can conclude that successful ageing has some social, economic, financial and spiritual dimensions.

### ***Successful ageing as living to witness own family’s growth and development***

Lastly, this study revealed that the older persons who participated in this study felt that they would have a successful old age if they are permitted by Providence to survive long enough to witness the growth and development of their families. In this sense, successful old age was construed as a blessing from God. Below are some of the sentiments expressed by participants:

*“Above all things, I think successful ageing is a blessing from God. You might be rich and have everything you need, but your money cannot buy you an extra day to live. Every day when I wake up I thank God for being alive and seeing my family growing. The fact that I can’t walk anymore does not bother me, I know it comes with the package of being old.”*

*“I think I have had successful ageing. Imagine, I have been allowed by God to grow to 76 years and in the process I have managed to see my family grow from just myself and my*



*husband to more than 65 grandchildren and 12 great grandchildren. Every day for me now is thanks giving day because not everyone gets to achieve that in their life time.”*

*“I agree with both of them, I think successful ageing is when you retire from your work and see that the values you instilled in your children are bearing fruit. I am happy to see my children taking over my business and growing it to somewhere I never imagined. Even if I was to die today, I will die a happy old man.”*

From the above statements it is clear that participants believed that successful ageing is constituted by personal satisfaction derived from both qualitative and quantitative improvements in one's family. Furthermore, the findings unequivocally demonstrated that older persons credit God for successful ageing.

## **DISCUSSION OF FINDINGS**

An overview of the demographic characteristics of participants demonstrated that in terms of their physiological properties, the participants were not a homogenous group. It was established that the bulk of the study participants had no age-induced infirmities, although they reported intermittent physiological challenges. This finding can be validated in the light of the work of Reichstadt *et al.* (2010), whose studies established that the majority of participants in their study had no physical disabilities brought about by their advanced ages, although there were fewer cases with cognitive and mobility challenges. These scholars concluded that older persons are enjoying physiologically and psychologically successful old age as a result of advancements in medical technologies which make it easier to treat most geriatric diseases that used to lead to infirmities and ultimately disability.

More so, the demographic finding that there were more females than males for inclusion in the study corresponds with the work of Rödlach (2016), who mentions that generally African men despise talking about their social problems in public, as doing so is deemed a sign of weakness. The preponderance of females than males in the study can be interpreted in the light of the natural demographic trends in the country and globally, which shows that generally women survive longer than men (Lawn, Blencowe, Oza, You, Lee, Waiswa & Mathers, 2014). The surprisingly high levels of literacy in the study could be explained in terms of findings by Murendo and Mutsonziwa (2017) that Zimbabwe has for a very long time been investing in the education of its citizens.

Lastly, the study's finding that the majority of the participants were living alone seem to reflect similar findings by Ng (2016) which showed that older persons in China preferred living arrangements which offer them greater freedoms, and thus they prefer staying alone. Similarly, scholars such as Xu, Tang, Li and Dong (2017) and Blau (2017) point out that some older persons have been forced into custodial grandparenting, when they have to take care of their orphaned grandchildren.

Study findings underscored an understanding of successful ageing as a state of physiological, cognitive, psychological and medical wellbeing marked by the absence of infirmity and geriatric diseases. In their studies, whose findings corroborate those of this research, Kok *et al.* (2015) and Reichstadt *et al.* (2010) noted that the default conceptualisation of successful ageing among their participants revolved around the absence of infirmity and disabling geriatric diseases. Rowe and Kahn (2015) write that the conceptualisation of successful ageing as the absence of diseases and infirmities borrows from traditional theories of ageing that emphasise the degenerative elements of growing old. Similarly, O'Hanlon and Coleman (2018) refer to early theories of ageing which construed ageing as a bio-physical process and thus placed greater emphasis on the need for medical care for older persons. However, Blau (2017) states that since the early 1950s, when the concept of successful ageing was first put forward, there have been increasingly divergent views which largely condemned the medical conceptualisation of ageing as stigma-laden and they proposed and motivated interdisciplinary and multifocal definitions. Perhaps in the current study the conceptualisation of successful ageing as the absence of infirmity and disabling diseases signifies one of the major desires of older persons. This

might therefore signal the need for designing interventions that target strengthening the health of older persons.

This study unequivocally established a strong conviction among participants that successful ageing equates to having a good social and economic standing in society. In this case a good social standing was interpreted as commanding some respect and having one's own contributions acknowledged. This finding is not particular to the current study as it confirms findings from Blau's (2017) study, which established that because of their diminishing abilities, older persons tend to become overly sensitive, so that any sign of disrespect towards them is interpreted in the context of their physical decline and this diminishes their self-esteem and confidence. Dhemba (2013) writes that older persons constitute an invaluable social resource, especially in situations where they know that their contributions are appreciated and respected. Perhaps for effectiveness, geriatric programmes and policies ought to embrace strategies that create opportunities for older persons to be respected. This may imply supporting them financially so that they may not end up begging on the streets or feeling that they are a burden to others and thus feel dishonoured and ashamed. Supporting older persons to feel respected will allow them to feel contented with the stage at which they are in life (Foster and Walker, 2014). Davies and James (2011) state that older persons who commit suicide often express dissatisfaction with their life and feel like outcasts after losing their jobs or being neglected by their families. In the light of the above, maybe in order to strengthen the position of older persons in Marondera and by extension Zimbabwe, it is crucial to mobilise and strengthen familial support systems and advocate for non-discriminatory employment and other economic opportunities and policies.

This study found that a significant portion of the interviewed participants believed that successful ageing is marked by having the capacity to undertake philanthropic work. (Philanthropy in this sense is used in its most fluid and loose form to mean voluntary and selfless activities done for the sole purpose of uplifting others). This finding mirrors the findings of Feather (2015), which prove that older persons have a very good sense of philanthropy marked by a strong desire to help others. This aspect of older persons has been described by Kail and Cavanaugh (2018) as a product of maturation in which they would have mastered the art and true meaning of life; thus they devote themselves to be at the service of others. Similarly, from an exchange theory of ageing perspective, philanthropy is a default choice for older persons, as it allows them to maintain their presence within the social transaction space and therefore allows them to earn care and protection (Blau, 2017). In support of this view, Kail and Cavanaugh (2018) mention that older persons exchange their accumulated wealth, wisdom or even their own complacency for social recognition. Given their strong desire to participate in the philanthropic sector, older persons can be harnessed as an invaluable resource in helping children, the sick and other disadvantaged groups. This will help in entrenching their sense of purpose while fully filling their innate desire to help others.

Furthermore, study findings show that the framing of successful ageing entails having no regrets and feeling contentment with all that has transpired in one's life. This finding is echoed by Reichstadt *et al.* (2010), who describe successful ageing as descriptive of a life well lived in which the individual can look back at his/her whole life course with admiration and contentment. These scholars go on to claim that a life of no regrets does not necessarily mean not having made mistakes, but a life in which there is a balance between victories and failures. Similarly, based on the eight stages of Erick Erickson's psychosocial theory of human development, Zalla, Sirigu, Robic, Chaste, Leboyer and Coricelli (2014) mention that regret in old age is a manifestation of psychosocial fixations that impede the older person's progress in life. Writing from a life course perspective, Rowe and Kahn (2015) posit that to ensure successful ageing there is a need for countries to invest substantially at all levels of human development and avoid trying to rectify the mistakes of a lifetime during the twilight years of an individual's life. The implication of this finding to the current study is central to the planning and operationalisation of social protection programmes in Zimbabwe and other developing countries. There is a need to synchronise social protection with the goal of making sure that all people receive adequate

support and nurturance at all phases of their growth and development, so as to eliminate all possibilities of fixations and regrets later in life.

The study illustrates a strong belief among participants that successful ageing is about growing old enough to witness generational transitions and the concomitant socioeconomic developments. Our finding in this section unequivocally correlates with that of O'Hanlon and Coleman (2018), who postulate that the greatest motivation and predisposition in humans, as it is in animals, is survival and continuity of one's own species. Ingold (2016) underscores that human evolution is centred upon the art of perfecting life processes towards improving the efficiency of the old self. The significance of this finding to the general discourse of geriatric care and protection cannot be over-emphasised; it underscores the powerful need for symbiotic relationships between older persons and their families. What this means is that geriatric care programmes and policies ought to take cognisance of the desire of older persons to maintain ties with their families. Perhaps community-based care interventions are best suited for some older persons whose old age is sustained by seeing their own family's growth and development, as opposed to being institutional care which separates and isolates them from their source of joy and wellbeing.

## RECOMMENDATIONS AND IMPLICATIONS FOR SOCIAL WORK

Given the backdrop of the highly contested notion of successful ageing, it is perhaps crucial for geriatric caregivers and policy makers to avoid treating older persons as a homogeneous group. Perhaps social work education is critical in advising elderly practitioners to focus on individualised treatment. The expectations of the elderly are dissimilar, as illustrated by their dissimilar framing of the notion of successful ageing. In this light, it is important to rethink, reconceptualize and reconfigure models of ageing and their concomitant intervention strategies. Social work researchers should be at the forefront of seeing that this task is aptly accomplished. This is particularly important for many developing countries whose demographic projects show that they are set to experience increased growth in their geriatric populations in the near future.

## CONCLUSION

This study has established that successful ageing is conceptualised in different ways among older persons. Central to the conceptualisations are beliefs that successful ageing is synonymous with the absence of infirmity and disabling geriatric diseases, having good social and economic standing in society, having the capacity to undertake philanthropic work, leading to a regret-free old age, and growing old enough to witness own family's growth and development.

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