CHAPTER 8

Conclusion and Discussion
8.1 Introduction

This final chapter draws together the summary of key findings. Section 8.1 reflects on theory and methodology. Section 8.2 demonstrates the implications of the study and Section 8.3 makes recommendations and suggestions for further research. Overall, this study sought to explore and understand the cultural aspects that shape older adult's perceptions of being old and the meanings they assign to their gender identities in later life. Specifically the study examines the underlying cultural schemas (such as intergenerational caregiving) and cultural norms on gender identities (such as ideals of masculinity and femininity) that shape older peoples’ perceptions and meaning they assign to old age.

Data was collected through in-depth interviews and focus group discussions to gain older people's emic ('insider') perspectives. A grounded theory approach was used to collect and analyze emerging themes. As indicated in Chapter 1, the research questions in this thesis were as follows;

1) What are the cultural schemas underlying older adults’ perceptions of intergenerational caregiving?
2) How do older women of low socioeconomic status give meaning to their (aging) body in relation to ideals of femininity?
3) How do intersections of age, gender and other structural (dis)advantages earlier in women's lives shape the meaning they assign to their later life?
4) What are older men’s experiences of sexuality in relation to dominant cultural norms of masculinity in Tanzania?
5) How does the intersection of age, gender and socio-economic status shape the meaning older men give to their (aging) bodies in relation to ideals of masculinity?

8.2 Summary of main findings

8.2.1 Cultural schemas underlying older adults’ perceptions of intergenerational caregiving (research question 1)

Chapter 3 provides responses to the first research question—what are cultural schemas underlying older adults’ perceptions of intergenerational caregiving? The use of cultural schema theory enabled us to identify the most prominent shared schemas (see section 3.6.1). These prevailing schemas were the basis from which participants evaluate what caring entails and the type of care they expect from the younger generation. The findings reveal that participant’s cultural schemas are derived from salient rituals and life experiences.
Ritual socialization accorded higher importance to caring for aging parents (representational function of early socialization) whereby cultural goal for “Caring for aging parents” was to encourage children to show compassion, love, respect and obedient to enhance the well-being of the elderly (constructive function). Having provided care to their older parents and witnessed their parents extend the same to their own parents, participants learned, practiced, and embodied those same behaviors. These repeated experiences of caring behaviors lead to internalization of these cultural schemas (Strauss and Quinn 1997). In addition to motivation embedded in socialization and life experiences, the importance of external sanctions in motivating conformity to caring behavior is underscored. For example, the study revealed that positive rewards such as blessings were bestowed upon children who successfully cared for aging parents and (curse) for those who failed to do so (the directive force). The findings indicate that the discrepancies between schemas/expectations and realities of older people evoke tension, sadness, frustration and feelings of being neglected.

8.2.2 Meaning of aging body and ideals of femininity (research question 2)
The second research question, how do older women with low socioeconomic status give meaning to their (aging) body in relation to ideals of femininity?— is answered in Chapter four. The key findings are that femininities are forms of cultural capital that are acquired and internalized in the form of habitus, specifically through feminine rituals (Unyago). In addition, the findings revealed the body as a vital capital for ‘doing gender’. The issue of aging body subtlety enters the discussions of the participants and shapes all narratives on the aging experiences. Older women’s inability to perform feminine roles was connected to age-related decline in body. Thus, ‘the aging body’ was perceived ‘as a burden’ because it constrains the embodiment of feminine cultural capital acquired in the form of habitus. Contrary to Bourdieu’s (1986) argument that body capital can be converted into other forms of capitals, our findings indicate that older women perceive their aging body as “a burden.” This characterization of the body is linked to the inability of the aging body to live up to the women’s gendered lives—pushing majority of these women into poverty. Women also believed that they lose their status or symbolic capital when they failed to successfully comply with gender norms. The discrepancies between lived experiences of aging and the cultural expectations of femininity negatively inform women’s process of self-identification to the point of generating anxiety and low self-esteem.
8.2.3 The intersections of gender, age and other structural (dis)advantages (research question 3)

The third research question—how do the intersections of structural (dis)advantages earlier in women’s lives shape the meaning they assign to their later life? We specifically focused on women’s agency. Combining the intersectionality and life course perspectives allows us to reveal that the experiences of a woman in later life are connected to her opportunities/constraints encountered along her life course and in many cases are influenced by such earlier life interlocking structural (dis)advantages related to dimensions such as poverty, gender, age, social networks, socio-economic status, marital status, and cultural norms. Agency surfaces as an individual and collective strategy, complex, and changing over time. The presence or the absence of resources (capital), including social networks, accounts for the ways in which the intersections of age, gender, and other structural disadvantages were mitigated or aggravated at different stages of women’s lives. In addition, the ability or inability of an individual to exercise agency depends on the interlocking sources of (dis)advantages and the forms of discrimination. There are a variety of social structures within a patriarchal system and interlocking structural positions that complicate an individual’s ability to exercise agency. For example, in Chapter five, Bi Mwenda’s combinations of structural disadvantages from her childhood, middle age and later life entangle themselves to form a type of vicious circle of deprivations which in turn blocked all her chances to exercise agency (see 5.4.2).

8.2.4 Sexuality, aging and cultural norms of masculinity (research question 4)

In chapter six of this thesis, we raised the question, what are older men’s experiences of sexuality in relation to dominant cultural norms of masculinity in Tanzania. The use of sexual script theory allowed insight into cultural aspects that informed older men’s sexual meanings. The findings suggest that Jando (male initiation rites) serves as a script for male sexuality. Within this script sexual performance is perceived as the most honored way of being a man. Most of the men reported the difficulties they face in maintaining their sexual performance in old age. Our findings further suggested that older men’s bodily inability to conform to male sexual scripts generated feelings of fear, anxiety, and distress; and ultimately created feelings of low self-esteem. Older men perceived impotence as a challenge to masculinity, rather than as a process of aging and broader sexual health issues. In order to preserve their image as ‘proper men’ majority of older men had not discussed their sexual difficulties with their partners or with their health practitioners. These silencing norms not only estrange men from their own sense of self and affect their sexual agency, but seemed to also lead older men to engage in poor health seeking behavior. Our findings suggest that performances of masculinities remain important to older men.
and shape the meaning they give to old age. Thus, the absence of distinctive cultural script as to how to age as men affected older men’s sense of self and their sexual health.

### 8.2.5 Meaning of aging body and ideals of masculinity (research question 5)

The fourth research question—how do older men of low socioeconomic status give meaning to their (aging) body in relation to ideals of masculinity? —is answered in chapter seven. Our findings suggest that masculinity is a habitus largely acquired through a process of gender socialization ‘Jando’. Among the qualities that define this ideal masculinity in participant’s cultural context is being the ‘breadwinner’. The findings indicate that for the majority of older men from low socio-economic status, the body is the main capital for survival and for performing masculinity. The findings further revealed that, for the few men who are privileged decline in bodily abilities is compensated by their social location (privileges). Intersectional and Bourdieu’s theory of capital enabled the explanation of how in the intersection of gender, age and economic status majority of older men lose much of their privileges and status (symbolic capital), as they fail to do gender correctly. Our findings suggest that the aging body does not only inhibit gender performance but also threatens the economic and symbolic capital (eg. respect, status and power shift) men earned in their past. Thus, in the context of age relations, growing old costs majority of men’s status and position that they had recognized in younger years. In particular, due to weakening of their bodies, aging men of low socio-economic status lack capital to enable them maintain a privileged position. They are potentially enacting marginalized masculinity at the intersection of aging and socio-economic status.

### 8.3 Theoretical reflections

The main contributions of the present thesis lie in our integration of various theories from different fields – such as cultural schema theory, Bourdieu’s theory of capital, sexual script theory, intersectionality and life course approaches – into an analysis of the themes that emerged from our empirical findings. The field of gerontology is theory-poor. By drawing upon theories from a wide range of fields to interpret the emerging themes, we were able to explain the cultural aspects that shape perceptions of being old and of gender identities in later life, thereby enriching gerontological theory (see table 2.1 and 2.8.2). For instance, as indicated in chapter three, cultural schema theory enabled us to look deeply into the question of how attitudes towards intergenerational responsibilities were constructed and internalized. From the participants’ narratives, we extracted the models/schemas of intergenerational caregiving. Drawing on cultural schema theory, our findings suggest
that the cultural models for intergenerational caregiving in Tanzania call upon the younger generation to love, respect, obey, and honor their aging parents. In addition, the intergenerational caregiving model requires older children to provide their parents with physical, material, emotional, and social care. Meeting these needs can improve the physical and emotional well-being of older adults. The study further revealed that the realities of the older adults in this study diverge from their cultural models of intergenerational caregiving. Based on this theory, we concluded that the discrepancies between the models/schemas and expectations of the older people on the one hand, and the realities of old age on the other, led many of them to feel tense, sad, frustrated, and neglected.

This study makes another important contribution: namely, by using social constructivist perspectives to explain gender identities in later life, we were able to describe how the cultural scripts and “habitus” older people acquired and internalized in their early cultural socialization actively functions in later life; moulding their perceptions and thoughts and shaping their behaviors. Thus, we found that the experiences of older women and men reflect culturally embedded social constructions of gender. Our results largely support Butler’s (1990) argument that gender is performative, as we found that masculinities and femininities are given meaning through repetitious and recurrent performances. A majority of the women and men in this study reported that they perceive themselves as failures and as incomplete because they are no longer performing gender correctly; i.e., they are unable to embody internalized habitus and cultural scripts. But while a majority of the older women and men in the study characterized themselves as having failed, our findings suggest that gender performances remain important to older women and men. Thus, older women’s and men’s perceptions of their gender identities are “never-aging stories” (Spector-Mersel, 2006). In several instances, the older women and men indicated that they are unable to realize traditional versions of femininity/masculinity.

Moreover, by applying Bourdieu’s theory of capital, we were able to show that gender performances are altered by the age-related decline in the body, given that the body is the capital that makes gender performance possible. In addition, we found that the gender habitus older adults internalized not only provides “prescriptions on how to ‘do’ gender” (Butler, 1990, 2004), but also serves as a tool that helps them make sense of their aging experiences (see figure 8.1). Indeed, these findings call into question arguments put forward by Bourdieu and Wacquant (1992) that habitus can be modified based on new experiences. The findings of this study indicate that the gender habitus older adults internalized early in life continues to prescribe how to “do” gender in later life. This pattern may be attributable to the low socio-economic
status and lack of formal education of the majority of the study participants. It has been argued that experiences gained from early socialization can then be transformed through formal education (Bourdieu, 1977; Bourdieu and Wacquant, 1992). Besides engaging in gender-typed roles is important to older women and men in order to retain “symbolic capital” in the form of status, respect, and power.

Likewise, the use of sexual script theory provided us with insights into the cultural aspects that inform the meanings older men assign to sexuality. Masculine sexual scripts that equate good sex with a phallocentric approach and masculinity with performance and potency put pressure on men and shape the meanings they assign to their sexuality later in life. The study also found that the discrepancy between the experiences of aging (i.e., physical limitations) and the internalized scripts and habitus affected the older adults’ processes of self-identification, and resulted in levels of emotional distress that threatened their well-being. Put simply, the cultural scripts, expectations, and internalized habitus no longer corresponded closely to the self. For instance, the participants reported that the functioning of their aging body did not adequately represent their subjective experiences of the inner self. This was most commonly expressed in statements such as: “I am an incomplete woman”, “I am an incomplete man”, “the body betrays me”, “I have to listen to this old body”, “the heart desires but the body is weak”.

We are not, however, proposing a fully determinist model of cultural process. We argue that adhering to gender norms or engaging in gender performances is important to older women and men in order to retain “symbolic capital” in the form of status, respect, and power. Such advantages tend to be enjoyed by those with greater access to cultural resources and cultural capital. Moreover, the centrality of normative gender ideas to the self-identity of older women and men explains why they would struggle to perform gender correctly, despite their bodily decline. In addition, this study concur with Butler’s argument that individuals have a limited number of gender enactment “options” because “the script” is always pre-determined within the regulatory framework (Butler, 1990: 25), put simply the agency of older people is shaped by cultural and social contexts. The process of reinforcement makes their practice social rather than individual. What we would add, though, is that the ability of an individual to exercise agency also depends on his or her resources/capital and interlocking forms of privilege/advantages. In addition, the intersectionality perspective provides analytical tools that allow for a more nuanced and varied account of the experiences of older men and women. Drawing on this perspective, we were able to gain insight into how structural dis(advantages) at the macro level—i.e., intersecting identities or interlocking forms of privilege/advantages and
disadvantages/discrimination – shape individual experiences at the micro level. Lastly, by using life course perspective the study has revealed the majority of older women face the cumulative effects of gender discrimination, violence and structural inequality throughout their lives, including multiple roles, less access to resources such as education, lower earning capacity and limited access to rights to ownership of resources.

8.4 Reflections on methodology
Aging, gender identities, and culture are unexplored themes in Tanzania. To holistically capture the perceptions and experiences of older people in Tanzania, this study used the grounded theory approach. We initially undertook a pilot study in order to make research instruments that are more culturally embedded (emic perspectives) than existing instruments. The pilot study also helped us better understand the contextual characteristics of the individuals being studied. Thus, from a strategic perspective, conducting the pilot study helped us obtain an entry point into the field. We therefore argue that the value of including a pilot study in grounded theory research designs should not be underestimated. Furthermore, our approach of combining focus group discussions and in-depth interviews enabled us to collect a rich density and variety of the concepts necessary for developing a grounded theory (Strauss & Corbin. 1990). As I have previously pointed out, unlike in the traditional grounded theory method used by Glaser and Strauss (1967), in this study we did not stick to a rigid framework, which would have delayed the literature review. Instead, we undertook a literature review in the early stages of the research, which enabled us to develop research around the concepts found in the literature (i.e., to design our guides). As we highlighted in section (see 2.3.2), this approach did not force any preconceived ideas into the research. Instead, it enabled us to gain an understanding of some of the issues that were relevant in the study, and thus gave us a tentative idea of where to look. For instance, during the design cycle we incorporated cultural schema theory and the social constructivist perspective on gender to make sense of the initial themes. Using theory in this way enabled us to be more ‘grounded’, not only in our understanding of the data, but also in our use and application of prior theory in all stages of the research. Another specific contribution of our research project is that it has demonstrated how theories in different fields can be used to enrich gerontological theorization (see table 2.1 and 2.8.2). Previous research on Aging studies that used grounded theory (e.g., Cheung et al. 2012; Tira et al. 2014; Guzman et al. 2017) did not incorporate theories into the analysis of the emerging themes. This study has taken a synthesized approach by combining theories with emerging themes (emic perspective).
The integration of theories (see table section 2.8.2) into emerging themes (emic perspective) helped us gain a better understanding of the underlying cultural schemas and gender norms that shape older peoples’ perceptions and experiences of old age, and of the meaning they attach to growing older. This approach is new to grounded theory and to gerontological studies. Thus, by using grounded theory, this study has extended gerontological scholarship in two ways. First, we examined the socio-cultural contexts in which Aging takes place/is experienced, while also investigating the nature of contextualization. Second, our findings suggest that in grounded theory studies, sensitive topics like sexuality can unexpectedly emerge as central issues at any stage of the research process. Put simply, researchers need to be prepared for the possibility that sensitive research topics such as sexuality may have more or different social meanings (depending on culture, gender, and age) than the topics usually addressed in a scholarly study.

8.5 Concluding remarks

From this analysis, several conclusions can be drawn. Our first conclusion concerns the extent to which the Jando and Unyago socialization rituals served not just as sites of socialization, but provided models or scripts through which the older adults in our studies acquired the schemas (such as schemas of intergenerational caregiving) and the gender identity models (i.e., the masculinities and femininities) around which they wove the details of their lives. A central theme of our findings is that cultural norms, schemas, and scripts are not merely reproduced; but are embedded in a complex process of socialization and life circumstances. Our findings also indicate that the cultural schemas and cultural construction of gender are located in the discursive practices imposed upon individuals in early socialization, thus creating a range of expectations. For example, a majority of the older adults drew upon cultural models/schemas to interpret and explain the kind of care they expect to receive from their own children. Put simply, older adults’ perceptions of intergenerational caregiving are embedded in cultural schemas that create a distinct set of expectations and constraints. Likewise, perceptions of femininities and masculinities are continuously shaped by culture, and by how women and men position and understand themselves in relation to these norms and scripts. It is with reference to these scripts and norms that older people evaluate their aging experiences.

Generally, our conclusion supports the argument made by cultural gerontologists such as Twigg (2004) and Schwaiger (2012) that the meaning of being old is gendered and embedded within the cultural setting. In this study, we have provided new insights into the cultural aspects that shape perceptions of old age and gender.
identities in later life in a Tanzanian cultural context. Our study has revealed that the cultural guidelines (schemas, scripts, and habitus) provide a framework through which older women and men in Tanzania give meaning to their experience of aging. For instance, our findings indicate that masculinity and femininity are culturally produced through cultural rituals and maintained by cultural norms. The meaning of the aging body is formed in a social and cultural context, and the body is central to the ways in which masculinity and femininity are performed. Put simply, the body is the key criterion of their assessment whether or not they were able to perform gendered routine activities or responsibilities—a sign of getting old. Our results therefore support the argument put forward by Gullete (2004) that women’s and men’s bodies are “aged by culture” (Gullete 2004). Moreover, our findings provide new insights into the ways in which gender identities emphasize ideals for men and women against which they evaluate themselves. Specifically, we found that the enactment of gender ideals in later life can add to the stress of aging for men and women, as the ideals of femininity and masculinity are difficult to attain given the realities of an aging body. This study adds a novel perspective on this phenomenon: namely, that while gender performances certainly change as women and men age, the self is not negated. In addition, in this thesis I argue that, although the models and guidelines are culturally produced, individuals retain some agency, as these models are flexible and can be changed by individuals at any time. However, individuals’ gender performance “options” are limited (Butler, 1990, p. 25). It should also be noted that not all of the older people in this study reported adhering to cultural norms and expectations. For example, few of them appear to have resources that allow them to position themselves within a wider range of aging and gender performances, and to depart from the dominant norms.
8.6 Implications of the findings, recommendations for future research

8.6.1 Implications for Aging policy and social protection programs, and future directions

Our results indicate that the well-being of older people is declining due to the decreasing availability of intergenerational family care and the lack of formal care. Based on these findings, the question arises as to whether, in the Tanzanian context, intergenerational family care is still a reliable source of care for older people (as stipulated in the Tanzanian Aging policy of 2003). The results of this thesis suggest that interventions designed to strengthen/revive intergenerational relationships within families are crucial for improving such relationships. Furthermore, considering older adults’ own experiences as discussed in Chapter 3, early-life socialization strongly shapes caregiving practices (attitudes and behaviors) ---it can be concluded that early socialization can be an important fundamental motivation for caregiving behavior. This observation highlights the importance of the timing of interventions aimed at promoting caregiving behaviors. It is essential that the current socialization programs are carefully evaluated. Specific attention should be focused on the effectiveness of current socialization programs in promoting specific aspects of caregiving practices (including attitudes and behaviors). Once we have obtained a
deeper analytical understanding of the current socialization programs and a better understanding of younger generations’ perceptions of intergenerational care, we can decide how best to incorporate into existing programs positive cultural aspects that encourage caregiving behaviors.

While older people will continue to rely on intergenerational family care, the government has a significant role in promoting well-being of older people. To put it simply, it is vital that the role of the government in welfare provision is strengthened, even as the balance of services provided by the government and by the family is maintained. For instance, while the family will still be involved in the practical, emotional, and social dimensions of care for older people, the government needs to take a more active role in providing social protection. These forms of support can enhance the well-being of older people, while complementing existing intergenerational relationships. In addition, policy-makers, social workers, and other stakeholders can apply the findings of this study to assess the care needs of older people in their respective cultural settings; and the capacity of family members to provide care within a wider population. Care needs could also be addressed through the development of inclusive policies and practices, such as bottom-up approaches.

Our findings showed that, the majority of older people are not covered by pension systems, so they depend entirely on their body’s strength to earn their livelihood—as their bodies are too weak to produce—are pushed into poverty. This, study recommends that the government must provide universal non-contributory pension schemes for older adults (including those working in non-formal sectors to ensure that all older people in the country are covered), and subsidize their essential services (e.g., medication, transport, housing, food, and clothing and provide micro-credit schemes). Long-term care insurance and policies aimed at improving the availability of non-family-based care and assistance are also needed. Besides, as part of the 2030 United Nation’s Agenda’s commitment to “leave no one behind”, all states (including Tanzania) were called upon to adopt Aging as a core theme for development. Against this backdrop, the urgent need emerges for a clearly defined and workable national framework and agenda in Tanzania aimed at improving the livelihoods of older adults, especially those of low socioeconomic status. These frameworks should address Aging issues and include poverty reduction strategies and gender specific programs that are specifically focused on improving the well-being of older people (see figure 8.1). The further implications of these findings suggest that a closer look at these interlocking systems of privileges and disadvantages help to shed light on the complex factors that can produce vulnerability in old age and can also offer
insights into possible ways in which state support programs, services and policies can be revised to support older women and men.

Furthermore, the findings showed that older women bear huge care burdens, which are associated with heavy physical, psychological, and financial costs. Interventions that support older women by providing them with resources such as cash transfers will benefit older women and other family members not just directly; but indirectly, as the availability of such benefits can encourage younger adults to help their older family members, thereby reversing the trend towards declining intergenerational support and reliance. These interventions have been proven to work well in South Africa, and would probably work well in Tanzania, too. However, before we can implement such measures, we must gain an empirically based understanding of family structures, and of how formal and informal organizations and institutions in Tanzania can provide assistance (e.g., by facilitating cash transfer interventions) while avoiding service fragmentation and using resources effectively. The fieldwork also showed that a significant number of older people in the study setting (especially women) were either living alone or with more than three grandchildren under the age of 15. It appears that this living arrangement is becoming common in African countries. In such cases, the older woman typically does not choose to live alone, but is forced to do so by circumstances such as the abandonment by or a decrease in support from her children or extended family. To help these women, public services and welfare programs, such as child support grants that target poor families, are needed. The government and other stakeholders should also provide residential facilities for older adults who have been abandoned and are homeless. It is, however, important to recognize that older adults have diverse characteristics and needs. More research on multigenerational living arrangements and intergenerational care provision and financial transfers is required to find out which programs are most effective in the Tanzanian context.

8.6.2 Implications for gender empowerment programs and future directions
Understanding how cultural norms and gender work is the first step towards encouraging meaningful behavioral changes; and towards promoting greater awareness, acceptance, and action. The findings of this study offer useful insights into the gender norms that shape older people’s perceptions and behaviors— These norms not only prescribe behaviors, but also condemn deviation from that behavior. Some of these norms, coupled with the lived realities of aging, have detrimental effects on the well-being of older people. There is clearly an important role for policy initiatives and intervention programs to play in promoting the well-being of older people in Tanzania by tackling the norms and the emotional issues that underlie
these practices. Interventions such as community education and gender empowerment programs with components that aim to transform older women’s and men’s gender ideology (e.g. ‘gender-transformative interventions’) are crucial. Transforming the gender ideology is about transforming the lives of older men and women, which involve developing partnerships that bring these efforts into the mainstream consciousness (working with the communities in an interactive mode until they decided themselves that gender harmful behavior should be stopped). At the heart of gender transformative programs is a focus on addressing collective rather than individual behaviors. Put it simply, we need to address our attention to changing the bigger picture, rather than the individual behaviors. These interventions have been successfully implemented by Tostan International in a number of African countries such as Senegal, Gambia, Mali and Mauritania (Tostan, (United Nations Children’s Fund-UNICEF, 2008)

Moreover, the findings revealed that as a result of gender norms, the majority of older women are vulnerable to discrimination, poverty, and violence. The norms that promote gender discrimination also limit women’s agency and women’s functionings that are subject to the constraints imposed by gender discrimination. To help protect older women against discrimination and violence, gender-sensitive policies (mainstreaming programs) and legal reform (e.g property and inheritance rights) are critical for speed up the pace of change and effecting permanent shifts in harmful gender norms. Mainstreaming the concerns of older women should not only result in additional policies but should also mean the review of existing policies to ensure that they sufficiently reflect the concerns of older women. Most gender mainstreaming interventions in Tanzania focus solely on gender relations. As a result, women and men are homogenized. The results of this thesis showed that, while all women are in some ways subject to gender discrimination, other factors including age, socio-economic class, ability, culture, and location combine to shape one’s social location and experiences. For gender mainstreaming to realize its full potential and to transform gender norms, gender constructs need to be challenged. The ideal of men as privileged and as not needing help obscure needed attention to how men can also be victimized by patriarchal culture, sexism, ageism and poverty simultaneously.

Taking these considerations into account, additional research is recommended to combine intersectionality and the Capability Approach to examine the combined effects of age, class, and gender. Such a combined approach would allow for the development of a broader and deeper conception of discrimination that captures the diversity between and within groups, and that improves our understanding of the processes through which these differences are transformed into drivers of inequality of capabilities. Thus, this combined approach can help us move away from focusing
mainly on individual characteristics, and towards investigating the processes and
dynamics through which these ascribed characteristics lead to reduced access to
valuable doings and beings (Balsera, 2014).

8.6.3 Public and reproductive health implications, and future directions
This research has significant implications for public health, including core issues in
sexual health and older people’s health-seeking behavior. As discussed in Chapter
six, silencing norms are cultural values that are deeply woven into masculine sexual
scripts, and seem to be key determinants of older men’s sexual behavior. Our find-
ings therefore suggest that more attention should be paid to the reproductive health
needs of older people. Programs and interventions that are sensitive to culture and
age are likely to work better for older men (see figure 8.1). A gender-transformative
intervention that raises awareness about unhealthy masculine norms is also crucial
(see section 8.6.4). In addition, our results highlight the potential for health care
practitioners to be attuned to behaviors that reflect adherence to restrictive emo-
tionality norms, including a reluctance to discuss concerns about sexual functioning
and other worries as these behaviors might be driving mental distress. Specifically,
these interventions should empower men to resist the stereotypes and limitations
imposed by masculinity scripts. Such interventions may require the involvement of
healthcare practitioners trained in mental health issues to bridge the gap between
the internalized scripts of ideal male sexuality and the reality of Aging.

Moreover, psychoeducational interventions aimed at educating older men about
unhealthy masculine and how to cope with changes along with encouraging men
to communicate their feelings and concerns in a supportive environment might
promote greater psychological adjustment to older men and help change the way
in which men feel the need to conform to restrictive masculine norms. Psycho-
education interventions consists of four elements; briefing individuals about harmful
behaviors, problem solving training, communication training, and self-assertiveness
training, and while the main focus is on improving the well-being and functioning of
individuals. Psychoeducational interventions (Regan et al., 2015) have been found
to be successful in reducing psychological distress among older men. Besides, infor-
mation from practitioners regarding normal age-related changes in sexuality and
encouragement, together with advice on how to continue meaningful sexual rela-
tions in later life, may play a key role in altering such negative attitudes. In addition,
as indicated in chapter 6, sexual health and needs of older people have largely been
neglected. The rollout of antiretroviral therapy (ART) in Tanzania has increased the
life expectancy of person infected with HIV the burden of HIV infection shifts to
older age groups, this study therefore, calls for policy-makers and practitioners to
incorporate sexual health issues faced by older men and women into sexual health interventions (see figure 8.1). Given that this is the first study on the sexuality of older adults in Tanzania, it is clear that there is a demand for more research on the reproductive health needs of older people based on their intersecting identities, such as age, gender, class, religion, and ethnicity. Such findings are essential to ensure that these interventions are well-targeted, and have the desired impact.

**8.6.4 Implications of behavioral interventions programs and mental health**

The findings suggest that older people’s mental health problems such as stress, anxiety and depression are largely associated with sociocultural factors, such as cultural expectations, gender norms, lack of care, abandonment, burden of care and poverty. Based on these findings, we suggest that, there is a need for psychosocial interventions that integrate mental health into social programs such as gender empowerment and poverty reduction programs. Such interventions have shown marked improvements in mental well-being of older people (United Nations Population Fund, 2007). Addressing mental health concerns along with livelihood initiatives can also help to enhance both physical and emotional well-being of older people. The findings further suggest that a consideration should be given in developing mental health programs that takes into account the specific cultural contexts of mental health (culturally relevant interventions). Intersectoral collaboration within sectors and government departments such as sector of Health, social development and planning is needed to promote the coordinated use of resources to improve the mental well-being of older people. Besides, there is a shortage of robust evidence for the effectiveness of interventions to improve the mental well-being of older people. Further research is needed to assess the effectiveness of existing interventions.

Lastly, in the context of this study, the findings further suggest the wider use of behavioral insights to improve the emotional well-being of older people. Behavioral insights can be used to design interventions that promote behaviors associated with improvements in long-term emotional well-being Cognitive psychologists and gerontologists are increasingly optimistic that changes in cognition, emotions, attitudes, and behavior are possible in later life. These researchers have suggested that older people have the capacity to modify their perspectives, schemata, outlooks, and behaviors (Hess, 2006; Roth, 2007) if they are able to see that such a change has a definite benefit (e.g., openness to new experiences and new ideas), and if they are involved in collective evaluations and decisions. Achieving such improvements may, for example, involve directly addressing older people’s emotional concerns, or ensuring that opportunities to socialize are available in environments that bring to mind positive associations. Furthermore, improving the emotional well-being well-being
of older people requires practitioners to collect information about the consequences of detrimental norms, while creating safe spaces for community members to come together to question existing norms, expand their personal capacities and aspirations, and reimagine their existing relationships. However, more research in a wider population will be critical for creating new behavioral interventions that are effective and sustainable, and that achieve better outcomes by challenging harmful gender norms and inequalities. In summary, it’s the combination of all these interventions (8.5.1, 8.5.2, 8.5.3 and 8.5.4) that will help older women and men lead healthy, productive lives.

**Final remarks**

**A final reflection on Macro vs. micro and the Applicability of western based theories to non-western context**

As this study has drawn from several theories and discussions located in various fields, it has also contributed to existing discussions in these fields (e.g. sociology of gender, cognitive anthropology and aging studies). Broadly, this study has contributed to cultural Gerontology concerned with how culture is constitutive of gender identities in later life. It has also illuminated how individuals, due to their different intersectional locations, are able to (or not able to) exercise agency. With these findings, this thesis draws on the main sociological debates on macro vs. micro and structure vs. agency. As an empirical contribution, this study explores the cultural schemas and gender identities of older women and men in Tanzania (Pwani) – aiming to understand how they shape older women’s and men’s meaning of old age. This empirical contribution is especially important in Tanzania context, as the experiences of older people – have been largely neglected in research and interventions.

The field of gerontology is “data-rich but theory-poor” (Hendricks et al 2010). This thesis has also made a theoretical contribution to the fields of gerontology by integrating various theories from different fields (see table section 2.8.2) with empirical evidence. This is important (both empirically and theoretically), as our choice of analytical theories have implications for the results and interpretations produced. While our analytical attention is on individual narratives (produced on the micro level), we examined these individual narratives as embedded in cultural-social context (see figure 8.1). Hence, the link between individual perceptions/practices and cultural-social context (macro level), which these are embedded in, is rather contradictory. In looking to ways in which macro-level factors help to shape and provide an interpretative of individual aging experiences, we also consider how
individual practices (gender performative) and perceptions help to construct and sustain these norms.

Often, studies and interventions (e.g. in Tanzanian context) take gender as the central analytical perspective to explain experiences of women and men. The focus is often on women or men as a homogeneous group, other relevant categories on women’s or men’s experiences, is dismissed. Such approaches however, by this very logic, fail to capture the unique experiences of women/men positioned at the intersection of several social categories concomitantly and ways in which these categories mutually reinforce each other in people’s experiences, for example, although, majority of our study participants were poor with low socio-economic status, few were situated, albeit differently, in an intersecting source of privilege springing from capital, gender (sex), and class position.

The application of an intersectional perspective revealed that the older women and men in this study are situated within intersecting identities or interlocking forms of privilege/advantages and disadvantages/discrimination. The intersecting identities observed in this study also show that while the older women and men have shared experiences along gendered lines, neither the women nor the men are homogeneous groups or simply gendered subjects, as their individual experiences vary. Put simply, the intersections of categories of difference we identified enabled us to move away from the homogenization of men/women. Thus, we urge scholars to continue collecting data on the experiences of older women and men women situated within interlocking forms of privilege/advantages and disadvantages/discrimination. We argue that diversity can occur along a variety of dimensions, such as gender, marital status, ethnicity, ability, religious affiliation, and socioeconomic status. Therefore, we call upon researchers to look more closely at the aging experiences of different groups of older adults in Tanzania.

Additionally, this thesis has been able to demonstrate that despite the fact that the applicability of western based theories to non-western context have been questioned by some scholars, the elements of these theories remain viable (analytically appropriate); they provide the framework that stands to contribute important insights into schemas and perceptions older adults in Tanzanian cultural context bring to their interpretation of their experiences of aging. Hence, extend these theories to Tanzanian cultural context, for example cultural schema theory in Tanzanian context (see chapter three), Bourdieu theory of capital (see chapter four and seven), intersectionality and life course approach (see chapter five and six) and cultural script theory (see chapter 6). This study argue that, it was essentially in the interaction
with empirical data (emerging themes) that the validity of these theories became manifest—yield rich insights of cultural aspects that shape perceptions of old age and of gender identities in later life in Tanzania.
References


