“We Never Graduate from Caregiving Roles”:
Cultural Schemas for Intergenerational Care among Older women and men in Tanzania*

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Abstract

Purpose: This paper examines the cultural schemas underlying older persons' perception of intergenerational care roles. Methods: Thirty qualitative in-depth interviews and twenty focus group discussions (N=120) were conducted among older women and men aged 60 and above. Results: By using this theory, we were able to identify a series of cultural schemas found in older people's discussions of intergenerational caregiving role. The most prominent shared schemas are: caregiving for elderly is a cultural obligation not a choice, caregiving is a sign of respect, caregiving is a sign of love, caregiving is a source of pride, and caregiving leads to attachment and emotional bonds. Based on these schemas, older people perceived getting care from one's children as a cultural obligation and not an individual (child) choice. However, the findings show that older people's life experiences differed greatly from the cultural schemas they had as majority were not cared for by their children. Thus, the discrepancies between schemas/expectations and realities of older people led to tension, sadness, frustration and feeling of being neglected. This study suggests that there is need to put in place interventions that encourage intergenerational caregiving. These intervention programs should seek not only to consider but also to build upon the strength of cultural values and beliefs.
3.1 Introduction
Countries across the world are in the midst of an immutable process of demographic transition that is resulting in the enormous increase in absolute numbers of older persons in the world (United nation, 2013). Globally, the number of older persons (aged 60 years or over) is expected to ‘more than double’ from 841 million people in 2013 to more than 2 billion in 2050 (United Nations, 2013). Older persons will be increasingly concentrated in the less developed regions such as Africa.

In Tanzania, projections show that the absolute number of older persons over 60 will almost triple between 2020 and 2050 (Mboghoina & Osberg, 2010). As Tanzania’s population grows, a larger proportion of older people will require care. However, the aging population in Tanzania, like in many other developing countries coincides with changes in the socio-economic environment that may affect intergenerational caregiving (World Youth Report, 2003; Casale 2011; Help Age International-HAI 2011; Kashaga, 2012). It was against this background that the Madrid Plan of Action recognized the importance of maintaining intergenerational interdependence, solidarity and reciprocity in the face of major social changes by promoting dialogue aimed at enhancing solidarity and providing for specific needs of caregivers ((United Nation, 2002), 2002). The Plan of Action also acknowledged that a “changing demographic and socio-economic context will require amendment in macro-level policies relating to social security, pension and health care systems” ((United Nation, 2002) para. 42). In some countries, such as Asia, policies related to the welfare of older persons have started to bear fruit (Muramatsu & Akiyama, 2011; Tsutsui, et al, 2014). For instance, in Japan, filial obligations have gradually been substituted by nationwide policies such as mandatory social long-term care insurance (LTCI) (Muramatsu & Akiyama, 2011; Tsutsui, et al, 2014). A few countries in Africa such as South Africa, Mauritius, Botswana and Namibia have succeeded in instituting universal old age pension schemes (Gillian et al, 2000; National Research Council Committee on Population, 2006). This has not happened in Tanzania (Casale, 2011; HAI 2011; Muia, et al 2013).

In Tanzania, policies and interventions on aging population are still in a nascent and formative state and have not responded to demographic transition by safeguarding the social welfare of older persons (Spitzer et al 2009; Tobias and Omondi, 2014). Only 6.5 per cent of the workforce is currently covered by formal social security schemes in Tanzania (International labor organization, 2008). The existing social security schemes only favor people employed in the formal sector based on the contributory pension system (Ministry of Labor Employment and Youth Development & Help Age International, 2011). This means that older people, the majority of whom
live in rural areas and work in the informal sector (e.g. farmers, fishermen and herdsmen), are excluded from the current pension schemes. Besides, like other developing countries, institutional care is very limited in Tanzania (URT, 2003). Given that state support for older persons is limited (Forrester, 1999; Mwami 2001; HAI, 2011) older people in Tanzania are expected to continue to rely upon intergenerational support (Mwami 2001; HAI, 2011). It is therefore important to know older people’s perceptions and expectations about intergenerational care.

3.2 Intergenerational caregiving in Tanzania

With regard to traditional caregiving practices in Tanzanian societies, caring for older people is viewed as a family responsibility. Adult children provide such care as part of their filial obligations (Forrester, 1999; Mwami, 2001; Spitzer, 2009). Respect is a prerequisite for developing a reciprocal way of interacting among generations, especially as it fosters a sense of responsibility and moral commitment (Forrester, 1999; Van der Geest, 2008). On this basis, some scholars such as Van der Geest (2008), argue that reciprocity cannot fully explain filial obligation, since “it is fraught with ambiguity and contradiction”. He argues that some children may fail to reciprocate the care due to economic circumstances (Van der Geest, 2008; Makoni, 2008; Kashaga, 2012). Similarly, there is a growing body of empirical work suggesting that traditional caregiving practices have undergone significant changes that impact on the availability of family members and call intergenerational caregiving practices into question (Spitzer, 2009; Mwanyangala, et al 2010: De Klerk, 2011; HAI, 2011; Kashaga, 2012). Changes in the family structure due to such factors as rural to urban migration, modernization, and the effects of HIV/AIDS have led to broad social and economic changes that threaten traditional family structures and push many older people into poverty (Mwanyangala, et al 2010: De Klerk, 2011; HAI, 2011; Kashaga, 2012. There is however limited research considering the interpretive frameworks that older people in Tanzania use to understand intergenerational caregiving and the ways in which they contextualize their expectations in terms of schemas of intergenerational relationships. This study was conducted to mainly investigate how older adults in Tanzania perceive intergenerational caregiving by drawing on qualitative data collected in the Eastern part of mainland Tanzania (Pwani or the Coast region).

3.3 Research goal

Intergenerational care deserves attention due to the projected growth of older people in Tanzania and their accompanying age-related care needs. This paper is an
attempt to incorporate cultural schema theory to explore the cultural schemas that underlie older people’s perceptions of intergenerational caregiving so that it is more amenable to the fields of aging and gerontology. The aim is to enlarge the theoretical discussion of intergenerational caregiving by incorporating the cultural schema theory to investigate the older adults’ perceptions of intergenerational caregiving. We sought to find out what cultural schemas older people bring to their perceptions of intergenerational caregiving obligations of the younger generation towards their older parents.

Cultural schemas are frameworks of a specific culture that exists in people’s thoughts or minds and influences people’s judgment and behavior (D’Andrade, 1992; Strauss and Quinn, 1997). Cognitive schemas become an individual’s cultural lenses through which situations, objects, events, and sequence of events are perceived and evaluated (D’Andrade, 1992; Strauss and Quinn, 1997). Its strength is that it allows the researcher to access the meanings that underpin people’s thoughts and actions in everyday life. We argue that awareness of the prevailing cultural schemas points where alternative directions can be taken and provide insight into potential strategies for developing caregiving interventions.

3.4 Caregiving and Cultural schema theory

From cognitive anthropologists, care is expressed in terms of the motivations and experiences of individuals, emotional attachments formed in caring relationships, and the identity and context of the caregiver and care receiver (Yeates, 2011). This paper understands care as occurring in specific cultural contexts with motivational goal directed towards the general enhancement of the well-being of older people (Tronto, 1987; Yeates, 2011; Roos et al 2017). The term ‘cultural schema’ has gone by a number of other names including cultural meaning system, cultural model, mental model, cultural template, idealized cognitive model or schema, folk model, script, scene, frame, systems, structures. Cultural schemas are deeply internalized and largely unconscious networks of associations built up over time that facilitate perception, interpretation, and action (D’Andrade, 1992; Vaisey 2009). Cultural schemas shape individual perceptions, feelings, attitudes, beliefs and expectations (D’Andrade, 1992; Strauss and Quinn, 1997). Cultural schemas are shared, internalized understandings applicable to a wide range of contexts (Strauss & Quinn 1997, p. 685).

In cognitive anthropology there is a consensus that cultural schemas have the ability to instigate action (D’Andrade 1992). Cultural schemas are hierarchically
organized: at the top of the interpretive system is the upper level schema, or "master motives". These schemas serve the functions of initiating actions independently as well as providing goals for action to take place (D'Andrade, 1992, p.30; cf Jordan & Swartz 2010). Further down the hierarchy, there are the middle level schemas that cannot instigate action independently and generally require the presence of other goal-schemas to instigate actions. At the bottom of the hierarchy, there are the lower level schemas for daily activities and behavior. Lower level schemas depend on higher level schemas to instigate action (D'Andrade 1992, p. 3; Strauss & Quinn, 1997). Cultural schemas are divided into the following major functions: representational, constructive, evocative, and directive functions (D'Andrade 1984: 96; D'Andrade, 1992). D'Andrade observed that a representational function involves ‘defining knowledge and beliefs about the world which enable individuals to orient themselves in a social world and to master it’ (33) while a constructive function involves ‘creating cultural entities which people adhere to. An evocative function involves ‘evoking’ certain feelings and emotional reactions (D'Andrade, 1992, p. 38; D'Andrade, 1984 pp. 92-97). The directive function of schemas on the other hand is experienced by the person as a need or obligation to do something (D'Andrade, 1992: 38).

A sense of obligation is directly linked to motivational force: “a cultural schema with a directive force and the cognitive representation of cultural knowledge shapes motivation” (D’Andrade, 1992; Nicholas et al, 2013). Cultural schemas only become salient when they have become internalized, when they take the form of a person’s belief – it is only then that cultural schema engages his/her mind and emotions (Spiro, 1987; D’Andrade & Strauss, 1992; D’Andrade, 1992; D’Andrade, 1995; Nicholas et al, 2013). Internalization of cultural schemas occurs through learning/socialization processes, through people’s interactions and an individual’s past experiences (Quinn and Holland, 1987; Strauss & Quinn 1997). Arguably, the cultural knowledge is learned through practice (Bourdieu, 1977; Strauss & Quinn 1997).

Motivational force is necessary for the performance of cultural schemas (D’Andrade, 1992). People’s behavior and perceptions are arguably the outcome of schemas which function as goals and have motivational force to initiate action (D’Andrade 1992, p.3). For instance, Quinn and Holland (1987) argue that, higher level cultural schemas carry motivational force which in turn influences an individual’s perception and behavior. Thus, when cultural beliefs become a part of inner sense of a being, they become goal driven and acquire motivational force. These cultural beliefs and values are then reflected in the individual’s perceptions, expectations and in a sense of responsibility to the system and obligations to do something (D’Andrade
Thus, understanding perceptions and expectations of intergenerational care requires theories about individuals’ motivation for behavior as well as an appreciation of the larger cultural context and schemas that surrounds generational interactions (Bianchi and Seltzer, 2007, p. 6).

Gerontologists however have been slow to incorporate cognitive theories of motivation into aging research. Given this gap, our aim in this article is to explicate cultural schema theory for gerontologists by describing the cultural schemas that underlies older people’s perceptions of intergenerational caregiving. Insight into what these perceptions and motivations are may help policy makers determine the appropriate course of action with regard to policy solutions for older people’s care.

### 3.5 Methods

#### 3.5.1 Participants

A qualitative study was carried out among older men and women. The participants were aged between 60 and 82 and living in the Coastal Region of Tanzania (Pwani). We used qualitative research design to gain a deeper understanding of cultural schemas underlying older adults’ perceptions of intergenerational care roles. The use of a qualitative framework facilitated a deeper grasp on social life beyond appearance as our immersion in the research field allowed us to establish continuing and fruitful relationships with participants. This close association with the participants enhances the validity of our findings and in-depth inquiry. The study was conducted from November 2012 to June 2013 and obtained approval from the relevant ethics committees. Participation in the study was voluntary.

Purposive and snowball sampling strategies were used to recruit potential participants for our study. Participant recruitment was guided by theoretical sampling. Inclusion criteria involved being born, raised, and currently residing in Pwani, and being a male or female aged 60 and above. 150 participants were involved in the study. 120 of the 150 participants took part in focus group discussions while the remaining 30 participants took part in in-depth interviews. Participants were recruited once with no overlap between focus group participants and in-depth interviews. As this is an interpretive study that emphasizes people’s perceptions of meaning (Schoenberg, Miller, & Pruchno, 2011), we used grounded theory method.
3.5.2 Data collection procedures

Of the 30 participants recruited for in-depth interviews, 15 were older women and 15 older men aged 60 and above (see table 3.1). Interviews varied in length, lasting between one and two hours. The first author interviewed each of the participants in a place of their choice. Each interview started with an open-ended question. The open questions were designed to establish a rapport and to give participants an opportunity to direct the research discussion. “In-depth interviews with participants were useful in capturing individual thoughts, feelings and experiences vis-à-vis care roles. In the in-depth interview we enquired about individuals’ experiences, beliefs and motivations for caregiving. Although we intended to interview participants only once, in a few cases, debriefing sessions and/or analysis revealed important issues that had been concealed in early interviews; in such cases, we re-interviewed the participants (Charmaz 2006). Commonly, participants compared and contrasted their current experiences of ‘care expected/received’ with that of their younger selves (caregiving). In line with grounded-theory methods, the salience of such comparisons was investigated.

Table 3.1 Profile of participant interviewed (N=30)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>Rural</td>
<td>Rural</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Urban</td>
<td>Urban</td>
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<tr>
<td></td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Age (years)</td>
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<td></td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>80+</td>
<td>2</td>
</tr>
<tr>
<td>Marital status</td>
<td>Married</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Widow/divorce/single</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>None/primary</td>
<td>9</td>
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<tr>
<td></td>
<td>Secondary or higher</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Secondary or higher</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Secondary or higher</td>
<td>11</td>
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Twenty (20) focus group discussions (FGDs) (N=120) were conducted among older women and men. The purpose of the FGDs was to identify shared meanings, perceptions and expectations and schemas in regard to intergenerational care roles. All of the discussions were led by the first author assisted by a trained qualitative researcher. The FGDs were conducted at places and times convenient for the participants. Each focus group discussion involved six participants and lasted for approximately 90 to 125 minutes. Participants were grouped based on social identities such as age.
(60–69, 70–79, and 80+) and marital status (married, widowed or divorced/single). Assigning participants to groups with similar characteristics removed social norms and hierarchies that could create barriers to open discussion (Knodel, 1995). This approach increased the likelihood that participants would feel comfortable with each other and would therefore contribute openly to the discussion. Data was collected until theoretical saturation was reached (Corbin & Strauss, 2008). All interviews and focus group discussions were conducted in Kiswahili, audiotaped, transcribed verbatim and then translated to English.

Table 3.2 Profile of focus group participants—20 FGDs (n=120)

<table>
<thead>
<tr>
<th>Age group</th>
<th>60-69</th>
<th>70-79</th>
<th>80+</th>
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<tbody>
<tr>
<td>Location</td>
<td>Rural</td>
<td>Urban</td>
<td>Rural</td>
</tr>
<tr>
<td>Gender</td>
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<tr>
<td>Female</td>
<td>2 (FGDs)</td>
<td>2 (FGDs)</td>
<td>2 (FGDs)</td>
</tr>
<tr>
<td>Male</td>
<td>2 (FGDs)</td>
<td>2 (FGDs)</td>
<td>2 (FGDs)</td>
</tr>
</tbody>
</table>

3.6 Analyses
Data collection and analysis were concurrent (Corbin & Strauss, 2008). Before beginning the coding process, we actively read the entire dataset—a process that Braun and Clarke (2006, p. 16) referred to as “immersion in the data.” The first author then developed a codebook and coded the data using the codebook. Additional codes were added as needed. For the initial coding, we coded each transcript line-by-line, using participants’ language as label coding. The line-by-line coding process enabled us to stay as close as possible to the data as well as to remain open to any theoretical concepts and categories that emerged (Corbin and Strauss, 2008). At this stage, we generated a long list of codes, and used Atla.ti 7 to manage the coding process. Once the initial coding was completed and upon agreement, we grouped codes into related categories—axial coding. Axial coding started by crosscutting or grouping codes into larger categories with the purpose of reassembling data from the open coding process (Strauss & Corbin, 2008). We stopped coding and categorizing data when we reached saturation (Charmaz, 2006). Although we utilized grounded theory, we adopted the analytic cycle in which “analysis of qualitative data for theory development is an interaction between existing deductively derived theory and inductively derived empirical theory” (Hennink, Hutter, & Bailey, 2011). The validity of the study was further enriched by analyzing memos. In the later stage, theoretical sampling was used to explore and test these emergent themes (Corbin and Strauss, 2008).
3.7 Results
We organized our results in terms of the five themes that emerged from the data: (1) The model/schema of intergenerational care obligation (2) Formation of intergenerational caregiving schemas (3) Motivational force/directive force (4) The cultural schema and life experiences (5) Care role reversal and care burden.

3.7.1 The model/schema underlying intergenerational caregiving perceptions—
the schema of loving, respecting, obeying and honoring older parents
The first theme that emerged was in relation to the model/schema of intergenerational care obligation. From participants’ narratives, we extracted the model of intergenerational caregiving. Within this model, the central cultural goal of the intergenerational care role is “caring for the older parents; the guideline that one should care for his/her older parents is a culturally transmitted ideal and functions as the behavior of those who internalize it. Majority of the participants seemed to have internalized this goal schema as they took care of their parents. This was evidenced in their narratives (caring for their older parents) and expectations of how younger generations ought to behave. As Mzee Dillunga said,

“I took care of my parents hoping my children too will take care of me after seeing that in the past we made caring for the old part of our lives to the extent that older people were automatically cared for by their children without them having to beg for care, I mean caregiving to the old was something which came automatically because it’s a tradition...children should maintain this tradition by taking good care of their older parents... (Male, 70).

Drawing on participants wide-ranging narratives, we identified the most prominent shared schemas such as; caregiving for elderly is a cultural obligation not a choice, caregiving is a sign of respect, caregiving is a sign of love, caregiving is a source of pride, caregiving leads to attachment and emotional bonds—these were widely shared cultural schemas—that is, internalized and shared and were prevalent in older people’s perceptions of intergenerational caregiving. However, these were not the only shared schemas that underpinned participants’ talk. The schema ‘caring for aging parents is a cultural obligation’ was strongly linked to cultural schemas such as ‘care giving is a sign of love, respect and commitment’. These prevailing schemas were the basis from which participants tended to evaluate what caring entails and the type of care they are expecting from the younger generation. Bi Zayumba’s narrative shows the link between the schemas of love and caregiving, she said;
"It’s us who had love for our aging parents …. I loved her so much, when I was growing up she was growing older; I used to bathe her when she was very old... I really loved and cared for her.... Love for aging parents among the youth of these days has waned....." (Female, 69).

The above quote from Bi Zayumba illustrates the interaction and linkage between high, middle schema and lower level schemas in a hierarchical manner. A larger goal of Parents’ well-being (i.e. caring for older parents to enhance their well-being) is viewed as a higher-order goal. It triggers the middle level schema ‘caregiving for love’ which in turn incorporates schemas located further down the hierarchy such as ‘bathing the parents’.

The model of intergenerational caregiving and the underlying schemas clearly shapes older people’s perceptions and expectations from their children. Based on these schemas, older people considered providing care to an older parent by a child an unquestioned cultural obligation. Thus, they (older people) wanted to receive care without having to ask for it. Asking would mean that the care they received was not done out of love, respect and obligation. This desire to get support without explicitly asking for it related to a feeling that they are respected and highly valued. These ideal models of intergenerational caregiving were found to be remarkably resilient despite the older people’s life experience that greatly differed with the ideal model (majority were not cared by their children). Unmet expectations subsequently resulted to tension and emotional reactions in the older persons (cognitive dissonance). Such emotions as mawazo (depression), sadness, frustration and feelings of being emotionally neglected were prevalent. Bi Sihaba, said:

“No one comes close here to ask me ‘mom, why are you not waking up?’ Because I normally wake up early every day ...no one assists me to straighten these body parts which have refused to work; they are all just quiet. No one cares and if I ask for drinking water, that’s what I am going to have throughout the day but who cares that you have not eaten? You spend the whole day with grudges, and because you have a weak body, the heart fails to take the pain and begins to fault, which leads you to have other complications including blood pressure (Female, 72)."
3.7.2 Formation of intergenerational caregiving schemas

The role of socialization and early life experiences

Another theme that emerged from our research was the role of cultural socialization in the formation of the schema. Participants were asked about the messages they had received either explicitly or implicitly about caregiving from different sources. The interviews and group discussions allowed us to look deeply into the ways the beliefs and commitments towards intergenerational responsibilities were formed/constructed. Participants insisted that the cultural belief that children must look after their parents was taught forcefully through ‘Jando’ and ‘Unyago’, male and female initiation rites respectively. In other tribes, the concepts were passed through grandparent-grandchild tales (see figure 3.1). The core function of Unyago and Jando is to inculcate the values of a culture; as it provides a cultural model that regulates intergenerational interactions. For a more elaborate discussion of the concepts “Jando and Unyago, please see Chapter 4 and 6.

Figure 3.1 Internalization of cultural schemas
In Jando, young males learned the notion of ‘proper’ masculinity and the roles ascribed to it including their duties and responsibilities towards the old people. Likewise in Unyago, young women learned the notion of ‘proper’ femininity and the role ascribed to it including their duties and responsibilities vis-à-vis caring for the old (see table 4.1). Other sources mentioned by participants were religious institutions and life experiences (through observation and practice). These sources played a role in socializing young people and instructing them in morality, including that of taking care of the old. In other words, these commitments had a basis in life experiences, societal expectations/cultural socialization and religious obligation. The culture trainings were very educational and informative for younger generation. As Mzee Abadalla, commented;

“…in Jando we were taught many good things that became pillars in my life, for instance we learned to respect our parents and other elders in our community. Respect entails doing as an elder suggests, greeting them with manners, helping them; and to keep silent when older people speak... you wouldn’t dare to rebuke an old man harshly even if he had done something wrong...we were trained to regard any old man in the community as one’s father ... failure to respect and care for old parents would lead to public criticism, including one’s family members....” (IDIs, male 71).

We gathered from the participants that most of these teachings were done by the initiators (of Jando and Unyago) and that parents only assisted in instilling the teachings (see figure 3.1). As BiMayasa commented; “The parents were only there to insist on what had been taught during the initiation (Jando and Unyago) and could not teach anything new... (Female, 70).

During Jando and Unyago training, young men and women were constantly reminded to behave properly. Such phrases as ‘kuwatunza wazee ni Baraka,’ (Caring for the elderly is a blessing) put emphasis on caring for the old. Lessons learned in their youth established a pattern of experience that made caring for older parents a priority. BiMaimuna said:

“They indoctrinated you with the idea that it’s important to respect and care for your elders, we followed these teachings and instructions very well without questioning them ...?” (Female, 69).

As mentioned earlier, apart from culture socialization, caregiving for old parents seemed to be deeply rooted in religious teachings and embedded in participants’ life
experiences the decision to care for their old parents was therefore done without question or hesitation. As one participant from women rural group discussion commented;

“...yes, we were told in Unyago, as well as in Holy Book (Bible), that caring for our parents or any old person will lead into blessing and grant many years of happiness ...but we also saw our parents taking care of their parents, we saw it among our neighbours...we thought that it was the obvious thing to do...”. (Female, FGDs)

A participant from an urban male focus group reported;

“The teachings and instructions given from Jando and Unyago lay a foundation and basis for life even before we started formal primary education (for those who were fortunate to go to school) ...but we also later learned these life basics in “madrasa” (college for the study of the Islamic religion) ... a Muslim is obliged to respect, appreciate and reciprocate the love he/she received from his/her parents... (Male, FGDs).

Participants also suggested that learning/internalization of cultural models/schemas occurs through life experiences (Quinn, 2005). Majority of the participants recounted witnessing first hand as children cared for the old in their families and communities. They reported that they too had been committed to providing care to their older parents and expressed a sense of pride in this role. Practice and observation was therefore, another important means of forming these attitudes (beliefs). A group participant from a women’s rural group discussion said;

...giving care comes automatically... I think it is a feminine trait to care for others.... our culture inculcates this in us from a young age... I saw my great-grandmother taking care of her parents, I saw my grandmother and my mother as well, caring for their parents...and everyone in the community cared for the old... so when you grew up, you put it in your head that you should care for your parents (Female, FGDs).

MamaBahati said:“...I was trained to be a good wife, mother ...as a woman, being a good wife or mother entails caregiving and because we were living with our in-laws we were supposed to care for them...(female, 71)
Patterns established early in life were more enduring because they ultimately continued over a longer period of time (through observation and practice) (see figure 3.2). In most of their statements, participants continually emphasized the importance of reciprocal relationship, the common statement was that "our parents took care of their parents and we did the same, so our children ought to do the same". From participants’ accounts, it was clear that having seen their parents giving care to their parents and having engaged in caregiving to their parents was enough to establish a basis for reciprocity and motivation for caregiving.

3.7.3 Motivational force/directive force

Enforcement of schemas through positive and negative rewards---motivation to conform
Motivational force/directive function of the cultural schema emerged as another prominent theme. A directive function of cultural model that shapes participants’ caregiving practice was evident. This tended to shape their perception of the correct cultural behavior which includes caring for old parents. This is in turn linked to internalization/interpretation of cultural messages concerning what a child should do for their aging parents.

As we mentioned earlier, the model of intergenerational caregiving appears to offer guidelines to the enactment of intergenerational caregiving. Regulations/rewards were put in place to reinforce this model (see figure 3.2). Positive social rewards include blessings and compliments (for children who accomplish the caregiving role successfully) and punishments (negative rewards for those who failed). The punishments include 'curse' and 'shaming'. These were among the reinforcements that encouraged caregiving. Other motivations that came were compassion and love. In the case below, Baguma credits his need to care for his aged parents to these reinforcements. Baguma, explained:

In my tribe, people feared curses from mothers, fathers, aunts and uncles. These people were respected and taken good care of in their old age. It was believed failure to take good care of aging parents would lead to curses... In that period, people were proud to take care of the older adults... In my tribe when the older person that you were taking care of died, you would be congratulated for accomplishing the caring role successfully. We were using the saying 'waiyuka nawe olwo ataagwa omilio' (congratulations for not letting your older parent suffer or die a bad and shameful death.)" (Male, 70).
The saying in the above quote ‘waiyuka nawe olwo ataagwa omlilo,’ (congratulations for...not allowing an old parent to fall in fire)" is a metaphor implying that a child is congratulated/rewarded for not neglecting his/her parents in their old age. The metaphor thus serves directive and evocative functions—directive function because it directs behavior and evocative function as it evokes certain feelings. A fire or omlilo is used as a symbol for ‘problems and risks” that an old person can expect to encounter due to his/her body’s inabilities. The causality between caring and security for older people is embedded in the metaphor that is; providing care to aging parents keeps them safe and well. In this manner metaphors are “windows into shared schemas (Quinn, 2005, p. 61).

Figure 3.2 Motivation force for intergenerational caregiving

Participants generally insisted that in the past, there was little need to emphasis on intergenerational caregiving. A sense of commitment, love, affection and sympathy made younger people to feel some bond with their parents and thus enact care—cultural confines with the system of values that were based on collectivism. As we previously discussed, the sense of responsibility towards older parents was deeply internalized and surfaced through their behavior (giving care to older people).
Moreover, participants emphasized that there was a strong cultural prescription for caregiving based on gender and birth order. For instance, women were expected to cook clean houses, and wash clothes for the aging while the men were expected to provide material and protective support such as shelter and protection of property. Failure to take on this responsibility alluded a sense of shame as demonstrated in the following quote by Mzee John:

"...they expected much from me because I am the oldest son ... “ukubwa ni jalala”, if something bad happened to my parents or my siblings it would be my shame...in fact, in my tribe this role was inculcated in us from young age – you grow up keeping that role ... and because the older son is responsible for taking care of the old parents and siblings, he inherits the big house and the biggest portion of the land...as an older son I had to make sure my parents were respected and obeyed by all members in the family and that they gained no dishonor...you listen to what they (parents) want and do not give them commands just because you are the older son, no, it was not like that. Nowadays, due to selfishness, the older brothers take care only of their own immediate family... society has now changed drastically; people apply both the old traditions and western culture, I mean they have adopted western civilization, but their mind-sets are still holding fast to traditional values (Male 74).

3.7.4 The schema of expected care and real experiences

Material care, social care and emotional care

Overwhelmingly, the shared schema/perceptions among older people was that caregiving involved dedication as a child is required to devote both material and non-material resources. Participants pointed that spending time with parents and kuwajulia hali (compassionate communication) is a proper manifestation of care, respect, love, emotional bonds and feelings of attachment (see figure 3.3). This helps to emotionally connect children with parents. It was commonly perceived that communication is important in defining the quality of an intergenerational relationship. A good child, it was argued, is one who is able to communicate politely with and dedicate time and attention to the older parents. There was also a consensus that kuwajulia hali (checking on their welfare), the manner of communication, and time spent with the older parents is as important in the caregiving arrangement as the provision of material resources (financial). The extract below from a focus group discussion adds to this point:
Moderator: You have pointed out that in the past, the situation was different. What was the situation back then?

Pazi: What I have to say about this is that in the past, old people were cared for by their children and every morning the child would ask, father how did you sleep? I slept alright, Mother how did you sleep, I slept fine or he/she would say, my head is troubling me... [then] the child would say, Ooh! Let me go and find some medicine for you ... Even when there is an important trip, you first check if your old people are fine... The past generation used to act honorably and they really used to respect their elders.”

Moderator: Do all of you agree with what he has said?

P5, P1, P3, P6: [Sounds of agreement] Shomari: ...Yes, in the past old people were respected

Moderator: What has changed?

P5, P1, P3, P6: [Sounds of agreement]

Athumani... Everything has changed.

Moderator: What do you mean “everything has changed? “

Athumani: In the past, older people were respected but nowadays no respect... these days, you may be sleeping in the same house with your children.... He can go out without even asking how you woke; there are no words like; Dad and Mom how did you wake up today? And if you ask him or phone him telling him that “We didn’t have tea”, he’ll reply; “So what do you want me to do, is it me who brought you in the world?” “Go and farm”. Now that’s how age becomes a bother... During our days, we used to honor our parents...

The above quote illustrates that older people expect their children to provide them with material, physical and emotional care such as kuwajulia hali (see figure 3.3). Majority of the older people who claimed they are not getting care said they lack social, emotional, physical, financial and medical care from their children. The consequence of this is explained in causal linkages. For instance, case study1 below suggests that the lack of care evokes feelings of mawazo. Mawazo subsequently leads to distress or illnesses resulting from stress. Thus, the cultural model/schema
of intergenerational caregiving is evocative of effects related to other schemas such as emotional deprivation, abandonment, social alienation and insecurity.

**Case study 1: we are suffering from lack of care**

BiMisawene, 74, woman:

I had this kind of mawazo (stress) ... when it happened to me; I realized that we are suffering from mawazo due to hunger, but not the actual illness... I was very sick one day and I was at home without anything to eat, I was shaking due to fever and my grandchildren were just looking at me. I did not have any money to go to the hospital so I decided to sleep and my condition got worse and worse... Then when I was thinking of how to get up and go to the hospital, my son who had not been home for about five years came. He brought ten kilos of flour, two kilos of sugar, five kilos of rice and two kilos of beans and gave me ten thousand shillings. Right after giving me these things, I got better (the blood pressure stopped). It was like I had never suffered from blood pressure nor had a headache. I didn't have mawazo again until after I had finished the things he brought me – then I started telling myself, “I have been well this month”... but the third month afterwards, I started making phone calls, assuming that maybe this son had changed and decided to take care of me. I made a lot of phone calls, but when he saw that I was annoying him he switched off the phone. My headache came back that very same day, and the pressure went very high.... That is why I said we don't have these illnesses but mawazo...we get depression due to hunger and annoyance. This is how mawazo comes when one is old, but if we are taken care of well by our children, all mawazo stops... you keep asking yourself “I gave birth to them, they are now adults, so why can’t they take care of me?”

Although this paper does not compare older women's and men's perceptions, it is noticeable that gender issues were observed especially on emotions attached to care expected from children, for example being a widow and a woman, Misawene (case study 1) did not inherit any land (neither from her parents nor from her late husband). She depends entirely on her son to survive which seems to explain why lack of care from her son evokes feeling of mawazo.

For majority of the men interviewed, being consulted by children on matters involving the family was considered to be very important and a sign of respect. Being respected by one's children was not only perceived as important but also a source
of pride and happiness. Their accounts however, highlighted the lack of respect by their children. This could be attributed to shifting power relations with children over time; children failed to consult them about family matters or involve them in decision-making. As Mzee Hassan narrates:

Case study 2: young people have lost respect for old people

Mzee Hassan, 78 years old

“In the past, growing old was quite different from what we are experiencing now. We accorded our older parents with a great deal of respect; we supported them and relied on their wisdom. In the family, older men like me usually had the final say over matters of importance to the family.” Younger people have lost respect for older people in their families and community and aging has become difficult due to lack of respect and support from children, close family and the government. … but the young generation does not value our wisdom, I mean they don’t value our opinion and when we give them advice they reject it and would say “ahaa! (Ignoring). That is something of the old days, ‘wazee mmepitwa na wakati’” (old people are outdated). Things have turned upside down, our respect in the family and community diminishes as we become older as people see us as poor and outdated... we don’t get respect we deserve, we don’t get adequate support, we die with our hoes in our hands! We can’t sit, we have to work. If you sit you will die of hunger... life in old age has become ‘unbearable’?

A participant from a focus group discussion raised a similar point as illustrated: “....young people nowadays have lost manners we are even scared to share our knowledge with them because whenever we try we are ridiculed, they will say (ahha) what would you tell me, you are “outdated” and obsolete...they would rather rely on education, religion and media rather than listen to us...we are dying with our knowledge.
Regardless of their socio-economic status (income, location, gender, marital status, and educational/religious background), nearly all participants seemed to share schema/perceptions on intergenerational caregiving. Their experiences (need for care) however differed depending on the socio-economic status (education, income, gender and marital status) of the individual. Few participants reported that they were cared for by their own children. From participants’ accounts, we learned that when care is given in a manner that is expected, it is likely to evoke positive emotions (e.g. joy, love, hope, pride, serenity, respect, and gratitude and hope –evocative function) and life satisfaction. Siwazuri explains;

“I have five children...four are living far away from here but they are always there for me.... they have not abandoned me... after a few months one would visit me ...mama I have brought you two kilograms of sugar. Another one would come another month... mama take this money for your pocket money. ....Another child would bring a pair of Khanga...wananitunza wanangu (my children are taking good care of me). One of my daughters doesn’t live too far, she is not working but she is the best... she is an errand girl ...I cannot complain... she is taking good care of me too, when she harvests, she brings
food...as you see, me, I don’t have energy to grow any food but there is not a single day in which I have gone to sleep without food...never...I cannot complain watoto wanatunza...God blessed my womb (female, 70).

3.7.5 Gendered perceptions of care—; “care reverse and care burden”

The experiences cited under this theme suggest that older people did not only lack adequate care but were further burdened as they assumed parental roles for their abandoned grandchildren. Many participants (especially women) reported that the intergenerational caregiving role has reversed meaning, older people (especially women) are now providing parental care for grandchildren (and sometimes their adult children), instead of being cared for. The common perception among women was that “there is too little time for older women to age happily due to the burden of the never-ending care role.” Aisha commented:

“Women’s caregiving role never ends; you may think you have graduated…but Hamad! (Expression of surprise). Your daughters or sons bring their children; this takes us back to the role of caring for younger children, one we left a long time ago. So we are taking care of our grandchildren to our grave! Our weak old body energy is shared in a dreadful way” (IDIs Female, 68).

Generally, the care burden means that grandparents are forced to remain the sole providers of grandchildren until they themselves become physically or mentally incapacitated (no relief for caregiving obligation). The following memo was written by the first author while collecting data. It describes the context in which the role of caregiving was perceived as a burden:

(Memo: 2013-06-26 08:36:34). The issue of caring for grandchildren was discussed with different emotional reactions; in most cases caring for grandchildren was discussed with a sense of disappointment. Disappointment was manifested in different ways; one form of disappointment was when the elderly felt stressed by caregiving role. This role made them feel overwhelmed. I coded the term ‘care burden’ when caring for grandchildren was discussed with the sense of disappointment and despair. Another thing that strikes me here is the way the participant uses the term “throw” and “push”. In common language usage, these are strange terms to use when talking about people. In this context the words “throw” “push” were used to mean grandchildren were brought under elderly care without their approval.

Amina explained:
"...we never graduate from caregiving, ehh, they just throw and push them to us... When they get them, you will be caught by surprise...they just push them over to their grandmothers so that they would be cared for... (IDIs, female 69).

Caring for grandchildren was perceived a burden when it involved extreme material, physical and emotional burden/stress. Such burden includes direct costs, (i.e. payments of school fees, food, medical expenses/health care) emotional, physical and immaterial costs. Maua said;

"I have six grandchildren at home, the oldest is fifteen years old and the youngest is two years old. Sometimes all of my grandchildren and I get sick with malaria at the same time...in such situations I asked myself ... if I take all of them to the hospital, we would not even have money for food. I will go to the hospital and get medicine prescribed for malaria and painkillers (panadol).... When I came back home I divided the medicine among us so at least we could get relief (Female, 69 years).

Another description of caregiving burden experienced by older women included gender-related challenges such as the multiple roles performed by older women with limited resources and the decline in their body's strength (body strength was perceived as the core capital for poor women). This pushes majority of the women into poverty making them unable to meet basic needs for them and their grandchildren. In general, participants said that traditionally, grandparents play an important role in caring for grandchildren. However, majority lamented that they are facing a situation where the warmth of grandmother-grandchild relationship is waning due to changing care obligations (grandparents are now assuming parental role). Where parents of the children are absent, (dead, migrated to town or abandoned their children), grandparents (majority of whom are widows) are forced to care for the grandchildren. They take on this role often without resources or support making caring for grandchildren a burden.

Shamweta, narrated her strained circumstances:

"Eeh! In 1990s HIV/AIDS killed many of my family members... So I looked after my own son, my grandchildren and the children of my relatives...I am still carrying this burden till now. The family is very big, I am all alone. ...it is a heavy burden to carry. I am tired... I think this is the reason why I got this disease...heart disease." (IDIs, female 64).
Another participant narrated:

**Case 1: I would rather die than watch my grandchildren die of hunger (Mzee Lameck, 80)**

“I was left with three grandchildren, one was learning how to walk, the other one was not even walking and the other was very young ... I was teaching as a part-time teacher then I retired. One day when I arrived at home I found these grandchildren abandoned here under the mango tree and their mother gone. My neighbors told me ‘these children are now your burden; the girl who left them here was impregnated by your grandson’. I almost collapsed... children had bundled there like kittens.... I was very confused ... I said to myself, “I am about 80 years old, I have no wife, my wife died few years ago, how am I going to look after these infants?” I have struggled with them and now they are in primary school, luckily I had a “contract” then, but after sometime my contract was terminated. I have had no income since then. One day I had no food at home, my grandchildren were asking for food – they didn't know I no longer had income. Then I asked myself, what should I do? I went and lay under the cashew nut tree, and I said to myself, ‘I would rather die than watch my grandchildren die of hunger.’ I slept there and when I woke up it was already midnight, and I crawled through the grass to my home.... The way we live here in urban areas nowadays, there is no way you can ask your neighbor for anything. I went to the shops and asked them to lend me flour and they mocked me, saying, ‘How can a man borrow flour? Are you not ashamed?’... I came back home empty handed. They mock me because they know, I am an old man with no income and if I borrow I will not be able to pay back. This is the situation we are facing and it is us who built this country”.

Participants however admitted that when they had made the choice and had the resources, caring for grandchildren was a source of joy, comfort, pride and happiness. As one focus group participant commented “when it is one’s own choice, out of leisure and pure enjoyment, caring for grandchildren is a major source of hope, happiness and the main reason for living...” Bi Havijawa said;

My pension is small but I thank God because I at least have something to give to these (showing her grandchildren) ...what makes me happy is the fact I took them to school, eeh... I pray every day that I’d take them far in that direction ... I want them to be able to fend for themselves. So that by the time God calls me they are already on their own, eeh! That will make me very
happy; eeeh... their development and progress makes me happy... I’m happy with their presence (Female, 68).

From the above extract it is clear that grandchildren can be a source of happiness if they (the grandparents) make the choice to be fully engaged.

3.8 Discussion
This paper aimed at exploring the cultural schemas that underlies older people’s perceptions of intergenerational caregiving. We frame and analyze our discussion using cultural schema theory (D’Andrade, 1992; Strauss and Quinn, 1997). The major theoretical contribution of this study lies in the clarification of how, cultural schemas shape older people’s perceptions of intergenerational caregiving obligations of young generations towards their older parents. By using this theory, we were able to identify a series of cultural schemas found in older people’s discussions of intergenerational caregiving role. This enhanced our understanding of what in older people’s mind shapes their perceptions and expectations. Arguably, cultural meanings are in the mind and they shape experiences and perceptions (Strauss and Quinn, 1997, p. 50). Drawing on participants wide-ranging narratives, we identified the most prominent shared schemas such as; caregiving is a sign of respect, caregiving is a sign of love, emotional bonds and attachment—that is, internalized and shared—were prevalent in older people’s perceptions of intergenerational caregiving. Participants also pointed out that caregiving involves dedication, i.e. a good child is the one who is able to dedicate her/his time and attention to aging parents. The guideline that one should care for one’s older parents is a culturally transmitted ideal, also a goal that functions as the behavior of those who internalize it. Arguably, goal schemas are schemas imbued with motivational force (DÁndrade 1992); individuals who engage in practices closely linked to cultural models will be more likely to have internalized cultural motivations than those who do not (DÁndrade 1992). Building from DÁndrade’s (1992) argument, we found that one of the central cultural goals (of study participants) is the goal of caring for older adults. Participants showed strong commitment to the cultural model. They said they had been strongly committed to providing care to their older parents when they were younger and that they had hoped to set an example to their children with the expectation that these children would care for their needs in their old age.

Moreover, prompted by their experiences, majority perceived care from their children as a cultural obligation and not an individual (child) choice. These findings seem to back up the assertions made by DÁndrade (1995) that when cultural beliefs
are internalized as beliefs, they gain emotional weight and feel inherently true (D’Andrade, 1995). Equally, these findings echo Strauss & Quinn’s (1997) arguments that meanings arise in the context of people’s experiences. Although we did not directly or extensively explore the internalization of cultural schema, the impact of socialization/ the enforcement of the schemas, underpins this paper. This study revealed that cultural values, norms and schemas of intergenerational care roles are imparted through deep cultural socialization processes (see figure1) and are deeply rooted in religious teachings. Arguably, values and norms tend not be internalized unless they are already well socialized (D’Andrade, 2006). Older people in this study said that because they provided care to their old parents with love and a sense of pride and were rewarded (blessing), they expected to get similar treatment. An implication of this was that older people wanted to receive care from their children without having to ask for it. They believe caregiving for aging parents is not an option and should be done from a sense of obligation, love, commitment, attachment and respect. These findings seem to echo Strauss & Quinn (1997) argument that “when people are motivated to enact or re-enact the schemas they have learned from their own experience, they recreate the public world of objects and events that they knew, reproducing patterns of experience which the next generation learns (Strauss & Quinn 1997, p. 112). Likewise, the study findings are consistent with the majority of cognitive anthropologists such as Strauss and Quinn (1997) and D’Andrade (1992) and Strauss (1992), who suggests that learning/internalization of cultural schemas, occurs through socialization (see figure 3.1). This study uniquely support this body of knowledge by providing evidence that in participant’s cultural context the learning/internalization of cultural schemas occurs early in life through socialization; such as initiation rites Unyago and Jando (Strauss and Quinn, 1997). However, although early life’s experience is formative, in the sense that many stable cultural schemas do originate there; other cultural schemas are derived from individual’s interaction with other members of their culture (Strauss and Quinn, 1997). Thus, our findings are in line with cognitive anthropologists such as Strauss and Quinn, (1997) who suggest that schemas are learned through interaction with members who share culture—because the elderly in this study continually experienced the interactions, instructions and other related nuances from (initiators and family members) and valued the rewards bestowed by caring for aging parents, they learned, practiced, and embodied those same behaviors—internalize the same cultural schemas (see figure 2). Arguably, the more repeatedly those experiences occur and the meaning of the events reinforced, those schemas will be more deeply impressed on the mind (Quinn 2005) — repeated shared experiences will likely result in shared meanings.
Additionally, from participants’ narratives, we identified the kind of care that older people need/expected from their children includes practical care and non-material support. Practical care involves carrying out activities for older people who may not be able to perform such duties while emotional care is the expression of concern, dedication and attachment (Kleinman and van der Geest 2009, p.159). Social care involves engaging them in social and family matters such as consulting, listening to and respecting them. The findings of this study seem to build in particular on research conducted in such African countries as South Africa by Bohman et al. (2009) and Ghana, by Van der Geest (2008), these studies linked caregiving to respect—act of giving care is seen as a sign of respect which guarantees well-being for older parents (Bohman et al., 2009). This also confirms the argument made by Van Der Geest that respect and care are often used interchangeably in African context (Van Der Geest, 2002). Thus not caring for older parents is seen as a sign of disrespect (Bohman et al., 2009). Likewise, the existence of regulations/rewards to reinforce caregiving seems to be confirmed in the data, which exhibits both positive and negative rewards. It is argued that in traditional African setting, older generations have control over knowledge as well as scarce resources, such as land, livestock, essential skills and ritual powers. These resources allowed them old age security. Children appeared to care for aging parents for fear of missing out on these rewards (Rwezaura, 1989, p.9).

Lastly, findings of this study reveal that not only did older persons complain that they are not cared for by their children but also complained about the burden of caring for grandchildren. Although it is unquestionable that traditionally, in many African societies including Tanzania, grandmothers were involved in caring for grandchildren and enjoyed the company of their grandchildren (Forrester, 1999; Orb & Davey, 2005), the distinction between caregiving to grandchildren as a joy versus a burden was made clear—largely depends on whether care was done willingly, with resources/support or not. Caregiving was perceived as a burden if grandparents assume parental responsibility without resources and support from the parents of the children. In such cases, caregiving turns into a burden. Such a shift or reverse in care roles in the style of parenthood has adverse effects on older people’s well-being. Although our data limits the extent to which we can discuss the impact of poverty on the aging, old age poverty in Tanzania has a multiplier effect on vulnerability, in such a way that poverty tends to be transmitted on other households and family members (UNICEF, 2006). This is because older people are the primary caregivers for vulnerable children (UNICEF, 2006). In addition, due to limited coverage of formal social security schemes in Tanzania, majority of older people will continue to rely on informal safety nets—in the form of intergenerational support to survive (Kashaga, 2012; HAI, 2011). Lack of care in old age makes older people more vulnerable to poverty.
Arguably, in Tanzania, aging is characterized by poverty and deprivation, poor access to health care and poor diet (Mwanyangala, Mayombana & Urassa 2010). Besides, lack of care and reversal of intergenerational care roles reported may affect several decisions that people make at the micro level that may have an impact on the macro level; for instance, the fact that children are no longer a source of care, income and not seen as future assets in whom parents would invest and expect returns in their old age may affect fertility decisions of present-day couples. This is indicated by Caldwell’s theory of intergenerational wealth flow which explains that in a society, fertility is high if children are economically useful to parents and take care of them in their old age and low if children are not economically beneficial to the parents and do not take care of them in their old age (1976).

3.9 Conclusion
The use of cultural schema theory enabled us to access the meanings that underpin older people’s thoughts, perceptions and actions in everyday life. The cultural schemas revealed in this study also act as a framework of interpretation used in everyday life—cultural schemas influence older people’s perceptions regarding what is right, responsible and morally correct, and in so doing, also involves the individual’s motivational force—cultural schemas functioning as cultural capital internalized by elderly (Bourdieu 1986). Based on our findings we can conclude that the weakening of intergenerational safety nets has negative impact on the emotional and physical well-being of the aged. Arguably, the well-being of older people is dependent on their subjective experience of caring relationship (Roos et al 2017, p.106). The need to put in place interventions that encourage intergenerational caregiving can therefore not be gainsaid. These intervention programs should seek not only to consider but also to build upon the strength of cultural values and beliefs. In particular, older people need to be better supported through interventions tailored to their specific cultural background. The socio-cultural and economic context in which Tanzanians are aging necessitates collaborative efforts to support the care of elders in this setting. Sustaining a model of intergenerational caregiving will require coordinated support from traditional institutions, government, private sectors and non-governmental organizations. Given the importance of traditional institutions in providing support to elderly traditional institutions can be further empowered through training and funding to support older people and their grandchildren. In addition to this, this study calls for appropriate support mechanisms for older people such as public services and welfare programs like non-contributory old age pension and child support grants which target poor families. Non-contributory old age pension has proven to work well in South Africa, so this would as well be a good option
for Tanzania. The government could also subsidize older peoples’ essential services (e.g. medication, transport, housing, food and clothing); this can complement and, in many ways, enhance health, the aging process, and intergenerational relationships. National policies also need to prioritize the issue of aging and mainstreaming aging issues in their social and economic planning. Interventions should aim to address gender needs of older people. Our findings reveal that older women bear huge burdens associated with providing daily care to their grandchildren. Their needs and experiences are unique and thus need to be addressed.

Lastly, the consistency of cultural schema among the majority of older adults shows the effectiveness of cultural meaning systems. Cultural meaning systems/schemas, do the following; represent the world (cognition), create cultural entities, direct one to do certain things (motivation for behavior), and evoke certain feelings (affect). Thus, this is an opportune time to consider an important question: Does this means older adults in Pwani accepted the cultural meaning system of intergenerational caregiving, without modification? Our findings do not imply that older adults in Pwani have integrated/internalized everything offered by cultural meaning system. What the study indicates is that cultural meaning systems/schemas (of intergenerational caregiving role) come to be felt as a salient part of the self. This underscores the importance of timing of socialization. Put simply, when and how cultural learning took place makes schemas salient or durable. As indicated by the majority of cognitive anthropologists (durability or salience of schema depends on the timing of socialization—-sensitive period). The “sensitive period” (of socialization) is the period during which a cultural meaning system for interpersonal relationships is incorporated into the individual’s personality. Majority of cognitive psychologists such as Jean Piaget argue that the period between the ages of 9 and 15 is a sensitive period for the incorporation and learning of the cultural meaning systems. The findings of this study indicated that in participants’ cultural context Jando and Unyago socialization were conducted around that age (sensitive age), perhaps this explains why these schemas are salient to their perceptions despite their variations in care receiving experiences of which majority were not cared/completely neglected, few received adequate/some care and very few were cared. Thus, as far as interventions are concerned the timing of cultural learning is very important.

3.10 Limitations and future directions
Despite the strengths of the current study, which includes examining the meanings that underpin older people’s thoughts and actions by examining the schemas that elders have about intergenerational care and how they acquired those schemas,
one of the limitations of this study lies in the fact that the findings are derived only from older people. Future research should investigate the cultural schemas underlying the younger generation’s perceptions of intergenerational caregiving in order to get a complete picture of the intergenerational care model. Moreover, our findings are derived from elders who largely share cultural backgrounds, socio-economic status and cohort. Arguably, the more homogeneous individuals are, the higher the likelihood of cultural schemas being shared. Future research should explore perceptions and cultural schemas of elderly who differ in terms of socioeconomic status and location. How ‘internalization” happened and what is special about the initiation rites that made their lessons so enduring and motivating for previous generations is also an interesting avenue to explore in the future.

Several questions have been raised by this study and may require further studies. Such questions include; if indeed the younger generation is not providing care for their parents, is it because they lack the schema about what sort of care is expected or is that schema not internalized in a way that would create sufficient directive force (motivation), and if so, what kind of motivation forces might be missing or attenuated? Or are the schemas and motivation present, but they lack the resources? Or are the rewards not that appealing? Or maybe elders still bestow blessings and curses but these incentives no longer instigate the same responses?

Lastly, recent research suggests that Jando and Unyago as the primary source of socialization are rapidly losing ground (Abeid et al. 2014) then what informs younger generations’ cultural schemas?
References


