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Who Cares for Them? Analysing Provision of Care and Assistance Among the Elderly People in Botswana: Communal Contextual Pastoral Theology

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Abstract

Objective: This study aims at examining the provision of assistance among the elderly who are caretakers of children who are made vulnerable by HIV and AIDS.

Method: Data for this paper is drawn from the 2019 thesis study on the elderly in Botswana.

Results: Research in Botswana shows that the elderly caregivers who are looking after children affected and infected by HIV and AIDS need concrete support systems to deal with their prevalent stresses. They also need targeted and specific interventions to address their needs.

Discussion: A sense of community and communal support is still normative in the community of Botswana. However, familial support towards the elderly has since changed because of demographic changes and values. Through the usage of a Communal Contextual Pastoral Theological Approach, this paper suggests that pastoral caregivers are an integral part of the continuum of care of the elderly in Botswana. Elderly caregivers need to be nurtured and supported for the betterment of the wellbeing of everyone, including children who are both infected and affected by HIV/AIDS.

Introduction and Background

Changes in family structures

The family has always been the most important provider of support for the elderly and children in Southern Africa. However, there are changes in family structures. Velkoff and Kowal (2007:95) assert that traditionally there was a high value placed on marriage. The marriage ensured not only its universality, but also its occurrence early in life with the consequence that childbearing started early and, in most cases, continued until late into the productivity span. The institution of polygamy promoted competition for childbearing among co-wives; it also contributed to sustaining high fertility. The use of modern contraception was traditionally unacceptable as it violated the natural process of procreation. The traditional long period of breastfeeding and postpartum abstinence guaranteed adequate spacing between children. This trend was believed also to encourage better care of the elderly. The traditional society believed that having more children ensured that when the parents have reached an older age, they will be better taken care of by their children.

Okoye (2012:140-145) maintains that fertility behaviour in sub-Saharan Africa like other parts of the world is determined by biological and social factors. These factors include early and universal marriage, early childbearing as well as childbearing within much of the reproductive life span, low use of contraception and high social value placed on childbearing. In the face of perceived high infant and child mortality, the fear of extinction encouraged high procreation with the hope that some of the births would survive to carry on the lineage. However, as per the literature above, there is a decline in fertility that is owed to HIV and AIDS and other factors. There is also a decrease in the population of young adults.

Marriage and procreation had always remained a value in both traditional and modern Africa. It is, however, unfortunate that many productive young parents leave their children with their grandparents before they are mature enough to take care of themselves and their grandparents. The traditional arrangement of caring for the elderly is therefore not applicable in this context. When parents die at a young age, their children would not be mature enough to take care of anyone, including themselves.

As stated by Shaibu (2013), Africa is in a transitional period between its collective past and a more individualist future characterised by the extent to which kinship values are upheld and rejected. Therefore, to understand the phenomenon of family caregiving to the elderly in Botswana, it is necessary to place it within the context of these social and economic forces that have made it both an issue demanding attention and a focus of intervention by policymakers. This means that economic demands would not make it easy for communal relationships and family caretaking. Maruapula and Chapman-Novakofski (2007) confirm that the traditional extended family is being transformed with the prevalence of a gradual zero-couple or single-parent families in Botswana. The expansion of destitute programmes has also reflected the collapse of the informal system of social support and increasing poverty (Mugabe 1997). These factors should lead to growing concerns regarding the care of the elderly by families (Shaibu and Wallhagen 2002).

Shaibu (2013)argues that with increasing urbanisation and migration in Botswana and an increasing number of children born to unwed mothers, the grandmother has become a key figure in many households. She is often the main care provider for children of absent daughters - a phenomenon also observed elsewhere in Africa. However, what happens when the grandmother herself needs care? (Ingstad et al. 1991). This study is primarily concerned about the wellbeing of the elderly who are caretakers of orphans who have lost their parent(s) to HIV and AIDS. As if the role of caregiving does not challenge them enough, they are faced with challenges in all aspects of their lives. Who takes care of them and how are they taken care of?

Modernisation and Urbanisation

A change in family structures is attributed to societal and economic changes. It is argued by several authors that there is an inverse relationship between the status of treatment of the aged and the degree of modernisation (Van Dullemen 2006; Karlberg 2003; May 2003). This is because the process of Westernisation has destroyed those values which support the traditionally high standards and important roles of the aged. Ingstad et al. (1991) even argue that there are two aspects of modernisation: the shift from subsistence agriculture to wage employment and the participation in Western education are more influential aspects of modernisation affecting the older population in Botswana and other African countries.

Shaibu and Wallhagen (2002) on the other hand, blame modernisation and industrialisation for creating the gap that leads to the disrespect and consequent abuse of elders in Africa today. They argue that the impact of modernisation on the elderly in Botswana has been poverty due to marginalisation, loss of social and economic support from economically active members of the family due to negligence by the children and the community at large and the weakening of institutions that functioned as sources of social and economic support. This increasing urbanisation and emphasis on the nuclear family and individualism may make one fear that the caretaking family system may not be the support system one would like it to be. Rural to urban migration and the emphasis on a monetary economy also tend to weaken the extended family as a support system for the elderly dependent group.

In this paper, an orphan is a child under the legal age, who has lost either one responsible parent or both parents due to HIV and AIDS and their age ranges from infants to 18 years. Not all of them are living with HIV and AIDS, but all of them are affected by HIV and AIDS and are therefore made vulnerable because of this. As per the literature, one of the reasons for the negligence of both children and grandchildren is modernisation and urbanisation (Shaibu 2013:264). Therefore, a child who has lost his or her parent who was a primary caretaker and has a surviving parent who has never been active in their life, but fully left under the care of a grandparent is an orphan. This means that it is indeed, social and economic forces that have transformed the family unit.

Another observation by Mutemwa and Adejumo (2014) is that when one parent dies of HIV and AIDS, the other is often also living with HIV and AIDS and dies shortly after, leaving the children as orphans and creating a parenting crisis in most societies. This means that HIV and AIDS, modernisation, urbanisation and other factors play a role in the negligence of both children and grandchildren.

Single parenthood

According to Karlberg (2003:45), another factor that is undermining kinship-based family structures is the prevalence of single parenthood, particularly among young urban females. As increasing numbers of women have joined the labour force and single and female-headed households have become a discernible pattern on the African social landscape. Women in the traditional

society were believed to be the ones to stay at home and take care of their elderly. With women staying home and the men going out to work, it was believed that the children and the older population would be well taken care of by the women. However, with the increase in single parenthood, women are also forced to go out and join the working force. This, therefore, means that they cannot stay home and take care of the ageing. Leaving the elderly at home is a challenge for the elderly. They would not cope successfully with ageing in isolation. The elderly need others to provide for their social, emotional and financial support, security, love and understanding. Caregiving to the elderly in this study means attending to all forms of support and assistance given to an elderly parent.

Fosterage

Durant and Christian (2007) maintain that economic downturn and increased urban poverty in the rest of Africa have undermined the institution of fosterage that for long sustained the ties between rural and urban households. Fosterage constitutes part of the trend where the welfare of rural dwellers depends on their solidarity ties with urban kin families. A vital component of this practice is the channelling of remittances from urban workers to rural areas through educational support. By conferring parental responsibilities to their urban relatives, fosterage guarantees the mobility of children from rural families. Over the years, the fosterage of African children had significant demographic and economic consequences. It subsidised high fertility among rural and low-income families and gave low-income families the means of defraying child-rearing costs. All the above have shown to have adverse effects on the ageing population. This is because the families are disintegrated, and women no longer stay home and provide care to the elderly.

The elderly and their need for community

As indicated in the literature, the elderly are grieving the loss of their loved ones. In other instances, they have a double loss. Shaibu (2013:364) reports that in Botswana, most "grandmothers had sustained multiple losses, with some reporting a loss of up to six children and having to raise up to nine orphans." This means that there is a need for people to journey with them through the grieving process. A mourning group could help the grieving elderly. Those who had gone through the grieving process could join such

groups to help others, when their sorrow has become easier to bear. One on one pastoral counselling services could be offered by a church minister who is trained to deal with grief. If they do not have the skill to help people deal with grief, other professionals such as counsellors and psychologists should be engaged (Switzer 1989).

The elderly are going through developmental stages of ageing. In the process, they are experiencing physiological and psycho-emotional challenges. This means that they cannot defeat these challenges alone. For them to outgrow those challenges and flourish, there should be a loving companionship; they also need to know about those changes so that they learn to live with them. Someone must teach those who are not educated (Clinebell 2011:31-50).

The elderly are becoming parents to their grandchildren amid their challenges. They are re-mothering the HIV and AIDS affected grandchildren. While dealing with societal stigma towards HIV and AIDS, they are challenged by the upbringing of adolescents. They cannot do this alone without the help of an accepting and loving community. Children can also become a subject of interest for pastoral caregivers. One way of helping children through a crisis is to build a network of children and address their common problems as well as their difficulties.

Mudavanhu (2008:93) mentions that the grandmothers must be assisted with insight regarding HIV/AIDS and in particular, how to handle the problems they are encountering in their roles as caregivers. The author further states that skills training, knowledge, and orientation in raising grandchildren, some of whom are infected, are needed and that the grandparents need social support and psychological help to strengthen their capacity to continue as caregivers and to ensure optimal functioning for the future of the orphans in their care.

The elderly are facing economic, social, religious, cultural and psycho-emotional challenges. Here the Church is challenged to be familiar with the local context. Teaching about faith only will not take these problems away, but using available resources to help the situation will be of great help. In the same way, the Church should reach out to the whole community. In such situations, pastoral care entails being an advocate for the elderly in the presence of God through intercessions during worship, teaching, preaching or being prophetic.

Being prophetic means being advocates of compassion, solidarity, justice and human worth in society.

Elkin (2015) rightly asserts that in a good support system, one feels they have a place they belong and feel safe sharing their problems. Krill (2014:182) emphasises that human beings can find meaning in their own lives for the first time when they can form relations with others and can get help working through a problem when they have a sound support system. In the existential social work by Krill, service providers should attempt to share context with their clients. This is the world they live in; the world that they cannot separate themselves from. It is their context that gives them meaning.

The plight of the elderly indeed calls for collective effort. Literature continues to show that, due to HIV and AIDS, urbanisation, money-based economy, individualism and other factors, the familial social network seems to be history. Research worldwide calls for communal support of the grieving elderly who are caretakers of children affected by HIV and AIDS. Apart from being failed by the family, many governments continue to fail the elderly; failing to address their needs. As indicated earlier, care is intimate and should be done by a close family member. However, in the absence of family members, the Church can claim its position of being family to those who do not have anyone to assist them. Through his letters, Paul encourages the church to care for one another. In his writings to Timothy and Titus, Paul focuses on the responsibilities of pastors to care for and strengthen the flock (Oden 1983:5). Such care should also be extended to the elderly community today.

While trying to understand the context of the elderly, Maslow maintains that there is a particular order in attending to human needs. This study maintains that the needs of individuals are unique, therefore, there should not be an order that guides what pastoral caregivers shall attend to. Pastoral caregivers should be guided by the situation of the individual elderly they are serving. This mandate of the Church is in line with Matthew 25:31-46, which calls Christians to feed the hungry, refresh the thirsty, welcome the stranger, clothe the naked, tend the sick and visit the imprisoned. Alongside such compassionate service is the call “to proclaim release to the captives and recovery of sight to the blind, to let the oppressed go free” (Luke 4:18). Not all people are hungry, thirsty or captives. The church should know the specific need of each elderly

person without assuming that all their needs are the same. Pastoral care, therefore, must take every dimension of suffering into consideration. The list of human needs in Maslow's list are not complete without the inclusion of spiritual needs (with physical and material implications) and the need for actions that will address the specified needs in a life-changing manner. Therefore, addressing both is the pastoral need.

Data and Methods

Data from this research are drawn from a 2020 thesis study on the *grieving elderly caregivers of AIDS orphans* (Madigele 2020). The study used a multi-faceted approach encompassing qualitative, quantitative, descriptive, contextual, explorative, and phenomenological research. The situational analysis describes the challenges and the needs of the *grieving elderly caregivers of AIDS orphans*. In line with the definition of elderly in the Botswana context, the study describes the elderly as age 65 and above. From a total of 50 *grieving elderly caregivers of AIDS orphans* of the Evangelical Lutheran Church in Botswana (ELCB), 45 agreed to participate in the study, translating to 90% of the sample size. Meanwhile, the Ramotswa has a total of ten (10) potential pastoral caregivers in the form of elders. The study does not consider philanthropic care given by individual members of the church as pastoral care. Pastoral care is here defined as systematic church elder coordinated activities geared towards the deserving, the *grieving elderly caregivers of AIDS orphans* in this case. From the ten (10) potential pastoral caregivers, two declined to participate in the study, resulting in 80% of the sample size partaking.

For this study, the purposive sampling technique guided the recruitment process. The study targeted the *grieving elderly caregivers of AIDS orphans* who had been primary caretakers of the orphans for more than a month. Data collection methods included in-depth interviews, semi-structured questionnaires and focus group discussions. There were two sessions of focus group discussions among the pastoral caregivers and church leaders which were meant to encourage self-disclosure among the participants (Krueger 1994) and to complement findings from the questionnaires. The first group consisted of eight (8) participants, while the last group consisted of six (6) participants.

Moreover, there was a forum for five (5) focus group discussions with eight (8) elderly participants. A total of 40 *grieving elderly caregivers of AIDS orphans* participated in the focus group discussion after having completed the questionnaire. The whole idea of having those organised discussions in groups was to gain information about their views and experiences on a topic (Gibbs 1997). Participants also gained from these discussions because they felt supported and empowered. These discussions somehow created room for spontaneity and cohesiveness (Sim 1998: 345-352).

The quantitative data was managed and analysed with the aid of SPSS while the qualitative data was analysed with the aid of NVivo8 (Gibbs 1997). The software helped in coding, content analysis, categorising and sorting of the text. Transcripts were read repeatedly, coded and then categorised into various themes. Thematic challenges of the *grieving elderly caregivers of AIDS orphans* identified in this study include the:

1. Physical;
2. Social;
3. Economic;
4. Psycho-emotional; and
5. Intrapersonal.

1 – 4 are inter-personal challenges that encompass the external environments of the *grieving elderly caregivers of AIDS orphans*. The comprehensive pastoral caregiving package included mitigation measures encompassing:

a) Coping skills;
b) Financial assistance;
c) Emotional assistance; and
d) Spiritual assistance.

The attributes a – c will be assessed across 1 – 5 towards developing a comprehensive pastoral caregiving tool. The study revealed insufficient or no pastoral care in the context of the above themes and sub-themes. The study presents a comprehensive model referred to pastoral caregiving to *grieving elderly caretakers of AIDS orphans*. Meanwhile, in the event the study revealed the existence of comprehensive pastoral caregiving, the study proposes Communal Contextual Pastoral Theology as an enhancement. The burden of

re-mothering of orphans made vulnerable by HIV and AIDS has a remarkable impact on the grieving elderly.

Results

Distribution of household of the elderly living arrangements by sex and age group

The distribution by age shows that there is a tendency for elderly people not to live with close relatives and with their spouses. An overwhelming percentage of the elderly do not live with persons unrelated to them either. Only about 15% of the elderly are living with one person not related to them (Figure 5.1). This means that there is a minimal role of non-family members as care providers, hence more room to grow in the future. To facilitate the roles of pastoral caregivers, there is a need to be mindful of the existing norms, expectations and preference in personal care support. UN-DESA (2011) reports that, on average, around three-quarters of persons aged ≥ 60 years in less developed regions live with children and grandchildren. One in four people in Botswana are now living with HIV/AIDS, and 93,000 children (12%) are orphaned due to the disease (AVERT 2020).

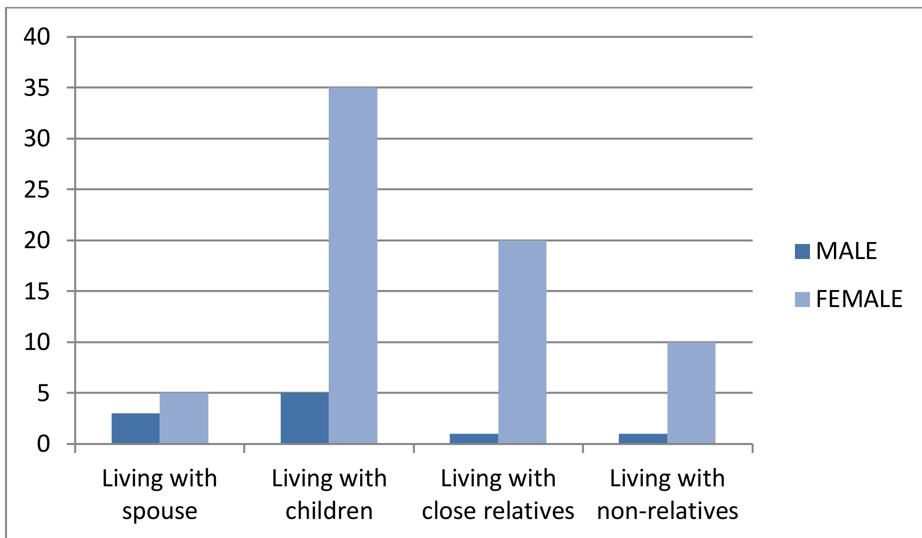

Figure 5.1: Distribution of household of the elderly living arrangements by sex and age group

The distribution of household of the elderly living arrangements suggests that in most cases, they live with people they are closely related to. A national analysis of adults aged 65 and older shows an overwhelming preference for family members as the main key providers. However, the traditional system of living with and caring for the elderly is under increasing strain. Moreover, the economic development, rural-to-urban migration and changing norms concerning families and households are weakening traditional support systems (Mokomane 2012). On another note, the findings reveal that co-residence does not necessarily imply that the older people were being taken care of.

It can also be observed that the number of elderly living alone decrease with increasing age and so those living with a spouse. The volume of caregiving peaked in the 65-79 year age groups and only dropped in their 80s. Women carried much larger responsibilities of care than men because they took care of more children under the age of 10 years. Through home-based care, the country was trying to capitalize on the goodwill of the elderly who had been contextually and culturally seen as caretakers (UNAIDS 2001). In that regard, we find that by and large the elderly remain primary caretakers regardless of their physical, mental, and emotional hardships. The elderly are said to be lacking in many factors (Kang'ethe 2006). This means that having young, robust, dynamic and knowledgeable people to assist in caregiving responsibility could give relief to the elderly. These are also implications for improving and strengthening social interventions in home-based care in the context of Botswana.

All participants are caregivers. Figure 5.1 shows that all 40 (35 females and five males) of them are living with children. Of the total number of participants, only eight (8) are living with the spouse, which means most of the households are headed by one grandparent who is the caregiver in this case. On average, males are more likely to be living with a spouse than females, and this can be attributed to the fact that women tend to live longer than men, hence in a household where a man is still alive, there is a much greater likelihood that the man's wife is still alive.

Another report states that 42.5% of orphan caregiving households are headed by grandmothers in Botswana (GoB 2008). This means that there is a need to

reduce the burden of caring for women and promoting an equal sharing of responsibilities. The traditional barriers that prevented men from caring responsibilities should be broken. Besides, some elderly men may feel more comfortable when cared for by males than females. Moreover, some elderly women may feel more comfortable if cared for by their spouses than strangers.

Communal Contextual Pastoral Theology

John Patton (1993) introduces the *communal contextual* approach that highlights the task of pastoral care as a mission of the whole Christian community, focusing on the holistic or contextual dimensions of human beings. This means that pastoral ministry should touch all the aspects of human existence such as the social, economic, political and psycho-emotional aspects. He emphasises that pastoral care and counselling is not only a minister's or counsellor's role but a role of the whole church community. Patton's approach has its main focus on the Christian community, and it operates within the confines of the Church. This approach, however, ignores the existence of humanity outside the walls of the Church.

Jesus' ministry was not confined within the walls of the Church or a worship place; the approach of his ministry was characterised by dynamism. Paul employs the same expression when he talks about the Church being visible in a particular family (Romans 16:3-5) and a particular city, i.e., Corinth (1 Corinthians 1:2). Similarly, Lartey encourages the principle of dynamism rather than exclusively focusing on one area and one people (2006:136). Even though this approach lacks a sense of interdenominationalism and ecumenism, its communal nature is based on how and whom pastoral care should be extended to others. Firstly, Patton sees the Christian Church as a new community that has a shared vision and which commits to be responsible towards one another. This approach is based on the biblical tradition's presentation of a God who cares and who forms those who have been claimed as God's own into a community celebrating that care and extending it to others (Patton 1993:5).

Patton believes that healing comes through hearing. According to Patton, pastoral care is based on members of caring communities expressing their care

by hearing and remembering others as reciprocity of God's hearing and remembering created beings. Patton (1993:15) asserts,

> A ministry of the Christian community that takes place through remembering God's action for us, remembering who we are as God's own people, and hearing and remembering those to whom we minister.

This means that God created human beings for a relationship with God and with one another. God continues in relationship with his creation by hearing us, remembering us and bringing us into a relationship with one another. Research shows that the elderly are the forgotten community in Botswana. They need to be remembered, heard and understood for them to gain their strength and liberation. Patton argues that pastoral care and counselling are open to questions, experimentation, modifications and re-adjustments as new facts and more in-depth insight into various situations are attained. This means that different problems and situations help with the formulation of new knowledge. The essence of counselling is communication. It is when understanding takes place between those who are communicating with each other and with each other (Patton 2005). Pastoral care involves communicating painful experiences, suffering, or various emotional pains and deep hurts (Patton 2005:15).

He appeals for a community-centred approach to replace the fast-weakening structures of traditional social relationships and support in the face of modernisation and urbanisation. Furthermore, he emphasises how particular contexts inform the method and goal of care. Pastoral caregivers should understand the context of care. Thus, pastoral care should take notice of people's cultures, experiences and worldview. What pastoral caregivers ought to do is to respond by remembering and reflecting on God's dealings with the community. Patton calls attention to contextual factors affecting both the message of care and the persons giving and receiving care.

Communal contextual pastoral theology, therefore, puts more emphasis on the development of the human person from the context of community. Thus, within the Christian community, worship and celebration, preaching, teaching and evangelism, care and counselling, human development and enhancement

together with pastoral formation are intertwined to give a communal and holistic approach to growth in all areas of communal and individual lives.

This study is concerned with the wellbeing of the grieving elderly who are caretakers of orphans affected and infected by HIV and AIDS. It argues that since social structures of caregiving had been weakened by modernism, urbanisation and civilisation, thus leaving caregiving on the shoulders of the elderly, "who care for the elderly." There is a need for a community of care; a community that is not confined by space, culture, location or time; a dynamic community that reaches out to the people in need wherever they are. There is a need for a community that acknowledges pluralism and thus ecumenist in approach; a community that will not undermine people's cultures but will use culture to liberate people if not reasoning on cultures (Clinebell 2011; Lartey 2006; Patton 1993:70).

Pastoral caregivers are expected to have the capacity to mobilise and utilise resources within the community to provide care. They should be able to revive the spirit of usefulness within the elderly so that they can assume their roles and identity. Pastoral caregivers should be able to come up with community programmes that are based on the needs and contexts of the elderly. Pastoral ministry to the elderly also involves identifying common or individual needs of the elderly. Another important aspect is to recognise the support system that is already in place. What skills and gifts can members of the church community offer? The support system within a congregation may consist of social workers, nurses and lawyers. If they are not there, it would be better to engage professional carers who are funded by government bodies, but other roles including advocacy, spiritual care and practical support, such as transport, can be carried out by the church (Clinebell 2011:347; Patton 2005).

As emphasised by Patton (2005:27), the church minister or pastor should be the facilitator. The role of the facilitator is to bring the people together and mobilise the required support. The facilitator should help his or her congregants to cultivate love, respect and a sense of mutual responsibility among all ages. He or she should also make sure that older people are visited in their homes so that their needs can be communicated with the church minister and other members of the church. If some elderly people are not able to communicate their needs, the facilitator shall contribute or involve

someone skilled in making people come forward for assistance (Clinebell and Clinebell 1984:310-322; Patton 1993:224).

Pastoral caregivers on the field should keep on reporting their progress to the church, where they could be assisted on how best they can handle their cases and for debriefing. The whole church will have ownership of the programme. The facilitator's role also entails engaging professionals to educate the elderly and their families on the process of ageing. He or she should also assist them to go through the process of grieving when they experience a change in living arrangements and challenges of caregiving. The facilitator should also facilitate the training of the pastoral caregivers to make their services more effective. This study maintains that the local church should form relationships with local welfare departments, health facilities and businesses for the betterment of the care of the elderly.

Pastoral caregivers should also have the capacity to listen. Even though the approach of pastoral ministry proposed in this study is on the sharing of experience, pastoral caregivers are facilitators of healing. They are expected to be empathetic and to be able to understand the meaning-making world of the elderly. This study observes that people are their best judge of what their needs are. Therefore, it is essential to listen and learn from them (Clinebell 2011:75; Lartey 2006:69; Patton 2005:3).

For Lartey, listening skills will enable pastoral caregivers to enter into the real-life experiences of oppression that exist in all communities in the world in their struggle to recover their humanity (2003:102). He asserts that listening to the confidant's story over and over again with interest to help their healing process can accelerate their feelings towards the acceptance of their grievances (2003:69). This acceptance will help them deal with their problems by themselves or with the help of relevant people. Moreover, pastoral caregivers should be inspired by scripture and human experience. The dignity of those who are suffering can be restored by those who are privileged.

Reflecting on the above assertions, it could be argued that Christians, therefore, have been given the prophetic role to liberate others from any form of deprivation. We learn from Luke 4:18 that a church is a therapeutic

community of healing and is a herald of peace. It should be in a position to voice out the concerns of the people to the powers that be.

Summary and Recommendations

This study revealed that, though burdened by the caregiving responsibilities and the realities of ageing, grandparents remain heads of families with dependents. The most striking feature of the traditional care system among Batswana is their complex family systems where children are not only on the receiving end but also participate in the caregiving role. Pastoral caregivers are to be aware of this cultural heritage and encourage every member of the family to play a part in caring for the orphans. The church should come in as a support system for the families.

In a situation where families neglect orphans or when they are not helping the elderly in the caretaking of orphans, pastoral care should engage in responses that are sensitive to society's culture. This approach emphasises the culture of the people whom the Gospel/Christianity reaches, thus making culture a factor in the method of doing African Theology and spirituality. This study proposes a Christian ministry that is constructed on a two-fold foundation of biblical and African cultural values.

Pastoral care services should aim at providing necessary support to enhance the quality of care of the elderly caregivers and also sustain the wellbeing of the elderly caregiver. This paper argues that the necessary support should be coupled with training or orienting the elderly in coping management strategies just after they lose their children before they assume the caregiving role. There is also a need for the development of policies that can thoroughly evaluate the need of elderly caregivers. Pastoral counselling sessions should be organised by pastoral caregivers whereby a forum comes into existence where elderly caregivers could allow them to air the problems and challenges they encounter. It is essential for pastoral caregivers to work together with other service providers in their locality.

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