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Widowed mama-grannies buffering HIV/AIDS-affected households in a city slum of Kampala, Uganda

Stella Nyanzi

This article explores the experiences, challenges and coping strategies of urban elderly residents in Kasubi-Kawaala, a slum on the margins of Kampala city, Uganda. The city is mainly stereotyped as a space for able-bodied individuals able to hustle, innovatively compete for limited resources, and accrue themselves benefits. It is widely assumed that old age causes people to retire to rural areas. Thus, the 'urban elderly' present an anomaly. Yet, they play a very significant role in the city. Many support dependent grandchildren, many of whom have been orphaned by AIDS.

Key words: elderly; widowed; urban; gender; Uganda; Africa

Introduction

'*Bukadde magezi*', a Luganda proverb, translates as 'old age is wisdom'. While elderly people are customarily lauded and respected for their wisdom in Buganda society (Seeley *et al.* 2009), their absence in national policies and public programmes in Uganda is conspicuous. Furthermore, although many elderly individuals face diverse health challenges that yield frailty, weakness and discomfort, the special medical problems of the elderly are not specifically addressed by Uganda's health care system (Nakasujja *et al.* 2007). The roots of these absences lie in ageism – that is, unfair treatment or discrimination on the basis of age.

There is not enough published research about elderly people in Uganda. What is available mainly focuses on those who live in rural areas (Williams 2003; Williams and Tumwekwase 2004; Seeley *et al.* 2009), their role within the extended family network – as carers of orphans affected by HIV/AIDS (Kamya and Poindexter 2009; Ssengonzi 2008), and as gatekeepers of sacred cultural heritage, tradition, norms and values (Roscoe 1965). Far fewer research-based publications exist about elderly people in urban areas of Uganda, specifically their role in and contribution towards community, social and national development.

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This article looks at the multiple, and complex, roles played by elderly widows and widowers in a city slum on the margins of Kampala, the capital city of Uganda. It is based on ethnographic data. I reject over-simplified ideas of 'victim versus perpetrator' or 'abuser versus abused', in favour of analysing the ways in which elderly widows and widowers take active control of their everyday lives. The article identifies gaps in provisioning for elderly widows, and explores possible interventions which could be made by government and development organisations, as well as civil society. Elderly people are among the most vulnerable in society, and more so if they are female, widowed and without assets (especially if they are heading households), and based in urban settings, where they need to rent shelter, and buy foodstuffs (Bird and Shinyekwa 2005; Chronic Poverty Research Centre [CPRC] 2006). Elderly urban widows who head households are among the poorest of the poor in society (Nyanzi and Emodu-Walakira forthcoming).

Context: Kasubi-Kawaala

Kasubi-Kawaala is a slum with a booming market area, on the outskirts of Kampala city. Five main roads intersect in the heart of Kasubi market. In addition to a regular open market selling a range of commodities including fresh and processed food-stuffs, livestock and poultry, domestic wares, plumbing materials, household and mechanical fuels, new ready-made and second-hand clothes, there is also a local cyclical market[1] locally called *akatale k'emibuulo* that falls every Saturday. Mobile traders from other markets bring their wares for sale in a demarcated open area. Vendors and hawkers walk along the roads selling different commodities at a price to be haggled. Items are offered for sale in the evenings by roadside sellers and 'moonlighters'.

Kasubi-Kawaala has a buoyant nightlife with mini pubs, discotheques, bars, make-shift video halls, restaurants, open pool tables and a range of eating-places. Bicycles, motorbikes, mini vans, buses, wheelbarrows, trucks and lorries provide commercial public transport services. Small businesses in the area include hair salons, barber shops, gyms, butchers, radio and electronic mechanics, mobile phone chargers, shoe polishers, nail-varnishers, banks, internet cafes, photo studios, clinics and drug shops.

Alongside this commercial face of Kasubi-Kawaala are a variety of residences, ranging from short-stay motels and lodges to *emizigo* – rows of one-roomed houses for hire, hostels, semi-detached bungalows, self-contained houses, apartment flats, and storied houses. While most residents are immigrant tenants, a few others are land-owners and landlords. There are schools ranging from kindergartens to primary and secondary schools, and tertiary institutions. Numerous churches of different denominations, mosques, a public health centre, and police post cater to the needs of residents.

The majority of residents here are of Baganda[2] ethnicity; all the clans of Buganda are represented in Kasubi, which is a stronghold of Kiganda tradition. The area is adjacent to the Kasubi Tombs – one of the graves of Buganda's royal lineage. Thus,

many people who adhere to Kiganda customs and culture congregate around Kasubi in shrines, offering services as priests or diviners, using traditional religion, or healers, using traditional medicines.

In addition, many migrants of other ethnicities and nationalities also live in Kasubi-Kawaala, because it is close to other areas of Kampala city, has the market, and is relatively cheap. They live here either as tenants, or new landowners who purchased plots. Many residents of Kasubi-Kawaala commute to and from the city centre, or nearby suburbs for employment. In general in Uganda, the city has long presented opportunities for able-bodied individuals to migrate and live there because of employment, trade or education.

Urban areas are generally stereotyped as spaces for youthful, adult and middle-aged residents who were there to tap into the vast opportunities. At retirement, the norm has been for senior public servants to withdraw from urban circulation, and retire to their rural residences of origin. Generally, with old age and retirement, stereotypes have it that dignity demands a retreat (with pension in hand) to a comfortable home tucked away in some remote rural district.

In the following sections, I discuss my research findings, on the experience of life in old age and widowhood in Kasubi-Kawaala. Findings are drawn from ethnographic fieldwork conducted for a total of ten months, during 2007–2009. This took place among widows and widowers in Kasubi-Kawaala. I used methods including participant observation, focus group discussions, repeated individual interviews, analysis of material and public culture, and a review of academic literature and policy documents. In the discussion that follows, pseudonyms are used to protect the identity of participants.

Living with old age and widowhood in Kasubi-Kawaala

Kajati Hafisa, a 72-year-old widow, shares her one-roomed space at the back of her late son's two-bedroom house with four grandsons and a teenage foster daughter. Two of the boys, aged 11 and 8, are orphans of her son – the deceased landowner. While the six-year-old is an orphan from her first daughter, the five-year-old grandson is the 'illegitimate' child of Kajati Hafisa's youngest son, whose wife did not accept that she should care for 'this child of bad blood'. Although too old to be in the first year of kindergarten which is locally called 'baby-class', only the youngest grandson attends school at a nearby kindergarten. The others loiter around Kasubi, play football with other neighbourhood boys, and occasionally earn money by collecting domestic rubbish from the surrounding houses. Although poor, the four grandsons dress reasonably well in funky second-hand clothes, bought cheap at the Saturday flea market. The teenage daughter deep-fries cassava, and roasts groundnuts, which she hawks for sale in the evening with other moonlighters. She dropped out of school in order to marry early, although her marriage lasted only two years.

Kajati Hafisa explained in an interview:

> *I came here five years ago when Abubakali my son was very ill. After his first wife died, there was nobody to look after him because his other two wives lived in rented houses far from here. At first I lived in the main house. We used to be many people living here, in those days, as Abubakali was a gatherer of all types of people. But when his bosses chased him away from the job, the money became small-small. The people who were depending on my son deserted us. Money was very short, yet we needed many things such as medicines, food, school-fees for the children, eh-eh! Then Abubakali decided that we move to the backyard house so that he can rent the main house. I cared for him in here until he died. Slowly, the children stopped going to school because there was no more money for school-fees. The other two wives took away their own children, and I stayed here with the orphans. The money from rent helps us to buy food, fuel and manage somehow. Sometimes my other children come to visit, but then it is now a long time since they came. But I don't blame them because they also have their own commitments.*

With the exception of a thick Vitafoam mattress that lies on the concrete floor in a corner, Kajati Hafisa's room is devoid of any furniture. She explained to me that most of the furnishings and furniture were exchanged for medication when her son was ill. Her veiled attire, prayer-beads, and prayer-mat purchased in Mecca during the Haji pilgrimage six years ago, all testify to her devoutness to Islam: 'I get solace from praying when life is too hard to understand. I pray in order to remain sane. I pray for strength to look after my grandchildren. They are all I am left with'.

Many elderly people experience the loss of a spouse. The experience of widowhood in Uganda differs greatly according to whether one is a man or a woman (Nyanzi *et al.* 2009a). Society condones and expects widowers to remarry immediately after an appropriate period of mourning, but simultaneously condemns and restricts widows from doing likewise. While many widows face the likelihood of losing the status, property and children gained during marriage, widowers are seen by society as the sole owners of property and children, by default, and do not have to fight the same battles to retain these after the death of their spouses (Nyanzi *et al.* 2009b). Many men miss the personal care, domestic and sexual services of their deceased wives. Although widowhood is stigmatised among relatively younger individuals because of its allusions to possibilities of HIV infection, when it occurs in the older generation, widowhood generally stirs the sympathy and compassion of others. This is generally true for women and men.

As an 'outside wife',[3] Kajati Hafisa was not entitled to inheriting property after her partner's death, and was cast out of her husband's house during the last funeral rites. Had it not been for her son taking her in to be his carer during his long period of illness, Kajati Hafisa may have become a homeless destitute. However, very minimal provisions (mainly by NGOs) are given to destitute elderly people, via public programmes (Najjumba-Mulindwa 2003; CPRC 2006).

Fostering children is common in Buganda culture (Roscoe 1965). Even prior to wide-scale orphanhood because of AIDS, malaria, civil wars and other causes in Uganda, it was an acceptable practice among Baganda to foster children (whether orphaned or not) within the extended family (Seeley *et al.* 2009). In addition, children with living parents often passed through the homes of many carers, and looked forward to spending extended periods with their extended family in other households, compounds, villages or locales where they were sent for various reasons including training. However, as insightfully discussed by Oleke *et al.* (2005) from their data in northern Uganda, there has been a transition over the past 30 years from 'purposeful' voluntary exchange of non-orphaned children to 'crisis fostering' of orphans. In addition to this change, two other factors had also changed in my study context. These were the motives for fostering, and the extent to which there was a real choice to do so.

Supporting, adopting and caring for orphaned grandchildren

From research in the Entebbe-Kampala area, Kamya and Poindexter (2009, 14–15) report that:

> *If orphans have places to stay, they are most often with grandparents and other elderly relatives in rudimentary village dwellings. Many of these elders are in poor health, recovering from nursing their children as they died of AIDS, and suffering from an extreme lack of financial resources.*

Grandparents in Kasubi-Kawaala were rising to the occasion and filling the gap as carers of orphans and other children affected by HIV and AIDS (Ntozi and Nakayiwa 1999). This role particularly fell upon grandmothers because of the gender division of labour whereby care-giving for the ill, childrearing and nurturing are socially inscribed as female roles (Schatz 2007, 148).

These findings were borne out in my research. Sixty-two-year-old Kevina looks much older than her age. She is frail, bent and often complaining of general body pains. She frequently asked me to buy her some sedatives, even speaking the English brand names such as 'Valium' or 'Piriton':

> *I cannot sleep. I take very long to nod off, and then the sleep is restless because it is disturbed by dreams of my dead children. Ah I do not want to sleep because sometimes these dreams are very real. And then I may wake up four or five times a night. But then getting back to sleep is very hard to do. But why don't you buy me some Valium to help me go to sleep?*

Similar sentiments were captured in other interviews with her.

However, in spite of her insomnia and frailty, Kevina's mud and wattle house was always full of children, ranging from those in their early teens to others aged under ten, and even infants who were still crawling. She reasoned that they were her flesh and blood:

If I do not care for them, who will? These children you see here are my flesh and blood. At first I used to refuse to take care of them, but then when you think of it, their parents were my very own children. If I do not take care of the grandchildren, what will I tell God when the judgement comes?

I invited Kevina to tell me how she manages to keep the children in school:

You see, we now have projects. Bazungu – white men and women – in England in a group called Christian Children Fund support these four children here. They write for them letters and pay their school fees and sometimes they send gifts like on Christmas and birthdays. That helps me a lot. Now, these other two children here are supported by the pension of their father. The business that he was working in decided to pay their school fees up to Makerere in the university if the marks are good to take them there. Now, this one here gets some money from the brothers of her father. It is her mother who was my daughter. I think she is sick like her father, so I am not sure if it is a wise thing to continue giving her school fees. Her skin keeps on spotting and getting boils that do not heal quickly. I think she is sick. But then I will look after her, like I looked after her mother, her uncles and aunties who were my children. Hmm, if AIDS finished all my children, at least I thank God that it did not touch my grandchildren. So, even when I am tired and want to complain, I stand up my bent back once again, and I take care of my grandchildren.

Ssengonzi (2007) highlights the fact that care of children affected by HIV/AIDS starts when the parents are still living, not when the children become orphans. Children of terminally ill AIDS patients are often sent to their grandmothers for care. Other grandchildren are cared for alongside their terminally ill parents by an elderly grandmother. The demanding tasks of care-giving negatively affect the elderly economically, emotionally, and physically, including in terms of nutrition as they give what nutritious food is available to those who are ill (Kikafunda and Lukwago 2005). All these factors affect their own health and well-being. Together with grief, these multidimensional challenges exacerbate the aging process of the elderly (Kimokoti and Hamer 2008).

This giving of themselves in old age to care for orphans and other vulnerable children was often contrary to what elderly women had envisaged for their later life. Many reported that it used to be the norm that aged parents were cared for by their adult children. However, multiple reasons for death, ill-health and migration often left these elderly individuals without care, but rather needing to maintain the care of dependent grandchildren. Many of them clearly lacked necessary information about consequences of interacting with HIV-infected children or AIDS patients. A few participants in the study expressed fear of taking care of ill children and grandchildren, in case they caught infections such as HIV or tuberculosis. And yet they persisted with supporting their grandchildren. This echoes Schatz's (2007, 153) finding that elderly women reported '... feelings of being ''bound'' to care for the children'.

Why this compulsion? Women's narratives were imbued with notions of responsibility, reciprocity, relationship, societal expectations, and obligation. Stereotypes of respectability, social constructs of propriety, and norms of what respectable

elderly relations do, were often at the root of their justifications for maintaining care. In addition, however, many of these grandmothers reported that they gain in some ways from it. Their dependents assisted with housework, particularly chores that required strength and extensive mobility, offered conversation, and guarded against isolation or loneliness.

I met many grandchildren who addressed their grandmothers as 'Mama-Jajja' – translated as Mummy-Granny, or, more formally, as Mother-Grandmother. Widespread use of the affectionate label Mama-Jajja reveals that 'surrogate-mothering of grandchildren' is an overwhelming reality for many elderly women (Schatz 2007, 150). For example, Baraka aged four, and Wasswa and Kato, twins aged two, are siblings raised by their maternal grandmother. They hardly ever lived with their mother. It was their grandmother who bottle-fed each of them, dressed and bathed them, spent nights awake cuddling them, slept in hospital beds when one of them was ill, registered Baraka at her nursery school, and attended the sports days, school concerts, and Parent–Teachers' Association meetings. It was to their grandmother that they ran with a grazed knee, a rumbling stomach, to settle sibling tiffs, or to report a bullying neighbour. It was their grandmother they related to as their mother, and thus they called her Mama-Jajja. In response to my variously repeated question, 'who is your mother?' they always answered 'Mama-Jajja is my mother'. For the two young twins there was no compromise: 'Mama-Jajja is my best friend more than ever!'.

The resourcefulness of Kasubi-Kawaala's slum dwellers

Jaja Tina, a 79-year-old former teacher at a popular girls' high school, is the founder of a local women's home-management group. The women's group meets at her house for training, and practical implementation. The group has a rotating saving scheme in which members collect money and cyclically loan it to an individual each month. They commercially bake cakes in charcoal-ovens, and decorate for occasions such as weddings and parties.

The mother of two adult sons, Jaja Tina lives with six grandchildren and two nieces in her three-bedroom house. The plight that befell her land tells a deep story about resilience in the face of being taken advantage of by her offspring:

> *I bought this land in 1961 before our country got independence. It was lush green bush in those days, not as built and developed as it is now. Because my salary then was very good, I ably paid off the land fees in six monthly instalments. And then I got a surveyor to demarcate it. I paid money to have the plans of three houses drawn. By 1972 I had built these three houses on the land; one for each of my sons, and for myself. In 1984 when I was very ill with high blood pressure I called my sons and shared my land between them. Each of them was free to bring his wife and children so that they [could] avoid paying expensive rent bills. George is a big challenge to me as a mother. He sold all the land I gave him. He claims he sold it in order to support his children's education after he was retrenched from the public service. The people he*

sold to are now the wealthy owners of all those little shops along the road, to the left side of my house. Now he is very ill with AIDS, and he cannot even afford to support his children. That is why they live here with me. Jacob, my other son, went to overseas countries eleven years ago. He left behind his wife and five children. When he stopped sending them money for upkeep, the wife also sold off the land, but she was wise because she left the house I built for them. That is where she now lives with my other grandchildren. So, I took care of the children and now I am taking care of their children in my old age. In the past the children used to take care of their parents in old age, but now the mothers take care of children and grandchildren. But for me, it is okay now because I replaced my sons with the women's group. There I can support young women who are just starting out as mothers.

HIV/AIDS is only one of the challenges of daily life that place strain on grandmothers in urban margins. Poverty, and struggling to find the means to sustain a livelihood, including earning an income, are major challenges even for grandmothers who are not affected by HIV and AIDS. While some receive remittances from migrant children, others have to rely on their own innovativeness to struggle to live. Some take advantage of the geo-economic environment to survive as traders.

Nakafeero is a 68-year-old market trader who sells charcoal either by the sack or in smaller quantities by different *debe* (tin) sizes. After receiving money from a rotating saving scheme, about ten years ago, Nakafeero's deceased oldest daughter donated the initial capital, in order to empower her mother to become independent from her offspring:

The charcoal business has sustained me to this day. It has made me self-reliant. And it has taught me to be personable, clever and good at maths. I have to count additions and subtractions each time I sell charcoal. My job became my providence, just like my husband who passed away many years back. Although I am old, I will not retire. I think that people will collect my corpse from my charcoal store because I plan to die while selling charcoal.

Others are taken advantage of by the surrounding commercial context. Peggy thinks she is about 80 years old. She often assured me that she did not care what age she was. Addicted to alcohol, Peggy was seen as the village drunk. She was filthy, with unkempt hair, torn clothes and a mismatched pair of rubber sandals. Peggy presented the icon of poverty, isolation and neglect. However, the fact that she could afford alcohol in sufficient quantities to get drunk daily contradicted the stereotype of an average poor woman. Staggering to and from different drinking joints, Peggy always had a partly-filled bottle in her hands. Every time I interacted with her, she complained about not having eaten for several days, and implored me to buy her some cooked food. A persistent beggar, Peggy often ate the remains from plates in local restaurants and food-parlours. She picked raw fruit from the market streets, and leftovers from the garbage dumps. In response to my probing questions about family, friends or other personal support, Peggy's responses were consistent: 'I have no children. They are all in graves. All my eight children are in graves'.

None of the local leadership knew Peggy's exact family background, or even her permanent residence. To them, Peggy was a social outcast, a misfit and a burden to society. Rather than deal with her nuisance, they merely ignored her. Peggy was at the mercy of market vendors, restaurant dishwashers, garbage collectors and fellow drunks. Although lacking cash income, her personality and social capital enabled her to beg for the next tot of *waragi*, glass of local crude brew, or left-over beer.

A few others mobilise support and resources beyond limited government aid. For example, Namwandu Collette is a retired secretary from the public service. She always joked about having silver-grey hairs, which she carefully dyed black. She persistently dodged revealing her age to me, always insisting, 'Never ask a lady her age if you don't want to be deceived'. Widowed in the 1979 war in which Idi Amin was ousted from power in Uganda, Namwandu Collette was quick to stress that she was not an HIV/AIDS widow. This has had implications for her income and access to resources:

> *Although I attend these sessions with you, it is important that you understand that I am not one of those whose partners died because of this disease AIDS. Me, I am what they call a widow of war. And so because of this, I do not qualify to receive all the support that comes from organisations such as TASO, Mobile and AIC for people whose spouses died because of AIDS. But then, apart from the body having a virus, how else do these other people differ from me? They have orphans to support like me. They have rent to pay like me. They even have to look here and there to get some money because there is no man to give them like me. So why does government separate and say, this project is for widows of AIDS only? All of us are widows, and we face more or less the same problems.*

Policy and programme recommendations

As Seeley *et al.* (2009, 131) suggest, 'What makes a difference is when people in advanced old age have help with medical, accommodation and financial problems and a source of social and psychological support'.

It is important to teach the elderly – particularly those caring for HIV-infected children and grandchildren – about the basic facts of HIV transmission. Information about protecting themselves from exposure to HIV as they treat their dependents is important; for example using gloves to dispose of bloody waste, and when caring for open wounds or sores, and the careful handling and disposal of these gloves and piercing materials such as needles, razors, etc. Disposable gloves are bought in drug shops and pharmacies. Although US$1 can buy four pairs of gloves, this cost is unaffordable for many poor people, particularly in the light of other priority needs. This is one example of a practical basic need for safety while caring for others, which is unaffordable for many urban poor elderly people. In addition to raising awareness of real risks and how to counteract them, preventive health education materials need to address unfounded fears about possibilities of infection through interacting with HIV-infected kin, in appropriate idioms and language.

Grandparents also play a major role in educating their grandchildren about HIV and AIDS. Sexual health education materials and methods should help ease communication between and across the generational divide. Yet, no media messages in Uganda are targeted at grandparent–grandchild sex education sessions, even though the increasing role of grannies is widely acknowledged. Special carer education sessions must be prepared for grannies who may have to supervise their dependents' intake of antiretroviral therapies, particularly if these are infant grandchildren. Such sessions must be tailored for literate and illiterate elderly carers.

It is important not to think of the elderly as mere vectors of care: they are individuals in and of themselves. They need targeted support and tailor-made interventions, because they have their own specific individual, social, psychological, coping, spiritual, economic and other care needs. The elderly are particularly vulnerable to psychiatric illness – more so when they are widowed, female or poor (Nakasujja *et al.* 2007). Sleep problems, grief, isolation, hunger, being over-burdened by dependents, fear of the future, lack of security, exploitation, failure and loss are all stressors for old age amidst high rates of mortality due of AIDS-related illnesses and poverty.

A few NGOs, including faith-based organisations and formal religious establishments, offer piecemeal, scattered and largely uncoordinated interventions (usually on a small scale), to relatively few elderly people. Innovative work which deserves to be better-known and learnt from should be strengthened, harnessed, evaluated, modified and rolled-out to the national scale to cater for the needs of the elderly buffers of HIV/AIDS affected households and communities. In relation to the AIDS epidemic, two local examples of such innovative work are the 'Mildmay Jajja's Home' – a day-care centre located outside Kampala city that offers holistic palliative care for children living with HIV/AIDS who are often in the homes of their grandparents (Oketch *et al.* 2004), and the 'Jajja Project' of Mengo Hospital's Counseling and Homecare Department, which supports elderly HIV-infected people, often following them up in their homes to ensure that they adhere to their antiretroviral therapies. General examples of faith-based organisations that cater to the elderly include the Uganda Reach the Aged Association (URAA) which was founded by the Roman Catholic Church, Nakanyonyi Old Age Campaign Centre, and Young and Elderly Society (YES), which were inaugurated in 1992 and 1993 respectively, by the Protestant Church of Uganda. These three faith-based organisations (FBOs) offer housing and community outreach to some destitute elderly people, while the last one also has a vocational school for skills capacity building of the orphaned grandchildren dependent on destitute elderly residents. Formal centres that institutionalise the care of elderly destitute widows without support include Nkokonjeru Providence Home, and Nalukolongo Home for the Elderly. However, these services are insufficient to meet existing demands of the elderly. In addition to URAA, The Aged Family Uganda is among the few available advocates of the elderly who regularly engage in awareness raising and lobbying government for targeted policies, as well as

networking with international donors such as HelpAge International, World Vision, Oxfam, and bilateral development institutions, to fund programmes for the elderly.

Although there are some gains made at national level, the direct needs of the elderly still beg further multi-level interventions. Government should furnish legislation and policies to directly provide, protect and enforce the rights of the elderly in Uganda. Currently, the elderly lack targeted legislation, despite some general laws which give special treatment to the elderly. While there is a Department of Disability and Elderly in the Ministry of Gender, Labour and Social Development (MoGLSD), assigned with coordinating and directing programmes and policies, to date there has been no national government policy on the elderly endorsed as yet, although it is reportedly in development.

Until very recently, in October 2008, when five seats were created in Parliament, the elderly had no legislature representation. The Local Government (Amendment) Act 2005 also amended Section 118 of the Principle Act to state that: 'Councillors representing the elderly shall be elected by the associations of the elderly forming an electoral college'. This amendment allows for decentralised representation of the elderly in government administration. However, it is not enforceable as some councils continue not to elect elders, and in some cases the representatives are appointed by others in authority, thereby restricting the elderly democratic participation in local governance. The International Day for the Elderly is nationally recognised and celebrated every 1 October, with elderly public servants and parliamentarians presiding over the commemorations.

Public funds should be set aside to offer grants to households led by the elderly who lack social security in the form of pensions or other income such as remittances from migrant children. For example, the UK's DFID, in collaboration with HelpAge International, provided financial support to the MoGLSD for piloting a cash transfer scheme targeting chronically-poor households, including those headed by the elderly in six districts. If successful, this pilot should be up-scaled and rolled out to national level. With the exception of retired civil servants whose employment contracts were permanent and pensionable, and formal employees of the private sector with cumulative retirement benefits at the National Social Security Fund (NSSF), there is no public provision of social protection for the elderly – most of whom were never in formal employment in any case. The elderly must be involved in policymaking and programme design processes because their voice does not get muted with age. They understand their circumstances well, and can best articulate them for themselves.

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Notes

1 The arrangement for cyclical markets in Uganda is that every day of the week the traders rotate to a different market site with their goods. Thus, traders from other market sites collect every Saturday in Kasubi to attract the weekend shoppers.

2 The Baganda are the largest ethnic group in Uganda. They are Bantu-speakers who belong to Buganda Kingdom which was historically located between Lake Victoria, Lake Kyoga and the River Nile. In local lexicon, *Ba*ganda are the people, *Lu*ganda is the language, *Bu*ganda is the place, and *Ki*ganda is a derivative adjective describing things that are 'ganda'.

3 'Outside wife' is a label for other wives in a polygynous marriage, who are 'outside' the first union. Thus, it refers to the second, third, fourth, and so on wives.

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