



“We Never Graduate from Care Giving Roles”; Cultural Schemas for Intergenerational Care Role Among Older Adults in Tanzania

Sylvia Karen Rutagumirwa^{1,2} · Inge Hutter^{1,3} · Ajay Bailey^{4,5}

Accepted: 8 September 2020 / Published online: 29 September 2020
© Springer Science+Business Media, LLC, part of Springer Nature 2020

Abstract

This paper examines the cultural schemas underlying older persons’ perception of intergenerational care roles. Thirty qualitative in-depth interviews and twenty focus group discussions ($N = 120$) were conducted among older women and men aged 60 and above. By using this theory, we were able to identify a series of cultural schemas found in older people’s discussions of intergenerational caregiving role. The most prominent shared schemas are; caregiving for elderly is a cultural obligation not a choice, caregiving is a sign of respect, caregiving is a sign of love, caregiving is a source of pride, and caregiving leads to attachment and emotional bonds. Based on these schemas, older people perceived getting care from one’s children as a cultural obligation and not an individual (child) choice. However, the findings show that older people’s life experience differed greatly from the cultural schemas they had as majority were not cared for by their children. Thus, the discrepancies between schemas/expectations and realities of older people led to tension, sadness, frustration and feeling of being neglected. This study suggests that there is need to put in place interventions that encourage intergenerational caregiving. These intervention programmes should seek not only to consider but also to build upon the strength of cultural values and beliefs.

Keywords Intergenerational care role · Cultural schemas · Aging · Qualitative grounded theory

✉ Sylvia Karen Rutagumirwa
s.k.rutagumirwa@rug.nl; Karen.rutagumirwa@gmail.com

¹ Department of Demography, Population Research Centre, University of Groningen, Groningen, the Netherlands

² Faculty of Economics & Management Sciences (FEMS), IFM, Dar es Salaam, Tanzania

³ The International Institute of Social Studies (ISS), The Hague, the Netherlands

⁴ Department of Human Geography and Spatial Planning, International Development Studies, Utrecht University, Utrecht, the Netherlands

⁵ Manipal Academy of Higher Education, Manipal, India

Introduction

Countries across the world are in the midst of an immutable process of demographic transition that is resulting in the enormous increase in absolute numbers of older persons in the world (United Nations 2013). Globally, the number of older persons (aged 60 years or over) is expected to ‘more than double’ from 841 million people in 2013 to more than 2 billion in 2050 (United Nations 2013). Older persons will be increasingly concentrated in the less developed regions such as Africa.

In Tanzania, projections show that the absolute number of older persons over 60 will almost triple between 2020 and 2050 (Mboghoina and Osberg 2010). As Tanzania’s population grows, a larger proportion of older people will require care. However, the aging population in Tanzania, like in many other developing countries coincides with changes in the socio-economic environment that may affect intergenerational caregiving (World Youth Report 2004; Casale 2011; HelpAge International Tanzania-HAI 2011; Kashaga 2012). It was against this background that the Madrid Plan of Action recognised the importance of maintaining intergenerational interdependence, solidarity and reciprocity in the face of major social changes by promoting dialogue aimed at enhancing solidarity and providing for specific needs of caregivers (UN 2002). The Plan of Action also acknowledged that a “changing demographic and socio-economic context will require amendment in macro-level policies relating to social security, pension and health care systems” (UN 2002, para. 42). In some countries, such as Asia, policies related to the welfare of older persons have started to bear fruit (Muramatsu and Akiyama 2011; Chappell and Funk 2011; Tsutsui et al. 2014). For instance, in Japan, filial obligations have gradually been substituted by nationwide policies such as mandatory social long-term care insurance (LTCI) (Muramatsu and Akiyama 2011; Tsutsui et al. 2014). A few countries in Africa such as South Africa, Mauritius, Botswana and Namibia have succeeded in instituting universal old age pension schemes (Gillian et al. 2000; National Research Council Committee on Population 2006). This has not happened in Tanzania (Casale 2011; HAI 2011; Muia et al. 2013).

In Tanzania, policies and interventions on aging population are still in a nascent and formative state and have not responded to demographic transition by safeguarding the social welfare of older persons (Spitzer et al. 2009; Tobias and Omondi 2014). Only 6.5% of the workforce is currently covered by formal social security schemes in Tanzania (International Labour Organization 2008). The existing social security schemes only favour people employed in the formal sector based on the contributory pension system (Ministry of Labour Employment and Youth Development and HelpAge International 2010). This means that older people, the majority of whom live in rural areas and work in the informal sector (e.g. farmers, fishermen and herdsman), are excluded from the current pension schemes. Besides, like other developing countries, institutional care is very limited in Tanzania (URT 2003). Given that state support for older persons is limited (Forrester 1999; Mwami 2001; HAI 2011) older people in Tanzania are expected to continue to rely upon intergenerational support (Mwami 2001; HAI 2011). It is therefore important to know older people’s perceptions and expectations about intergenerational care.

Intergenerational Caregiving in Tanzania

With regard to traditional caregiving practices in Tanzanian societies, caring for older people is viewed as a family responsibility. Adult children provide such care as part of their filial

obligations (Forrester 1999; Mwami 2001; Spitzer et al. 2009). Respect is a prerequisite for developing a reciprocal way of interacting among generations, especially as it fosters a sense of responsibility and moral commitment (Forrester 1999; Van der Geest 2002). On this basis, some scholars such as Van der Geest (2008), argues that reciprocity cannot fully explain filial obligation, since “it is fraught with ambiguity and contradiction”. He argues that some children may fail to reciprocate the care due to economic circumstances (Van der Geest 2002; Makoni 2008; Kashaga 2012). Similarly, there is a growing body of empirical work suggesting that traditional caregiving practices have undergone significant changes that impact on the availability of family members and call intergenerational caregiving practices into question (Spitzer et al. 2009; Mwanyangala et al. 2010; De Klerk 2011; HAI 2011; Kashaga 2012). Changes in the family structure due to such factors as rural to urban migration, modernization, and the effects of HIV/AIDS have led to broad social and economic changes that threaten traditional family structures and push many older people into poverty (Mwanyangala et al. 2010; De Klerk 2011; HAI 2011; Kashaga 2012). There is however limited research considering the interpretive frameworks that older people in Tanzania use to understand intergenerational caregiving and the ways in which they contextualize their expectations in terms of schemas of intergenerational relationships. This study was conducted to mainly investigate how older adults in Tanzania perceive intergenerational caregiving by drawing on qualitative data collected in the Eastern part of mainland Tanzania (Pwani or the Coast region).

Research Goal

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

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

Caregiving and Cultural Schema Theory

From cognitive anthropologists, care is expressed in terms of the motivations and experiences of individuals, emotional attachments formed in caring relationships, and the identity and context of the caregiver and care receiver (Yeates 2011). This paper understands care as

occurring in specific cultural contexts with motivational goal directed towards the general enhancement of the well-being of older people (Tronto 1993; Yeates 2011; Roos et al. 2017). The term ‘cultural schema’ has gone by a number of other names including *cultural model*, *mental model*, *cultural template*, *idealized cognitive model or schema*, *folk model*, *script*, *scene*, *frame*, *systems*, *structures*. Cultural schemas are deeply internalized and largely unconscious networks of associations built up over time that facilitate perception, interpretation, and action (D’Andrade 1992; Vaisey 2009). Cultural schemas shape individual perceptions, feelings, attitudes, beliefs and expectations (D’Andrade 1992; Strauss and Quinn 1997). Cultural schemas are shared, internalised understandings applicable to a wide range of contexts (Strauss and Quinn 1997, pp. 685).

In cognitive anthropology there is a consensus that cultural schemas have the ability to instigate action (D’Andrade 1992). Cultural schemas are hierarchically organized: at the top of the interpretive system is the upper level schema, or “master motives”. These schemas serve the double function of initiating actions independently as well as providing goals for action to take place (D’Andrade 1992: 30; cf. Jordan and Swartz 2010). Further down the hierarchy, there are the middle level schemas that cannot instigate action independently and generally require the presence of other goal-schemas to instigate actions. At the bottom of the hierarchy, there are the lower level schemas for daily activities and behaviour. Lower level schemas depend on higher level schemas to instigate actions (D’Andrade 1992, p. 3; Strauss and Quinn 1997). Cultural schemas are divided into the following major functions: representational, constructive, evocative, and directive functions (D’Andrade 1984, 1987, 1992). D’Andrade observed that a representational function involves ‘defining knowledge and beliefs about the world which enable individuals to orient themselves in a social world and to master it’ (33) while a constructive function involves ‘creating cultural entities which people adhere to. An evocative function involves ‘evoking’ certain feelings and emotional reactions (D’Andrade 1992, p. 38; D’Andrade 1984 pp. 92–97). The directive function of schemas on the other hand is experienced by the person as a need or obligation to do something (D’Andrade 1992: 38). A sense of obligation is directly linked to motivational force: “a cultural schema with a directive force and the cognitive representation of cultural knowledge shapes motivation” (D’Andrade 1992; Nicholas et al. 2013). Cultural schemas only become salient when they have become internalized, when it takes the form of a person’s strong belief – it is only then that it engages his/her mind and emotions (Spiro 1987; D’Andrade & Strauss 1992; D’Andrade 1992, 1995; Nicholas et al. 2013). Internalisation of cultural schemas occurs through learning/socialisation process, through people’s interactions and an individual’s past experiences (Quinn and Holland 1987; Strauss and Quinn 1997). Arguably, the cultural knowledge is learned through practice (Bourdieu 1977; Strauss and Quinn 1997).

Motivational force is necessary for the performance of cultural schemas (D’Andrade 1992). Arguably, people’s behaviours and perceptions are the outcome of schemas which function as goals and have motivational force to initiate action (D’Andrade 1992: 3; Bailey and Hutter 2006). For instance, Quinn and Holland (1987) argue that, higher-level cultural schemas carry motivational force which in turn influences an individual’s perception and behavior. Thus, when cultural beliefs become a part of inner sense of a being, they become goal driven and acquire motivational force. These cultural beliefs and values are then reflected in the individual’s perceptions, expectations and in a sense of responsibility to the system and obligations to do something (D’Andrade 1984, 1992). Thus, understanding perceptions and expectations of intergenerational care requires theory about individuals’ motivation for behavior as well as an

appreciation of the larger cultural context and schemas that surrounds generational interactions (Bianchi et al. 2008, p. 6).

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

Methods

Participants

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

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

Data Collection Procedures

Of the 30 participants recruited for in-depth interviews, 15 were older women and 15 older men aged 60 and above (see Table 1). Interviews varied in length, lasting between one and two hours. The first author interviewed each of the participants in a place of their choice.

Each interview started with an open-ended question. The open questions were designed to establish a rapport and to give participants an opportunity to direct the research discussion. "In-depth interviews with participants were useful in capturing individual thoughts, feelings and experiences vis-à-vis care roles. In the in-depth interview we enquired about individuals' experiences, beliefs and motivations for caregiving. Although we intended to interview participants only once, in a few cases, debriefing sessions and/or analysis revealed important issues that had remained concealed in early interviews; in such cases, we re-interviewed the participants (Charmaz 2006). Commonly, participants compared and contrasted their current experiences of 'care expected/received' with that of their younger selves (caregiving). In line with grounded-theory methods, the salience of such comparisons was investigated.

Table 1 Profile of participants interviewed ($N = 30$)

Gender		Female	Male
Location	Rural	8	8
	Urban	7	7
Age (years)	60–69	6	5
	70–79	6	8
	80+	3	2
Marital status	Married	7	11
	Widow/divorce/single	8	4
Level of education	None/primary	9	4
	Secondary or higher	6	11

Twenty (20) focus group discussions (FGDs) ($N = 120$) were conducted among older women and men. The purpose of the FGDs was to identify shared meanings, perceptions and expectations and schemas in regard to intergenerational care roles. All of the discussions were led by the first author and assisted by a trained qualitative researcher. The FGDs were conducted at places and times convenient for the participants. Each focus group discussion involved six participants and lasted for approximately 90 to 125 min. Participants were grouped based on social identities such as age (60–69, 70–79, and 80+) and marital status (married, widowed or divorced/single). Assigning participants to groups with similar characteristics removed social norms and hierarchies that could create barriers to open discussion (Knodel 1995). This approach increased the likelihood that participants would feel comfortable with each other and would therefore contribute openly to the discussion. Data was collected until theoretical saturation was reached (Corbin and Strauss 2008). All interviews and focus group discussions were conducted in Kiswahili, audiotaped, transcribed verbatim and then translated to English (Table 2).

Analyses

Data collection and analysis were concurrent (Corbin and Strauss, 2008). Before beginning the coding process, we actively read the entire dataset—a process that Braun and Clarke (2006, p. 16) referred to as “immersion in the data.” The first author then developed a codebook and coded the data using the codebook. Additional codes were added as needed. For the initial coding, we coded each transcript line-by-line, using participants’ language as label coding. The line-by-line coding process enabled us to stay as close as possible to the data as well as to remain open to any theoretical concepts and categories that emerged (Corbin and Strauss 2008). At this stage, we generated a long list of codes, and used Atla.ti 7 to manage the coding process. Once the initial coding was completed and upon agreement, we grouped codes into related categories—axial coding. Axial

Table 2 Profile of focus group participants—20 FGDs ($n = 120$)

Age group	60–69		70–79		80+	
	Rural	Urban	Rural	urban	Rural	Urban
Female	2 (FGDs)	2 (FGDs)	2 (FGDs)	2 (FGDs)	1 (FGD)	1 (FGD)
Male	2 (FGDs)	2 (FGDs)	2 (FGDs)	2 (FGDs)	1 (FGD)	1 (FGD)

coding started by crosscutting or grouping codes into larger categories with the purpose of reassembling data from the open coding process (Strauss and Corbin 1998). We stopped coding and categorizing data when we reached saturation (Charmaz 2006). Although we utilized grounded theory, we adopted the analytic cycle in which “analysis of qualitative data for theory development is an interaction between existing deductively derived theory and inductively derived empirical theory” (Hennik et al. 2011). The validity of the study was further enriched by analyzing memos. In the later stage, theoretical sampling was used to explore and test these emergent themes (Corbin and Strauss 2008).

Results

We organize our results in terms of the five themes that emerged from the data: (1) The model/schema of intergenerational care obligation (2) Formation of intergenerational caregiving schemas (3) Motivational force/directive force (4) The schema of expected care and real experiences (5) Care role reversal and care burden.

The Model/Schema of Intergenerational Care Obligation

The Schema of Love, Respecting, Obeying and Honouring Older Parents

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

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

Drawing on participants wide-ranging narratives, we identified the most prominent shared schemas such as; caregiving for elderly is a cultural obligation not a choice, caregiving is a sign of respect, caregiving is a sign of love, caregiving is a source of pride, caregiving leads to attachment and emotional bonds—these were widely shared cultural schemas—that is, internalised and shared and were prevalent in older people’s perceptions of intergenerational caregiving. However, these were not the only shared schemas that underpinned participants’ talk. The schemas ‘caring for aging parents is a cultural obligation’ was strongly linked to the cultural schemas such as ‘care is a sign of love, respect and commitment’. These prevailing schemas were the basis from which participants evaluate what caring entails and the type of care they are expecting from the younger generation. Bi Zayumba’s narrative shows the link between the schema of love and caregiving, she said;

“It’s us who had love for our aging parents . . . I loved her so much, when I was growing up she was growing older; I used to bathe her when she was very old. . . I really loved and cared for her. . . Love for aging parents among the youth of these days has waned. . . .”(Female, 69)

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

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

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

Formation of Intergenerational Caregiving Schemas

The Role of Socialization and Early Life Experiences

Another theme that emerged from our research was the role of cultural socialization in the formation of the schema. Participants were asked about the messages they had received either explicitly or implicitly about caregiving from different sources. The interviews and group discussions allowed us to look deeply to the ways the beliefs and commitments towards intergenerational responsibilities were formed/constructed. Participants insisted that the cultural belief that children must look after their parents was taught forcefully through ‘Jando’ and ‘Unyago’ male and female initiation rites respectively. In other tribes, the concepts were passed through grandparent-grandchild tales (see Fig. 1). The core function of Unyago and Jando is to inculcate the values of a culture; as it provides a cultural model that regulates intergeneration interactions.

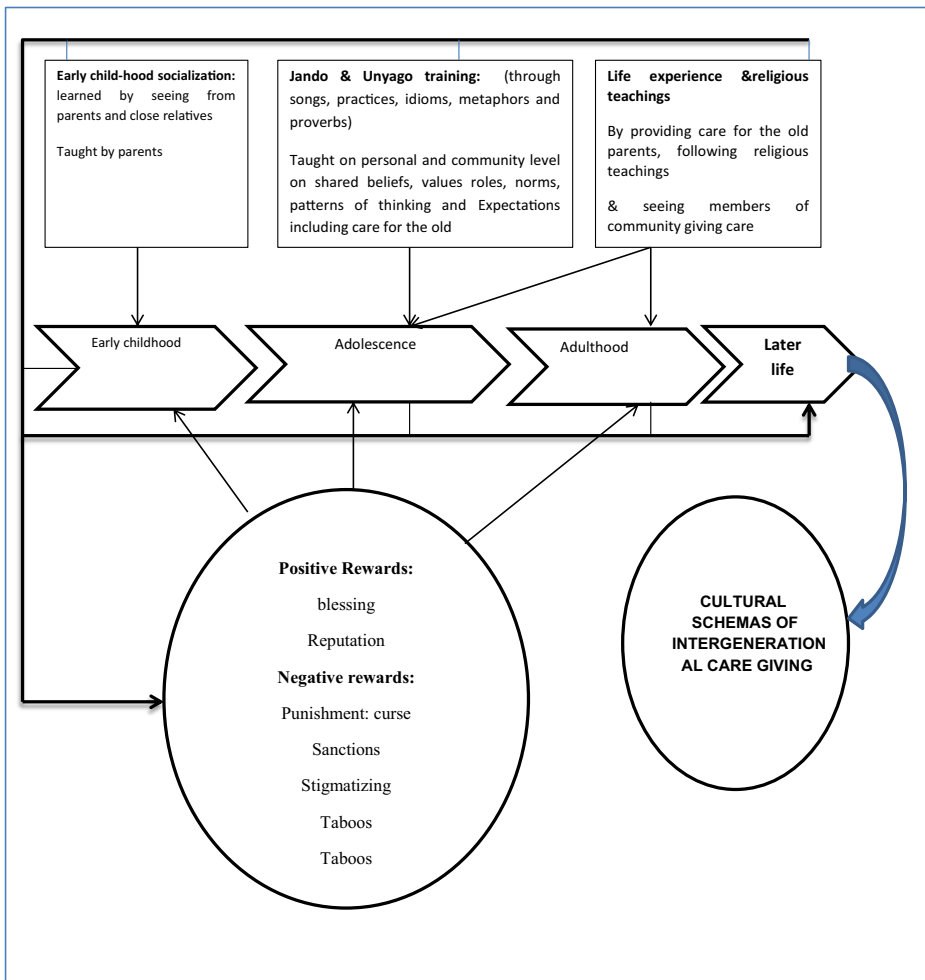


Fig. 1 Internalization of cultural schemas

In Jando, young males learned the notion of ‘proper’ masculinity and the roles ascribed to it including their duties and responsibilities towards the old people. Likewise in Unyago, young women learned the notion of ‘proper’ femininity and the role ascribed to it including their duties and responsibilities vis-à-vis caring for the old (see Fig. 2).

Other sources mentioned by participants were religious institutions and life experiences (through observation and practice). These sources played a role in socializing young people and instructing them in morality, including that of taking care of the old. In other words, these commitments had a basis in life experiences, societal expectations/cultural socialization and religious obligation. The culture trainings were very educational and informative for younger generation. As MzeeAbadalla, commented;

“...in Jando we were taught many good things that became pillars in my life, for instance we were trained to respect our parents and other elders in our community. Respect entails doing as an elder suggests, greeting them with manners, helping them; and we were ordered to keep silent when older people speak... you wouldn’t dare to

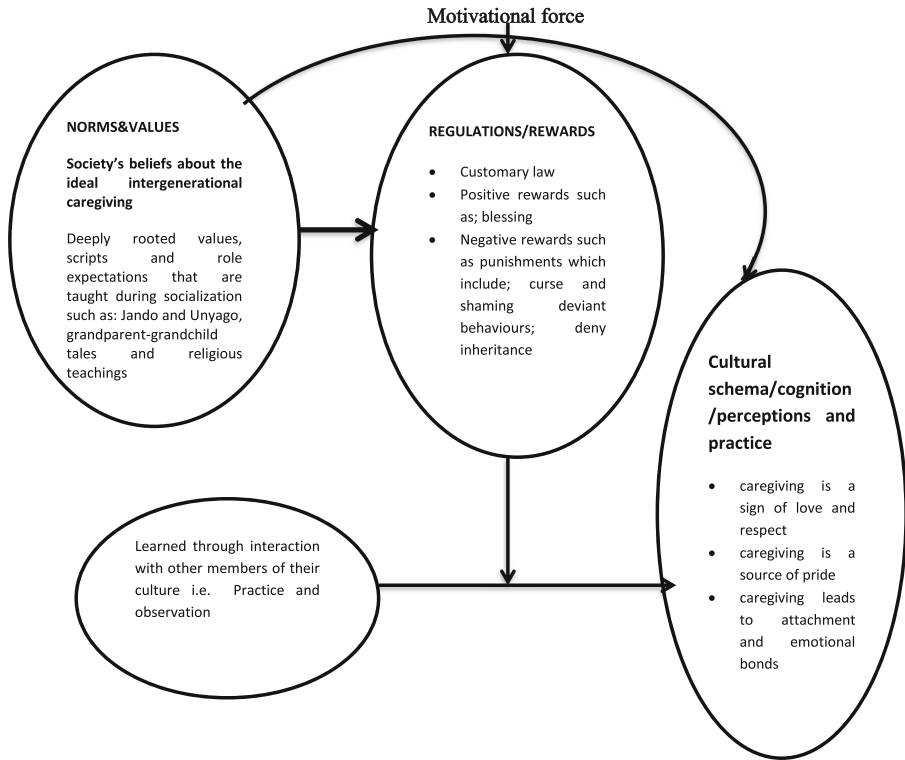


Fig. 2 Motivational force for intergenerational caregiving

rebuke an old man harshly even if he had done something wrong...we were trained to regard any old man in the community as one's father... failure to respect and care for old parents would lead to public criticism, including one's own family members..." (IDIs, male 71).

We gathered from the participants that most of these teachings were done by the initiators (of Jando and Unyago) and that parents only assisted in instilling the teachings (see Fig. 1). As BiMayasa commented;

"The parents were only there to insist on what had been taught during the initiation (Jando and Unyago) and could not teach anything new... (Female, 70).

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

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

As mentioned earlier, apart from culture socialization, caregiving for old parents seemed to be deeply rooted in religious teachings and embedded in participants' life experiences hence, the

decision to care for their old parents was done without question or hesitation. As one participant from women rural group discussion commented;

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

A participant from an urban male focus group reported;

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

Participants also suggested that learning/internalisation of cultural models/schemas occurs through life experiences (Quinn 2011). Majority of the participants recounted witnessing first hand as children cared for the old in their families and communities. They reported that they too had been committed to providing care to their older parents and expressed a sense of pride in this role. Practice and observation was therefore, another important means of forming these attitudes (beliefs). A group participant from women rural group discussion said;

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

MamaBahati said:

“...I was trained to be a good wife, mother ...as a woman, being a good wife or mother entails caregiving and because we were living with our in-laws we were supposed to care for them...(female, 71)

Patterns established early in life were more enduring because they ultimately continued over a longer period of time (through observation and practice) (see Fig. 2). In most of their statements, participants continually emphasized the importance of reciprocal relationship, the common statement was that “*our parents took care of their parents and we did the same, so our children ought to do the same*”.

From participants’ accounts, it was clear that having seen their parents giving care to their parents and having engaged in caregiving to their parents was enough to establish a basis for reciprocity and motivation for caregiving.

Motivational Force/Directive Force

Enforcement of Schemas through Positive and Negative Rewards

Motivational force/directive function of the cultural schema emerged as another prominent theme. A directive function of cultural model that shapes participants’ caregiving practice was

evident. This tended to shape their perception of the correct cultural behaviour which includes caring for old parents. This is in turn linked to internalization/interpretation of cultural messages concerning what a child should do for their aging parents.

As we mentioned earlier, the model of intergenerational caregiving appears to offer guidelines to the enactment of intergenerational caregiving. Regulations/rewards were put in place to reinforce this model (see Fig. 2). Positive social rewards include blessings and compliments (for children who accomplish the caregiving role successfully) and punishments (negative rewards for those who failed). The punishments include ‘curse’ and ‘shaming’. These were among the reinforcements that encouraged caregiving. Other motivations that came were compassion and love. In the case below, Baguma credits his need to care for his aged parents to these reinforcements. Baguma, explained:

In my tribe, people feared curses from mothers, fathers, aunts and uncles. These people were respected and taken good care of in their old age. It was believed failure to take good care of the aging parents would lead to curses... In that period, people were proud to take care of the older adults... In my tribe when the older person that you were taking care of died, you would be congratulated for accomplishing the caring role successfully. We were using the saying ‘waiyuka nawe olwo ataagwa omlilo’(congratulations for not letting your older parent suffer or die a bad and shameful death.)” (Male, 70).

The saying in the above quote ‘*waiyuka nawe olwo ataagwa omlilo*,’ (congratulations for...not allowing an old parent to fall in fire)” is a metaphor implying that a child is congratulated/rewarded for not neglecting his/her parents in their old age. The metaphor thus serves directive and evocative functions—directive function because it directs behavior and evocative because it evokes certain feelings. A fire or *omlilo* is used as a symbol for ‘problems and risks’ that an old person can expect to encounter due to his/her body’s inabilities. The causality between caring and security for older people is embedded in the metaphor that is; providing care to aging parents keeps them safe and well. In this manner metaphors are “windows into shared schemas (Quinn 2011, p. 61).

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

“...they expected much from me because I am the oldest son ... “ukubwa ni jalala”, if something bad happened to my parents or my siblings it would be my shame...in fact, in my tribe this role was inculcated in us from young age – you grow up keeping that role ... and because the older son is responsible for taking care of the old parents and siblings, he inherits the big house and the biggest portion of the land...as an older son I had to make sure my parents were respected and obeyed by all members in the family and that they gained no dishonour...you listen to what they (parents) want and do not

give them commands just because you are the older son, no, it was not like that. Nowadays, due to selfishness, the older brothers take care only of their own immediate family....society has now changed drastically; people apply both the old traditions and western culture, I mean they have adopted western civilization, but their mind-sets are still holding fast to traditional values (Male 74).

The Schema of Expected Care and Real Experiences

Material Care, Social Care and Emotional Care

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

Moderator: You have pointed out that in the past, the situation was different. What was the situation back then?

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

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

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

Moderator: What has changed?

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

Athumani:... Everything has changed.

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

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

The above quote illustrates that older people expect their children to provide them with material, physical and emotional care such as *kuwajulia hali*. Majority of the older people who claimed they are not getting the expected said they lack social, emotional, physical,

financial and medical care from their children. The consequence of this is explained in causal linkages. For instance, case study 1 below suggests that the lack of care evokes feelings of *mawazo*. *Mawazo* subsequently leads to distress or illnesses caused by stress. Thus, the cultural model/schema of intergenerational caregiving is evocative of effects related to other schemas such as emotional deprivation, abandonment, social alienation and insecurity. This point is captured further in the following case example:

Case Study 1: we are suffering from lack of care.

BiMisawene, 74, woman:

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

Although this paper does not compare older women's and men's perceptions, it is noticeable that gender issues were observed especially on emotions attached to care expected from children, for example being a widow and a woman, Misawene (case study 1) did not inherit any land (neither from her parents nor from her late husband) She depends entirely on her son to survive. Her expectations are therefore particularly, which seems to explain why the lack of care from her son evokes feeling of *mawazo*. On the other hand, for majority of the men, being consulted by their children on matters involving the family was considered to be very important and a sign of respect. Being respected by one's children was not only perceived as important but also a source of pride and happiness. Their accounts however, highlighted the lack of respect by their children. This could be attributed to shifting power relations with children over time; children failed to consult them about family matters or involve them in decision - making. As Mzee Hassan narrates:

Case 2: Mzee Hassan, 78 years old

“In the past, growing old was quite different from what we are experiencing now. We accorded our older parents with a great deal of respect; we supported them and relied on their wisdom. In the family, older men like me usually had the final say over matters of importance to the family.”. He explains how younger people have lost respect for older people in their families and community and how aging has become difficult due to lack of respect and support from children, close family and the government. He said, “but the

young generation do not value our wisdom, I mean they don't value our opinion and when we give them advice they reject it and would say ahaa! That is something of the old days, 'wazee mmepitwa na wakati'" (old people are outdated). Things have turned upside down, our respect in the family and community diminishes as we become older as people see us as poor and outdated... we don't get respect we deserve, we don't get adequate support, we die with our hoes in our hands! We can't sit, we have to work. If you sit you will die of hunger... life in old age has become 'unbearable'?

A participant from a focus group discussion raised a similar point as illustrated below:

"...young people nowadays have lost manners we are even scared to share our knowledge with them because whenever we try we are ridiculed, they will say (ahha) what would you tell me you are "outdated" and obsolete...they would rely more on modern education, religion and media rather than listen to us...we are dying with our knowledge in our head.

Regardless of their socio-economic status (income, location, gender, marital status, and educational/religious background), nearly all participants shared schema/perceptions of inter-generational caregiving; however, their actual experiences (care need) differed depending on their socio-economic status such as education, income, gender and marital status. Few participants reported that they were cared for by their own children. From participants' accounts we learned that when care is given in a manner that is expected, it is likely to evoke positive emotions (e.g. joy, love, hope, pride, serenity, respect, and gratitude and hope- evocative function) and life satisfaction. Siwazuri explains;

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

Care Reverse and Care Burden

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

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

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

For example, Amina explained:

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

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

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

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

Shamweta, narrated her strained circumstances:

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

Another participant narrated:

Case 1: I would rather die than watch my grandchildren die of hunger (MzeeLameck, 80)
I was left with grandchildren, one was learning how to walk, the other one was not even walking and the other was very young ...I was teaching as a part-time teacher when I retired. One day when I arrived at home I found these grandchildren abandoned here under the mango tree and their mother gone. My neighbours told me these children are your burden; the girl who left them here was impregnated by your grandson. I almost collapsed... children had gathered there like little cats.... I was very confused ... I said to myself, “I am about 80 years old, I have no wife my wife died few years ago, how am I

going to look after these infants?” I have struggled with them until now they in primary school, luckily I had a “contract” then, but after sometime my contract was terminated. I had no income since then. One day I had no food at home, my grandchildren were asking for food – they didn’t know I no longer had income. Then I asked myself, what should I do? I went and lay under the cashew nut tree, and I told myself, I would rather die than watch my grandchildren die of hunger. I slept there and when I woke up it was already midnight, and I crawled? Walked? Through the grass to my home.... The way we live here in urban areas nowadays, there is no way you can ask your neighbour for anything. I went to the shops and asked them to lend me flour and they mocked me, saying, “how can a man borrow flour? Are you not ashamed?”... I came back home empty handed. They mock me because they know, I am an old man with no income and if I borrow I will not be able to pay back. This is the situation we are facing and it is us who built this country.

Notably, participants admitted that caring for grandchildren was a source of joy, comfort, pride and happiness where they made the choice and had the resources. As one focus group participant commented

“when it is one’s own choice, out of leisure and pure enjoyment, caring for grandchildren is a major source of hope, happiness and the main reason for living...”

Bi Havijawa said;

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

From the above extract of BI Havijawa it is clear that grandchildren can be a source of happiness if they choose to be fully engaged.

Discussion

This paper aimed at exploring the cultural schemas that underlies older people’s perceptions of intergeneration caregiving. We frame and analyse our discussion using cultural schema theory (D’Andrade 1992; Strauss and Quinn 1997). The major theoretical contribution of this study lies in the clarification of how, cultural schemas shape older people’s perceptions of intergeneration caregiving obligations of young generations towards their older parents. By using this theory, we were able to identify a series of cultural schemas found in older people’s discussions of intergenerational caregiving role. This enhanced our understanding of what in older people’s mind shapes their perceptions and expectations. Arguably, cultural meanings are in the mind and they shape experiences and perceptions (Strauss and Quinn 1997, p. 50). Drawing on participants wide-ranging narratives, we identified the most prominent shared schemas such as; caregiving is a sign of respect, caregiving is a sign of love, emotional bonds and attachment—that is, internalised and shared—were prevalent in older people’s perceptions of intergenerational caregiving.

Participants also pointed out that caregiving involves dedication, i.e. a good child is the one who is able to dedicate her/his time and attention to aging parents. The guideline that one should care for one's older parents is a culturally transmitted ideal, also a goal that functions as the behaviour of those who internalize it. Arguably, goal schemas are schemas imbued with motivational force (D'Andrade 1992); individuals who engage in practices closely linked to cultural models will be more likely to have internalized cultural motivations than those who do not (D'Andrade 1992). Building from D'Andrade (1992) argument, we found that one of the central cultural goals (of study participants) is the goal of caring for the older adults. Participants showed strong commitment to the cultural model, they said they were strongly committed to providing care to their older parents when they were younger. They spoke about how they expected that taking care of their parents would set an example to their own children, who would automatically care for their needs.

Moreover, prompted by their experiences, majority perceived care from their children as a cultural obligation and not an individual (child) choice. These findings seem to back up the assertions made by D'Andrade (1995) that when cultural beliefs are internalized as beliefs, they gain emotional weight and feel inherently true (D'Andrade, 1995). Equally, these findings echo Strauss and Quinn's (1997) arguments that meanings arise in the context of people's experiences. Although we did not directly or extensively explore the internalization of cultural schema, the impact of socialization/ the enforcement of the schemas, underpins this paper. This study revealed that cultural values, norms and schemas of intergenerational care roles are imparted through deep cultural socialization processes (see Fig. 1) and deeply rooted in religious teachings. Arguably, values and norms tend not to be internalized unless they are already well socialized (D'Andrade 2006). Older people in this study said that because they provided care to their old parents with love and a sense of pride and were rewarded (blessing), they expected to get similar treatment. An implication of this was that older people wanted to receive care from their children without having to ask for it. They believe caregiving for aging parents is not an option and should be done from a sense of obligation, love, commitment, attachment and respect. These findings seem to echo Strauss and Quinn (1997) argument that "when people are motivated to enact or re-enact the schemas they have learned from their own experience, they recreate the public world of objects and events that they knew, reproducing patterns of experience which the next generation learns (Strauss and Quinn 1997, p. 112). Likewise, the study findings are consistent with the majority of cognitive anthropologists such as Strauss and Quinn (1997) and D'Andrade (1992) and Strauss (1992), who suggests that learning/internalisation of cultural schemas, occurs through socialisation (see Fig. 1). This study uniquely support this body of knowledge by providing evidence that in participant's cultural context the learning/ internalisation of cultural schemas largely occur early in life through socialisation such as initiation rites Unyago and Jando (Strauss and Quinn 1997). However, although early life's experiences is formative, in the sense that many stable cultural schemas do originate there, other cultural schemas are derived from individual's interaction with other members of their culture (Strauss and Quinn 1997). Thus, our findings are in line with cognitive anthropologists such as Strauss and Quinn (1997) who suggest that schemas are learned through interaction with other members of their culture—because elderly in this study continually experienced the interactions, instructions and other related nuances from (initiators and family members) and rewards bestowed by caring for aging parents, they learned, practiced, and embodied those same behaviors—internalize the same cultural schemas (see Fig. 2). Arguably, the more repeatedly those experiences occur and the meaning of the events

reinforced, those schemas will be more deeply impressed on the mind (Quinn 2011)—repeated shared experiences will likely result in shared meanings.

Additionally, from participant's narratives, we identified the care that older people need/expected from their children include practical care and non-material support. Practical care involves carrying out activities for older people who may not be able to do them alone while emotional care is the expression of concern, dedication and attachment (Kleinman and van der Geest 2009: 159). Social care involves engaging them in social and family matters such as consulting, listening to and respecting them. The findings of this study seem to build in particular on research conducted in such African countries as South Africa by Bohman et al. (2009) and Ghana, by Van der Geest (2002), these studies linked caregiving with respect—act of giving care is seen as a sign of respect which guarantees wellbeing for older parents (Bohman et al. 2009). This also confirms the argument made by Van Der Geest that respect and care are often used interchangeably in African context (Van der Geest 2002). Thus not caring for older parents is seen as a sign of disrespect (Bohman et al. 2009). Likewise, the existence of regulations/rewards to reinforce caregiving seems to be confirmed in the data, which exhibits both positive and negative rewards. It is argued that in the traditional African setting, the older generation's control over knowledge as well as scarce resources, such as land, livestock, essential skills and ritual powers allowed them old age security. Children appeared to care for aging parents for fear of missing out on these rewards (Rwezaura 1989:9).

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

Conclusion

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

Limitations and Future Directions

Despite the strengths of the current study, which includes examining the meanings that underpin older people's thoughts and actions by examining both what the schemas that the elders have about intergenerational care and how they acquired those schemas, one of the limitations of this study lies in the fact that the findings are derived only from older people. Future research should investigate the cultural schemas underlying the younger generation's perceptions of intergenerational caregiving in order to get a complete picture of the intergenerational care model. Moreover, our findings are derived from elders who largely share cultural backgrounds, socio-economic status and cohort. Arguably, the more homogeneity individuals are, the likelihood of cultural schemas being shared will be quite high. Future research should explore perceptions and cultural schemas of elderly who differ in terms of socioeconomic status and location. Furthermore, how 'internalization' actually happened and what is special

about the initiation rites that made their lessons so enduring and motivating for previous generations is an interesting avenue to explore in the future. Lastly, several questions raised by this study that will require further studies are. Firstly, if the younger generation is indeed not providing care for their parents, is it because they lack the schema about what sort of care is expected? Or is that schema not internalized in a way that would create sufficient directive force (motivation), and if so, what kind of motivation forces might be missing or attenuated? Or are the schema and motivation present, but they simply lack the resources? Or the rewards are not that appealing? Or may be elders still bestow blessings and curses but maybe these no longer instigate the same responses? Lastly, recent research suggests that Jando and Unyago are rapidly losing ground as the primary source of socialization (Abeid et al. 2014), then what does inform younger generations' cultural schemas?

References

- Abeid, M., Muganyizi, P., Olsson, Darj, E., & Axemo, P. (2014). Community perceptions of rape and child sexual abuse: a qualitative study in rural Tanzania. *BMC International Health and Human Rights*, *14*, 23–35.
- Bailey, A., & Hutter, I. (2006). Cultural heuristics in risk assessment of HIV/AIDS. *Culture, Health & Sexuality*, *8*, 465–477.
- Bianchi, S. M., Hotz, V. J., McGarry, K., & Seltzer, J. A. (2008). Intergenerational ties: Theories, trends, and challenges. In A. Booth, A. C. Crouter, S. M. Bianchi, & J. A. Seltzer (Eds.), *Intergenerational caregiving* (pp. 3–43). Washington, DC: The Urban Institute Press.
- Bohman, D., van Wyk, N., & Ekman, S. (2009). Tradition in transition – intergenerational relations with focus on the aged and their family members in a south African context. *Scandinavian Journal of Caring Sciences*, *23*, 446–455.
- Bourdieu, P. (1977). *Outline of a theory of practice*. Trans. Richard Nice. Cambridge, U.K.: Cambridge University Press.
- Bourdieu, P. (1986). The forms of capital. In J. Richardson (Ed.), *Handbook of theory and research for the sociology of education* (pp. 241–258). New York: Greenwood Press.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101.
- Caldwell, J. (1976). Fertility and the household economy in Nigeria. *Journal of Comparative Family Studies*, *7*, 193–253.
- Casale, M. (2011). 'I am living a peaceful life with my grandchildren. Nothing else.' Stories of adversity and 'resilience' of older women caring for children in the context of HIV/AIDS and other stressors. *Aging and Society*, *31*, 1265–1288.
- Chappell, N., & Funk, L. (2011). Filial caregivers: diasporic Chinese compared with homeland and hostland caregivers. *Journal of Cross-Cultural Gerontology*, *26*, 315–329.
- Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. London: Sage.
- Cohen, B., Menken, J., & National Research Council (US) Committee on population (Eds.). (2006). *Aging in sub-Saharan Africa: Recommendation for furthering research*. National Academies Press (US).
- Corbin, J., & Strauss, A. (2008). *The basics of qualitative research* (3rd ed.). Los Angeles: Sage.
- D'Andrade, R. (1984). Cultural meaning systems. In R. Shweder & R. LeVine (Eds.), *Cultural theory: Essays on mind, self and emotion* (pp. 88–119). New York: Cambridge University Press.
- D'Andrade, R. (1987). A folk model of the mind. In D. Holland & N. Quinn (Eds.), *Cultural models in language and thought*. Cambridge: Cambridge University Press.
- D'Andrade, R. (1992). Schemas and motivation. In D'Andrade & C. Strauss (Eds.), *Human motives and cultural models* (pp. 23–44). Cambridge University Press.
- D'Andrade, R. (1995). *The development of cognitive anthropology*. Cambridge: Cambridge University Press.
- D'Andrade, R. (2006). Commentary on Searle's social ontology: Some basic principles culture and institutions. *Anthropological Theory*, *6*, 30–39.
- De Klerk, J. (2011). *Being old in times of AIDS: Aging, caring and relating in Northwest Tanzania*. PhD dissertation.
- Forrester, K. (1999). *Older people in Tanzania: A research report*. HelpAge International: Dar-es-Salaam.

- Gillian, C., Turner, J., Bailey, C., & Latulippe, D. (2000). *Social security pensions: Development and reform*. Geneva: International Labour Office.
- HelpAge International Tanzania-HAI. (2011). *A study of older people's livelihoods in Tanzania*. HelpAge International Tanzania and Cordaid.
- Hennink, M., Hutter, I., & Bailey, A. (2011). *Qualitative research methods*. Los Angeles, CA: SAGE.
- International Labour Organization. (2008). *Tanzania mainland social protection expenditure and performance review and social budget*. Geneva: International Labour Office, Social Security Department.
- Jordan, D., & Swartz, M. (2010). *Personality and the cultural construction of society*. Tuscaloosa: The University of Alabama Press.
- Kashaga, F. (2012). Neo-liberalism, agricultural transformation and the welfare of the elderly in Tanzania: The case study of Bukoba. *UTAFITI Journal*, Special Issue 9, 11–22.
- Kleinman, A., & Van der Geest, S. (2009). 'Care' in health care: Remaking the moral world of medicine. *Mediche Anthropologies*, 21, 159–168.
- Knodel, J. (1995). Focus groups as a method for cross-cultural research in social gerontology. *Journal of Cross-Cultural Gerontology*, 10, 7–20.
- Makoni, S. (2008). Aging in Africa: a critical review. *Journal of Cross-Cultural Gerontology*, 23, 199–209.
- Mboghoina & Osberg (2010). Social protection of the elderly in Tanzania: Current status and future possibilities, Special Paper 10/5 Dar es Salaam, REPOA.
- Ministry of Labour, Employment and Youth Development (MoLEYD) and HelpAge International (2010). *Achieving income security in old age for all Tanzanians: A study into the feasibility of a universal social pension*. Dar es Salaam: Ministry of Labour, Employment and Youth Development.
- Muia, D., Maina, L., & Mwangi, S. (2013). Changing intergenerational relationships and their implications on family structure and functioning in Africa. *International Journal of Education and Research*, 10, 2201–2240.
- Muramatsu, N., & Akiyama, H. (2011). Japan: Super-aging society preparing for the future. *The Gerontologist*, 51, 425–432.
- Mwami, L. (2001). The social insecurity of the elderly people in Tanzania: A theoretical framework, *UTAFITI* (new series), Special Issue 4 (1), 179–206.
- Mwanyangala, M. A., Mayombana, C., Urassa, H., Charles, J., Mahutanga, C., Abdullah, S., & Nathan, R. (2010). Health status and quality of life among older adults in rural Tanzania. *Global Health Action*, 3–10.
- Nicholas, O., Freeman, J., & Nalini, A. (2013). Culture in social neuroscience: a review. *Social Neuroscience*, 8(1), 3–10.
- Orb, A., & Davey, M. (2005). Grandparents parenting their grandchildren. *Australian Journal on Aging*, 21, 162–168.
- Quinn, N. (2011). Event sequencing as an organizing cultural principle. *Ethos*, 39, 249–278.
- Quinn, N., & Holland, D. (1987). *Culture and cognition. Cultural models in language and thought*: Cambridge, University press.
- Roos, V., Silvestre, S., & De Jager, T. (2017). Intergenerational care perceptions of older women and middle adolescents in a resource-constrained community in South Africa. *Journal of Gerontological Social Work*, 60(2), 104–119.
- Rwezaura, B. (1989). Changing community obligations to the elderly in contemporary Africa. *Journal of Social Development in Africa*, 4, 24–27.
- Schoenberg, N., Miller, E., & Pruchno, R. (2011). The qualitative portfolio at The Gerontologist: Strong and getting stronger. *The Gerontologist*, 51(3), 281–284.
- Spiro, M. (1987). Collective representations and mental representations in religious symbol systems. In B. Kilborne & L. Langness (Eds.), *Culture and human nature: Theoretical papers of Spiro*, 161–184, M. Chicago: University of Chicago Press.
- Spitzer, H., Rwegoshora, H., & Mabeyo, Z. (2009). *The (Missing) Social Protection for Older People in Tanzania: A Comparative Study in Rural and Urban Areas*. Feldkirchen/Dar es Salaam: Carinthia University of Applied Sciences, Institute of Social Work <<http://www.kefresearch.at>>.
- Strauss, C. (1992). Schemas and motivation. In D'Andrade & C. Strauss (Eds.), *Human motives and cultural models* (pp. 23–44). Cambridge University Press.
- Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (2nd ed.). Thousand Oaks: Sage Publications.
- Strauss, C., & Quinn, N. (1997). In N. Quinn (Ed.), *A cognitive theory of cultural meaning*. Cambridge: Cambridge University Press.
- Tobias, T., & Omondi, F. (2014). *Unblocking results: A case study of help age international in Tanzania*. London: Overseas Development Institute.
- Tronto, J. (1993). *Moral boundaries: A political argument for an ethic of care*. New York: Routledge.
- Tsutsui, T., Muramatsu, N., & Higashino, S. (2014). Changes in perceived filial obligation norms among co-resident family caregivers in Japan. *The Gerontologist*, 54, 797–807.

- United Republic of Tanzania (URT). (2003). National ageing policy. Accessed 30 Jun 2016.
- United Nations, Department of Economic and Social Affairs, Population Division (2013). World Population Aging 2013. ST/ESA/SER.A/348.
- United Nations, Madrid international plan of action on aging (2002). Adopted at the 10th plenary meeting of the second world assembly on aging, Madrid, 8-12 April 2002 , United Nations publication.
- UNICEF. (2006). Africa's orphaned and vulnerable generations: Children affected by AIDS. UNICEF. Retrieved on June 12, 2017 from <https://www.unicef.org/publication>.
- Vaisey, S. (2009). Motivation and justification: a dual-process model of culture in action. *American Journal of Sociology*, *114*, 1675–1715.
- Van der Geest, S. (2002). Respect and reciprocity: care of elderly people in rural Ghana. *Journal of Cross-Cultural Gerontology*, *17*, 3–31.
- World Youth Report. (2004). *The global situation of young people*. New York: United Nations.
- Yeates, N. (2011). Going global: The transnationalization of care. *Development and Change*, *42*(4), 1109–1130.

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.