

CARE OF NON-PASSIONATE OLD PEOPLE IN KISANGANI

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ABSTRACT

We address this question by focusing our attention on the degree of satisfaction and appreciation of family care for elderly people. This will allow us to diagnose whether people in this non-passionate category find satisfaction or not in family care. The objective that we pursue in this work is to awaken the awareness of all family members to take care of their elderly without mistrust or social exclusion. Because the importance of life expectancy is fundamentally linked to the possibility of living a long and good life. To know that the presence of an old man in a family is a chance and a richness to which everyone aspires. And the elderly, like all other people, are also entitled to fundamental values to which each person attaches great importance such as physical and moral integrity, life, equality at work, etc.

1. PROBLEM

Struck by the way of life of non-resident senior citizens in Kisangani, we want to analyze this fact as a living social reality. Indeed, in many societies, the question of the survival of elderly people usually involving food, housing, medical care, etc. Depends largely on the level of development of the society, and it varies from one society to another. The major problem of people of the third age is social, moral, cultural and even economic. The fundamental values to which each person attaches great importance are in particular: life, physical and moral integrity, family, work, equality, freedom of conscience, religion, opinion and assembly, justice, democracy, faith, etc. These are values for which that person lives and can die. These are the ones that guide his choices. Old people, like any other person, have value, but not all values are equally important. Values are also hierarchical. The most important, the most fundamental are often grouped by sector of life, such as the sector caring for the elderly. In a structured society, the family is a pivot of primary importance in its organization. One can only regret everything that tends to destroy the family. Education, health, housing, solidarity with the socially disadvantaged where vulnerable people will also be set up as inalienable values. Old people are resource persons who transmit cultures and culture itself is a fundamental value. It is the identity mark of each community.

The problem that we address in this work is one of the crucial problems that are long standing. However in traditional Africa, aging is considered a blessing or a grace. Nowadays, aging is seen as a burden. We observe many of the old people suffering from social ills such as Hunger; The lack of adequate clothing, lack of housing, distrust, social exclusion, and so many other stigmas. It then occurred to us to ask ourselves the following question: - Are seniors satisfied with family care? - How does the family take care of non-resident senior citizens?

2. HYPOTHESIS

A hypothesis is a tentative statement about the relationship between two or more variables, about the a priori functioning of an institution. This provisional affirmation would also imply a position of the researcher vis-à-vis the fact observed or to be observed. We therefore made the following assumptions: - Senior citizens in Kisangani would find their satisfaction in family care. - Family care for non-resident seniors would be provided by all family members, but in a disorderly fashion.

2. METHODOLOGY AND TECHNIQUE

For HERMAN, in the broad sense, "a methodology is a set of guiding ideas that orient scientific investigation. It is the art of scientific research". For us, we consider this as a valid tool or means of scientific research to explain an observed fact. In this work, the functional method is essential to us according to the descriptive protocol or the Mertonian diagram of the functional analysis which consists in analyzing a reality and extracting the explanation in accordance with the objectives pursued by the research.

Merton managed to introduce four new functional concepts:

1°. The notion of functional equivalent

2°. The notion of dysfunction when the functions are among the observed consequences, those that contribute to the adaptation or adjustment of a system whose systems-functions are those that hinder the adaptation or adjustment;

3°. The notion of manifest functions: which are those of the objective consequences understood and desired by the participants of the system;

4°. The notion of latent functions: those that are neither understood nor wanted by the participants of a society

We consider function as an observed consequence of a given system. Indeed, the task of the family is to take care of its elderly. She takes care of them and their environment, especially in this period when our society is stiff. With regard to the latent function, we study it through the intervention of third parties not only concerned by this care: neighbours, grandsons, etc. Dysfunction is a threat generated by the precariousness of the living conditions of families in general, and of the elderly in particular. The elderly who are not boarders find their needs satisfied to any extent because they are taken care of. Ultimately, this analysis leads us to identify functional alternatives involving functional equivalents: other family members, neighbors, etc. As for the data collection material, that is to say the techniques, we made use of the techniques of disengaged direct observation, interview by structured and documentary questionnaire.

The first allowed us, as a witness in the societal environment, to observe what is really happening in the different families for the care of this category, while being outside. The structured questionnaire helped us to collect the points of view of our respondents on our object of study. As for documentary technique, it served us through the exploitation of accessible written documents, to collect information related to our research, while that of interview facilitated us to get in touch or in relation with our respondents in order to obtain useful information about our subject of study.

4. BRIEF PRESENTATION OF THE CITY OF KISANGANI

The name KISANGANI comes from an island in the middle of the Congo River where Stanley first landed. This place was the first post of FALLS, a name which will first become STANLEYVILLE, then Kisangani today. It should be noted that the current location of the city of Kisangani is part of Stanley-Falls and the Cataracts which present a narrowing of the Congo River. So that before 1876, the situation was called SINGHITINI, and it took a few years for the nomination of Stanley city after the annihilation of the Arabs by the Europeans in 1893. In 1904, STANLEYVILLE will be confirmed as the capital of the Eastern Province by the Ordinance, but considered as an administrative division, that is to say without legal personality. Ordinance law n°12/357 of September 6, 1958 of the Governor General grants city status to the agglomeration of Stanley city which will become Kisangani in 1966; then endowed with it by royal decree of January 23, 1973. The city of Kisangani is located in the northeast of the Democratic Republic of Congo. It is in the immense depression of the central basin at an average altitude of 400m, at the beginning of a waterway of about 1740 km in length which connects the capital of the Democratic Republic of Congo to Kinshasa.

5.1. DEFINITION OF CONCEPTS 5.1.

THE MANAGEMENT OF Coverage is defined as the acceptance by social security to pay or reimburse the treatment costs of the insured as for us, taking charge is nothing more than accepting responsibility for someone or something.

5.2. SOCIAL CARE

Care is support, information, and guidance for a patient in order to help them regain their autonomy and facilitate their integration. From our point of view, social care is the action of helping someone reintegrate, social and legal assistance, psychological support, etc.

5.3. OLD AGE

According to POZZO ROCOCO, old age is the last period of life, characterized by the slowing down or weakening of functions, a process inherent in human nature and other living beings and even affects many inanimate materials. As far as we are concerned, we consider the concept of old age as the fact of being advanced in age compared to the normal state of a person; we consider here any person with an advanced age and whose number of years varies between 60 years and more despite his condition; it is an ultimate period of life.

5.4. THE RESIDENT

Pensioner is said of a person who enjoys a pension, a retirement. From our point of view, a boarder is any person who lives free of charge in a public or private building.

5.5. THE NON-RESIDENT

By non-resident we expect all old people listed and registered in the register of the Social Affairs Division who do not live in a public or private home.

6. THE SOCIAL SITUATION OF THIRD-AGE PEOPLE IN KISANGANI

6.1. PRESENTATION OF THE STUDY POPULATION

It should be noted that the problem of people for age categorizations is designed differently according to the expectation of each country for the determination of the third age. Classically, people are arranged in the age pyramid in 3 sections:

- 1st bracket: first age which includes people whose age varies from 0 to 20 years.
- 2nd bracket: second age where we do not include anyone between 20 and 60 years old.
- 3rd bracket: third age which includes anyone aged 60 and over.

According to the legislation of our country, the power is bequeathed to the Division of Social Affairs which is empowered to take care of these social disadvantages and determines some conditions related to their age. Thus, according to the support service for senior citizens, the term old man is defined as any person whose age varies from 60 years and over. In the Democratic Republic of Congo in general, and in Kisangani in particular, general observations prove that the elderly seem to be abandoned to their sad fate. Their way of life is deplorable: no comfortable bed, malnutrition... Table

N°1: Presentation of our respondents

| Gender | Number | Percentage |
|-----------------------|--------|------------|
| Male old people | 50 | 50 |
| Female old men | 30 | 30 |
| Responsible guardians | 20 | 20 |
| Total | 100 | 100 |

The reading that comes out of our table is that there are 50 out of 100 of our respondents, i.e. 50% of male subjects, 30 out of 100 of female subjects, i.e. 30% of respondents and 20 out of 100 of our respondents who, in their capacity as guardians of these seniors, are resource people for us who have provided us with useful information.

6.2. THE MALE THIRD PERSON

Despite the state in which they find themselves, these old men are often tyrannical towards all members of the family. When their ideas encounter annoyance, they get angry and often grumble saying to themselves "when I still had all my bodily and economic strength...everybody respected me, it's the weight of my age that makes me am no longer listened to!". Old people tend to think that apart from individuals of their own age, no one from other age groups can lead well, well guided. For them, the wish always remains gerontocracy, while they know and say to themselves, at times, that their own speech.

6.3. THE FEMALE THIRD PERSON

However, like all people, those of the third age of female sex are also exposed to multiple diseases. Thus, all these diseases require very proper care and constant contact with doctors for their protection. The deadliest disease among seniors in our country, both male and female, is starvation. In our country, there is still a problem of non-respect of essential natural rights, such as the right to food and easy health care. Because in Kisangani, few families have a doctor in charge of their health care, and many eat only once a day, sometimes even spending nights without finding food. This way of life cannot contribute well to the well-being of social life, either for senior citizens or for any other individual. Still other old women live in wealthy families but they are sometimes called witches by theirs. The situations mentioned above expose these old mothers to lead a difficult life at their own risk. Some, for lack of good treatment or strong family support, then embark on "saidiya" begging and others, on the other hand, for lack of good supervision, even prefer to stay in homes because of social injustices and other facts. Our investigations reveal that some old people, following social injustice and other calumnies, prefer to stay in old people's homes rather than be cared for by the family. It should be noted in passing that during our investigations, we became aware of an old mother named WALONDO, accused of witchcraft and who for this reason saw herself set on fire alive in her poor home. This victim who lived at No. 19 Lisala Avenue in the Pumuzika district, in the commune of Tshopo, paid with his life for a gratuitous presumption of having bewitched his grandson named KIDICHO, a well-known player of the NIKA sports team. The latter is still alive when his grandmother was sent to heaven by mob justice. And this support largely depends on the family's income. The low purchasing power of the Congolese is a factor hindering the improvement of the living conditions of many families.

6.4. THE THIRD-AGE PERSON LIVING WITH DISABILITY

Today we are witnessing an abundant literature related to the problem encountered by the socially disadvantaged such as: - Senior citizens; - People living with disabilities, - The orphans ; - Street children, etc. The same applies to the problem of their rehabilitation and their protection against social exclusion. In traditional Africa, the birth of a physically handicapped child was considered a curse or the effect of witchcraft. In short, developed countries have reached a very advanced level in the management of people with disabilities. By definition, disability is a disadvantage for a given individual, due to an infirmity or incapacity which prevents him from fulfilling the role which is normally his, taking into account his age, his sex and social and cultural factors. Disability according to the WHO relates to the impact of a deficiency or incapacity on the individual and on the whole of the community concerned, when this impact leads to problems of relationship, a reduction in chances which upsets social integration into the normal life of the community. In our field of investigation, there are also families of senior citizens living with disabilities, for example the blind, the deaf, the physically handicapped, etc. For senior citizens who are physically disabled, they must be accompanied by third parties in order to avoid accidents. For the blind, movement, clothing and food also pose problems. Some are even made fun of and others are sometimes protected and well supervised by their own. In short, the supervision of senior citizens living with disabilities requires intervention and special attention because they are exposed to a double problem: aging and disability.

6.5. SOLIDARITY BETWEEN OLD PEOPLE

Between non-resident senior citizens in Kisangani, although living conditions are deteriorating more and more, there is a traditional understanding. Human nature has instilled in them moral values such as love of neighbor, social justice, honesty, etc. Every human being, whatever the dimension of the difficulties, faced with a human problem such as calamity, disaster, war, famine, flood, delinquency, aging and so on, often needs help or assistance. Our investigations in the field sufficiently prove that seniors live in solidarity with each other in terms of food, even from the point of view of social assistance, such as a family visit, physical presence at a problem that happens to a colleague requires the African tradition. Nevertheless, during our investigations, we encountered two cases of notable discrepancy: 1° An elderly couple whose physical condition no longer allows them to move around, but who are cared for by their son live as rivals. 2° For this second case, it is about spouses who eat together, plan but do not sleep on the same bed. According to the old woman who shared her sexual antipathy with us, she cannot restrain her anger when her husband touches on the chapter. Despite the speed of globalization and modernity pushing for individualism, African society strives to preserve its socio-cultural values which are its pride and constitute a model.

6.6. OLD PEOPLE AND PEOPLE OF FIRST AND SECOND AGE

As a rule, old people and people of first age love each other. As for the second category people, there is always a big problem which is the conflicts of generation. 6.7. OF THE SOLIDARITY OF THE ELDERLY IN THE FAMILY. In Africa, very particularly in the Democratic Republic of Congo, there are two kinds of families: the restricted family or micro-society and the extended family or macro-society. Thus, old people as a source of offspring have descendants in both existing families (maternal family and paternal family). This link is justified by the principle of jus sanguinis. Our investigations show that there are many third-age non-residents in different families who receive aid from the two existing families. According to the interview we had with a teacher who takes care of old people who are his own parents, this teacher told us that given that the purchasing power of the Congolese is low, the ideal solution for taking care of care of the elderly by the family is to involve the whole family: this is how he always receives help not only from the restricted family but also from the extended family. Especially in case of illness, each of the children or family members sends some help for the survival of the old people. This socialization of the family to the elderly is sometimes very badly sanctioned by the latter. Because despite the desire for socialization by family members, some old people are sometimes imposing, only want hearty meals and sometimes also demand money and luxury items. It is this behavior that we call juvenile delinquency, which inclines some individuals to call old people witches.

7. CARE OF NON-RESIDENT OLD PEOPLE IN KISANGANI

7.1. STATE SUPPORT

In accordance with the constitution of the Democratic Republic of Congo, in its article 48 the elderly person and the person with disability are entitled to specific measures of protection in relation to their physical and moral needs. This problem of the care of the elderly by the State is not recent because it goes back to colonization, to the time when the colonizers had planned in their budget funds allocated expressly to social assistance, to indulgent, the elderly and abandoned children. Despite the needs of this category of needy people, at present, it is difficult for the Congolese State to think of assistance for the elderly who are not residents in the Democratic Republic of the Congo in general and in the city of Kisangani in particular. to the lack of political will, since they are in the same category as senior citizens living in state homes, the elderly cared for by their families should benefit from compensation in terms of housing, and alimony. This would justify the Ministry of Social Affairs and even the support office for senior citizens. It goes without saying that the care of non-resident senior citizens does not seem to worry the Congolese State, while this category of people is a source of knowledge and knowledge. It is a library capable of transmitting historical, geographical and cultural information. It constitutes a value, a richness. The wealth of a country is not only assessed by its economic or mining power, but first and foremost by its human potential.

7.2. CARE BY PRIVATE INSTITUTIONS

The Churches through their faithful manage to come to the aid of these needy people, whether they are boarders or not. Such is the case of the Protestant, Kimbanguist, Catholic, Muslim, etc. churches.

Table 2. Opinion of respondents on the assistance received from churches.

| Assistance | Frequency | Percentage |
|-------------|-----------|------------|
| Sufficiency | 43 | 53,7 |
| Deficiency | 73 | 46,3 |
| Total | 80 | 100 |

Reading the table above, it turned out that 43 of our subjects declared having benefited from the assistance of the churches. Of these 80 beneficiaries, 43 subjects or 53.7% say that this assistance is sufficient while 37 or 46.3 find it insufficient.

7.2.1. The protestant church

The help to non-residents given by the Protestant churches is not direct and is not carried out in favor of just any old non-resident, although it is preached to help the poor; in most cases, the recommendations are given by those in charge, but the aids are often focused on each other.

7.2.2. The Kimbanguist Church

The Kimbanguist Church only takes care of its elderly mothers and widows through the organization of KENGI mothers.

7.2.3. The Catholic Church

Through its organization CARITAS, all categories of senior citizens, boarders and non-boarders benefit from its assistance and this even extends to other categories of needy people.

7.2.4. The Muslim Church

In a clear and known way, according to our investigations, this church only intervenes on Fridays by giving ZAKAT to the old men who besiege the store at the mosque by shouting: "sabililia" which means "help me in the name of God!".

7.3. FAMILY CARE.

7.3.1. IN TERMS OF HOUSING

In a stiff society like ours, to the problem of an economic order is added that of the legal bond, of the degree of kinship, which is a purely sociological aspect. Following this logic, we observe the following social situations: - In wealthy families where the descendants live under the same roof with a common ascendant, the treatment of the latter depends on the degree of love and the degree of kinship which bind the old men to the juniors. - If the juniors or descendants work and are Christians or believers, this old man will be well housed. - If the descendants do not have financial resources, the fate of the old man will depend on it. It was observed in the course of this study that many of the old people staying with their children and grandchildren in the same plot are often housed with neglect or a poorly maintained shack, without beds or mattresses, but sleep on blankets, some Dirty times, rare for the enema, which exposes this category of people to several evils that have their origin in bad weather. In terms of housing, 62% of our respondents are victims of these social disadvantages. Sometimes their accommodation is even set apart.

Table 3. Private or shared housing conditions

| Do you have a separate accommodation? | Frequency | Percentage |
|--|------------------|-------------------|
| Yes | 49 | 61,25 |
| No | 31 | 38,75 |
| Total | 80 | 100 |

This table shows that 49 out of 80 old people, i.e. 61.25% of our respondents, benefit from a separate home. But 31/80 or 38.75% share their accommodation with other family members.

7.3.2. ON THE HEALTH LEVEL

Table 4. Health care support

| Does the family take care of you in terms of health? | Frequency | Percentage |
|--|-----------|------------|
| Yes | 41 | 51 |
| No | 39 | 49 |
| Total | 80 | 100 |

Our investigations prove that in terms of health, the elderly are abandoned to their sad fate, that is to say at the mercy of nature. But it depends on the families; if they are wealthy and educated, they regularly provide for the health care of their ascendants. Whenever the health of their ancestors deteriorates, they sometimes die for lack of appropriate care. These families are repeatedly accused of negligence and failure to help the elderly. For destitute families, we have found that when an old person falls ill, traditional or indigenous treatment is the first resort to alleviate the situation. In the absence of appropriate care, such practices would justify the death of certain old people. "Health for all is a social object and not only a hygiene objective", declared Doctor HALFAN M. It is also a political concern in the true sense of the word because it deals with subjects relating to "political functions" that are the city, the state and the human community. The practice of certain customs goes to the detriment of the health of certain families in Kisangani. For example, a lokele adage "botolome nde lombase" meaning "a man must be demanding or firm" should no longer be interpreted with the same content and in youth as for the elderly. Thus an old topoke man suffering from gastritis or dental caries and who is forbidden by medicine to take chikwangue and chilli finds this prescription contrary to custom and continues to consume them to the detriment of his health. Our investigations reveal that the case is most common among old people who want to observe, to the letter, the content of the custom ignoring this major obstacle to their health. It is almost necessary to use violence to convince the sick old people so that their health and the improvement of certain hygienic conditions are rehabilitated. At this level, it is not only a question of raising their status as old people, but also their health and their family and an improvement in the status necessary in order to increase the importance of the number of human values which are vital.

7.3.3. ON THE PSYCHOSOCIAL LEVEL

There is almost no psychosocial support structure for the elderly in the city of Kisangani. In short, the care of elderly non-residents depends entirely on the standard of living of the guardian family. Clothing and food are generally taken care of by family members: donations and gifts can come from sons, grandsons, granddaughters, nephews, uncles, etc.

7.4. OPINION OF GUARDIANS OF THE ELDERLY

| Do you accept that the State replaces you? | Frequency | Percentage |
|--|-----------|------------|
| Yes | 7 | 35 |
| No | 13 | 65 |
| Total | 20 | 100 |

Source: Survey field data October 2021

This table reveals that 7 out of 20 guardians of our respondents, i.e. 35%, want the State to take care of their elderly people and 13 out of 20, i.e. 65%, do not want the State to take care of their elderly people. After reading this table, we understood that many guardians do not want the State to support their elderly. They take on the situation as their burden.

7.5. OLD PEOPLE'S OPINION ON ASSISTANCE AND CARE FAMILY EXPENSE

Table 6. How do you rate the family care intervention?

| Intervention | Frequency | Percentage |
|--------------|-----------|------------|
| Sufficient | 53 | 66 |
| Insufficient | 27 | 43 |
| Total | 80 | 100 |

Source : Survey field data: October 2021

This table reveals that 53 out of 80 elderly people surveyed, i.e. 66% of those who are cared for by their families, say precisely that family intervention is sufficient; and 27 out of 80 or 34% of our respondents find that the intervention of the family is insufficient for their needs as human beings.

Opinion of senior citizens on their self-care

| Activity | Frequency | Percentage |
|------------------|-----------|------------|
| Sale | 8 | 10 |
| Alm | 16 | 20 |
| Other activities | 22 | 27,5 |
| Nothing | 34 | 42,5 |
| Total | 80 | 100 |

Source: Our field research, October 2021

This table shows us that due to the weight of age, 34 out of 80 of our respondents, i.e. 42.5%, depend on the active population.

7.6 APPRECIATION AND DIFFICULTY OF MANAGEMENT

(By families hosting senior citizens)

Despite their diminishing physical strength, these old people have understood that the socio-economic situation that our country is going through in general, and the city of Kisangani in particular, does not allow either the State or the families to take care of them properly. This is how they sometimes manage to take care of themselves by doing the "saidiya", for example, selling various products in front of their plots, etc. It should be emphasized that any elderly person cared for in the family participates in family life; the grandsons take their old people on the same footing as their parents; this is why they have the duty to obey them, to respect them and to assist them. The latter must expect to be treated without discrimination by the other members of the family, benefited from all the favors and all the rights due to their age. By analyzing the care of people in this category (old people who are not boarders) by their families in Kisangani, we have found that our country has become an ankylosed society. Investigations have shown that families caring for a senior citizen take care of this needy person to some extent. Non-resident old people, in their capacity as socially disadvantaged people, constitute an interesting theme in the families where our investigations were made. If the life of the Congolese is becoming harder and harder, the care of a needy person and his value are also increasing. The practice of begging by elderly non-residents, senile delinquency and family disinterest in this category of people can be explained by various reasons such as those mentioned above.

CONCLUSION

To arrive at the explanation of this object of study, we used the functional method according to the Mertonian descriptive protocol to which the documentary techniques, the questionnaire, the interview and the indirect observation were associated. From this method, we constituted a sample of 100 subjects including 80 old people and 20 managers (tutors) who are in charge of the old people. It is from these subjects that we were able to collect the data that enabled us to proceed with the analysis of our object of study and to arrive at the results that we have just presented. Regarding the results of our research in relation to our initial hypothesis, it is thus confirmed, because we have put forward the hypothesis that senior citizens find satisfaction in family care. The care of these needy people extends to all family members, but in a disorderly way. This is why family care is not an easy task, because it is often enamelled with several difficulties due to the complexity of the human person. Let's say that, whatever the means available to the guardian family, the lived realities in our society are such that family members do not want their old people to be cared for by other bodies outside their family. This is linked to the natural affection highlighted by tradition and family affiliation. Finally, we suggest the following for a family climate conducive to the proper supervision of senior citizens in accordance with their psychological condition and personal habits. : o Regularly and lovingly remind the elderly of what is expected of them, o Dedicate a good number of hours a week to rehabilitate this needy person, without forgetting other duties, o Know that this care is an important step to rehabilitate their social balance, It takes enormous sacrifices for anyone who exercises it, o We have sociologists and psychologists. The State should seek to equip these executives and promote offices of social workers where the resources of the case-work and groupwork method could be used.

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