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Awareness and Attitude Toward Old-Age Homes among Older Persons in Namibia

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ABSTRACT

Background: The burgeoning population of older persons is widely acknowledged as a pertinent societal concern. Understanding the attitude and awareness of older persons towards old-age homes is crucial, as these homes are a viable option when family support falls short.
Objectives: This study assessed older persons' awareness and attitude toward old-age homes in three selected regions of Namibia.
Methods: A mixed-methods, cross-sectional survey design was employed to study individuals aged 60 years and above. Quantitative data were analysed using Statistical Package for Social Sciences version 30 at significance ($P < 0.05$). Thematic analysis was utilised to interpret qualitative data.
Results: The outcomes revealed a marginal disparity in preference for remaining in the community vs relocating to old-age homes, with a statistically significant association among living arrangements, educational attainment, and number of dependents ($P<0.001$). Interviews with key informants and caregivers revealed pension misuse, transport-related barriers to healthcare, and caregiver challenges, including mood fluctuations, forgetfulness, and inadequate mobility aids to assist older persons.
Conclusion: The preferences of older persons in their living places are influenced by significant factors such as education level and familial obligations.
Unique Contribution: This study is among the first in Namibia to integrate quantitative and qualitative data on older persons' awareness and attitude toward old-age homes. It contributes to the limited research on this population and identifies that education, number of dependents, and family obligations influence their living preferences. Moreover, it brings forward the voices of caregivers and community leaders, revealing systemic gaps in training, resources, and awareness.
Key Recommendation: The findings underscore the potential value of implementing targeted community awareness campaigns, training caregivers, and expanding affordable, well-equipped old-age homes. Furthermore, policies should strengthen caregiver support and ensure pensions are effectively utilised to enhance the welfare of older persons.

Keywords: Older persons, elderly, awareness, attitudes, old age homes

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INTRODUCTION

Namibia's demographic structure shows ageing increasing amid rapid social and economic transformations. Traditional familial caregiving practices persist, though migration, urbanisation, and resource constraints increasingly strain households' capacity to provide direct support for older persons. Against this backdrop, old-age homes are stationed at a delicate intersection of need and acceptability, making it essential to understand older persons' awareness of and attitudes towards these facilities. Despite Africa's rapidly growing ageing population, gerontological research remains underexplored, especially studies emphasising the viewpoints of older persons aged 60 years and above regarding ageing and institutional care (Ahmad & Komai, 2015). Examining these attitudes is essential since they influence the willingness to relocate, negotiations within families, and the uptake of formal services. In this study, the term "older persons" is used to refer to individuals aged 60 years and above, consistent with terminology commonly used in Namibia and recommended by the United Nations (UN) as it is neutral, respectful, and inclusive. Although "elderly" is more commonly used globally, "older persons" was deemed more contextually appropriate (United Nations, 2025).

Research indicates that the population is quickly ageing, with a projected two billion individuals over 60 years worldwide by 2050, doubling from 11% to 22%. The 2023 Namibia Population and Housing Census reported a 29% increase in older persons over 12 years, rising from 113,303 in 2011 to 206,675 in 2023 (Namibia Statistics Agency, 2012, 2024). Based on the claims that Africa is the most impoverished continent globally, and with the accelerated rate of the aging population compared to other world regions, Africa might become demographically old before socio-economic development (Mangombe & Muza, 2019). The older persons' perceptions of ageing were found to strongly shape their health-behaviour acceptance, survival, adaptation, and decision-making, underscoring the value of assessing their awareness and attitudes toward old-age homes (Cadmus et al., 2021). Aligning with the Sustainable Development Goals, the United Nations' Decade of Healthy Ageing (2021–2030) underscores the urgency of promoting the well-being and inclusion of older persons globally(World Health Organisation, 2024).

The quality of care for older persons in many low- and middle-income countries is significantly hindered by a lack of trained caregivers and inadequate support systems. Qualitative evidence revealed that some caregivers provide care without any formal training, relying instead on personal experiences, enthusiasm, and parental teachings (Kloppers et al., 2015). This issue extends to other African countries, such as Cameroon and Ghana (Bassah et al., 2018; Dovie, 2019). To enhance older persons' physical and psychological well-being, caregivers should undergo training in essential areas such as

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basic physical care, wound management, and emergency response to diseases. At a broader level, policies and educational initiatives must be developed to strengthen the capacity of both formal and family caregivers to foster active and healthy aging (Kloppers et al., 2015).

Empirical research has predominantly examined qualitative studies involving caregivers' and nurses' attitudes or facility-level challenges, in which the voices of older persons, their views and attitudes have been largely unheard, and fewer still compare community-dwelling and institutionalised older persons within the same study, or triangulate the perspectives of older persons with those of caregivers and community leaders (Ahmad & Komai, 2015; Bassah et al., 2018; Dawud et al., 2022; Goharinezhad et al., 2016; Kloppers et al., 2015; Mehta & Leng, 2017). To our knowledge, none was conducted in Namibia meeting the above criteria. This study tackles the gap by (i) examining older persons' awareness and attitudes, (ii) explicitly contrasting community residents with those in old-age homes, and (iii) incorporating stakeholder viewpoints to highlight system-level constraints. The simultaneous mixed-methods design across three regions enhances inference and helps clarify what exists (fragmented awareness, significant dependence on state pensions, caregiver resource constraints) and what is lacking (population-level data on awareness sources; factors influencing living-arrangement preferences; Namibia-specific evidence regarding the impact of education and family dependency on decision-making). The theoretical issue centres on decision-making under changing support ecologies, and the literature gap due to paucity of Namibia-based, mixed-methods evidence that foregrounds older persons' perspectives while contextualising them within their care ecosystems. The findings will guide policies and interventions aimed at enhancing care quality, aligning services with older persons' needs, and strengthening healthcare and social support in old-age homes.

METHOD

Study Design and Setting

This study employed a pragmatist research philosophy, which supports a mixed-methods approach and a cross-sectional survey design, carried out in three Namibian regions, each representing one of the country's main clusters: Ohangwena (northern), Khomas (central), and Hardap (southern).

Study Population and Eligibility Criteria

The study focused on persons aged 60 years and older who could communicate independently or had a caregiver for assistance and were willing to participate. Older

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persons who were unable to communicate independently or with caregiver assistance, or unwilling to participate, were excluded.

Sample Size and Sampling Procedures

A total of 304 persons aged 60 years and older were recruited using convenience sampling. Of these, 190 were in the community, while 114 were in old-age homes. The regions were randomly selected through cluster sampling, with one region chosen from each of Namibia's three geographic clusters. The older persons were conveniently recruited from pension points, homesteads, clinics, and hospital open-day wards. Regarding the qualitative component, purposive and convenience sampling were employed to recruit 32 key informants (until saturation was reached), comprising 22 caregivers and 10 constituency councillors and village heads across the selected regions.

Data Collection Instruments, Procedures, and Quality Control

Quantitative data were gathered using a semi-structured questionnaire, drawing on selected items and guidance from the World Health Organisation quality of life (WHOQOL) tool and the attitudes to the ageing questionnaire (Laidlaw Kirsty et al., 2007; Nakane et al., 2012). The questionnaire was tailored to the Namibian context and included open-ended and closed-ended questions. The questionnaire underwent pre-testing to assess its validity and reliability, with Cronbach's alpha coefficient (α) also used to evaluate its reliability. Interviews were conducted in-person at participants' workplaces or online, lasting between 20 and 45 minutes, and audio-recorded with participants' consent. All non-English interviews were translated before transcription, and the inclusion of key informants with substantial field experience enhanced data credibility.

Data Processing and Analysis

Quantitative data analysis was utilised using SPSS, version 30. Descriptive statistics were employed to summarise categorical variables through frequencies and percentages. Associations between variables were examined using Chi-square tests, with statistical significance set at $P<0.05$. The qualitative data were analysed manually using Braun and Clarke's [2006] thematic analysis phases. This involved engaging with the data, transcription, and translation (where necessary), coding, developing themes, and then rigorously reviewing, defining, and labelling the themes, to ensure coherence and accurate representation of participant responses (Braun & Clarke, 2006).

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RESULTS

Table 1. Socio-Demographic Characteristics of the Respondents.

VARIABLES	Frequency(n)	Percentage (%)
Age (years)		
60-69	120	39.5
70-79	115	37.8
80-89	57	18.8
90+	12	3.9
Total	304	100
Gender		
Male	109	35.9
Female	195	64.1
Total	304	100
Marital Status		
Single	65	21.4
Married	119	39.1
Divorced	17	5.6
Widowed	103	33.9
Total	304	100
Highest Education level completed		
No formal education	61	20.1
Primary	124	40.8
Secondary	95	31.3
Tertiary	21	6.9
Literacy classes only	3	1.0
Total	304	100
Residence		
Rural	144	47.4
Urban	160	52.6
Total	304	100
Place of living		
Own home	119	39.1
With family	69	22.7
With friends	2	0.7
Old age home	114	37.5
Total	304	100
Physical mobility		
Unable to walk on their own	21	6.9
Able to walk a limited distance	78	25.7
Able to walk with no difficulty	136	44.7
In a wheelchair	17	5.6
Able to walk with a walking stick	52	17.1
Total	304	100
Duration of residence in an old-age home		
less than 6 months	4	3.5
6 months to less than 1 year	4	3.5
1year to less than 3 years	12	10.5
3 years to less than 5 years	32	28.1
5+ years	62	54.4
Total	114	100

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Table 1 presents the participants' sociodemographic characteristics. Among the 304 older participants, almost one-third came from each region: Ohangwena (32.9%), Hardap (32.9%), and Khomas (34.2%). The largest age group was those aged 60-69, 120 (39.5%). Females made up most of the participants at 195 (64.1%). The majority, 119 (39.1%), were married. Education levels varied, with most possessing only primary education 124 (40.8%). Over half, 160 (52.6%), lived in urban areas. Regarding living arrangements, 114 (37.5%) resided in old-age homes, while the rest lived in the community. Among those in old-age homes, the majority, 62 (54.4%), had lived there for over five years. Physical mobility also varied among the respondents.

Figure 1: Older person's income source.

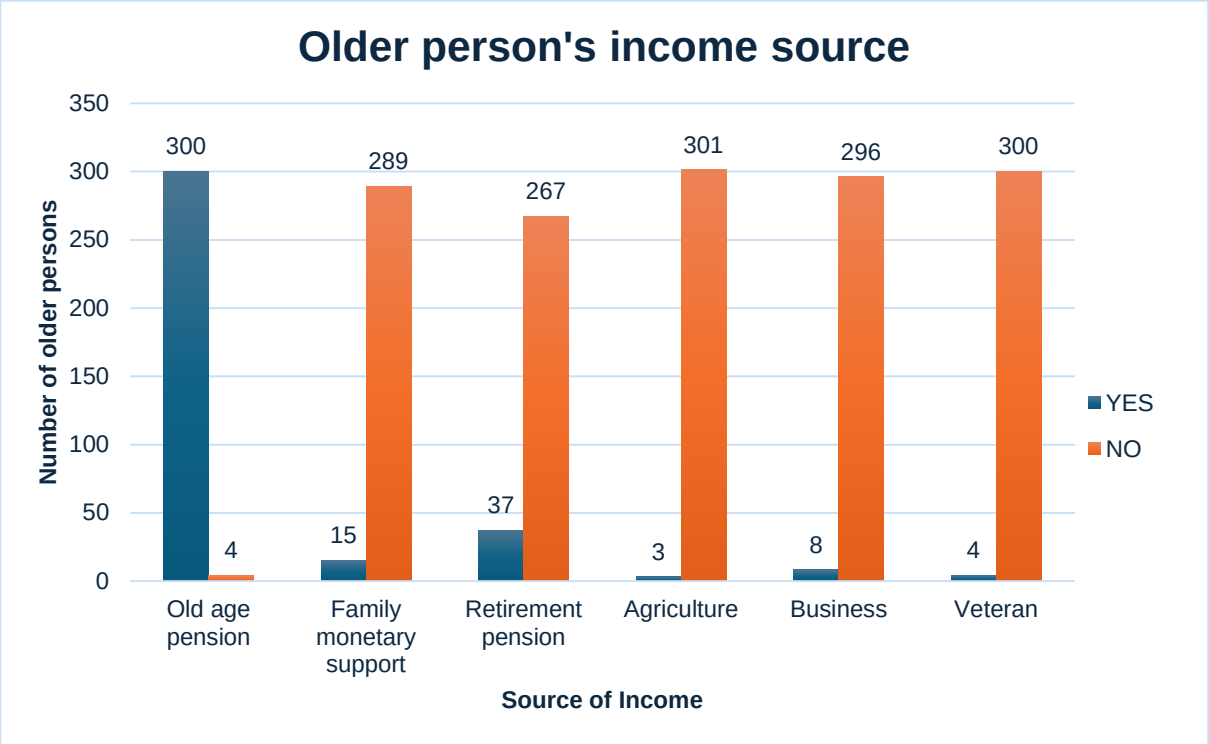

Figure 1 shows that old-age pension served as the dominant income source for nearly all older persons, with 300 (98.7%) relying on it predominantly, with minimal support from family, retirement pension, or economic activity like agriculture or business (Figure 1).

Knowledge on nursing homes

Of the 190 respondents in the community, 128 (67.4%) were aware of old-age homes, while 62 (32.6%) were not. In contrast, all 114 residents living in old-age homes (100%) were aware of such facilities. This difference in awareness between the two groups is statistically significant (P< 0.001). The 242(community & old-age home residents) who were aware, their predominant source of awareness of old-age homes was family and friends, 171 (71%), followed by media,

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with 50 (21%) respondents. A smaller number reported sources, such as healthcare providers 10 (3.3%), employers 7 (2.3%), the church two (0.7%), and those indicated "other sources" were two (0.7%).

Attitude towards old-age homes

Attitude towards old age homes among older persons in the community

Among the older persons surveyed in the community (n=190),102 (53.7%) indicated they do not want to go to old-age homes in the future. In contrast, 88 (46.3%) preferred to relocate to such facilities. To further understand these preferences and concerns, participants were queried about their overall attitudes toward old-age homes and how they perceived the quality of care offered in such facilities. They were asked to rate their overall opinion of old-age homes on a five-point scale, ranging from very positive (5) to very negative (1). A significant portion, 98 (51.6%) expressed a positive or very positive view of potentially residing at an old-age home if they required care. In contrast, 29 (15.2%) individuals feel a negative or very negative attitude toward this option. A notable share, 63 (33.2%), held a neutral opinion.

Table 2: Attitudes toward old-age homes among old-age residents (N=114).

No	Variables	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
1	Being at an old-age home is the best option.	2 (1.8)	7 (6.1)	3 (2.6)	80(70.2)	22(19.3)
2	An old-age home provides professional, well-suited care.	2 (1.8)	6 (5.3)	18 (15.8)	70(61.4)	18(15.8)
3	Most of my needs are met.	2 (1.8)	9(7.9)	6(5.3)	82(71.9)	15(13.2)
4	The facility provides an opportunity to build supportive relationships.	0	7(6.1)	12(10.5)	86(75.4)	9(7.9)
5	Being in an old-age home takes the burden of care from the family and society.	0	5(4.4)	14(12.3)	76(66.7)	19(16.7)
6	My family has access to me here.	1(0.9)	5(4.4)	8(7.0)	69(60.5)	31(27.2)
7	I would recommend that any older person stay in an old-age home.	3(2.6)	3(2.6)	7(6.1)	75(65.8)	26(22.8)
8	I would not mind staying in an old-age home for the rest of my life.	2(1.8)	5(4.4)	10(8.8)	54(47.4)	43 (37.7)

*n (%). Total 114 (100%)

Table 2 highlights that the old-age home respondents predominantly have a positive opinion about their residency. A significant majority affirmed that residing in an old-age home is the best option (89.5% agree/strongly agree) and that they would recommend it to other older people

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(88.6%). Perceived family access was high (87.7%), and most expressed that they would not mind residing there for the rest of their lives (85.1%).

Living arrangements and their determinants

The relationship between older persons' living arrangements, educational background, number of dependents, and their perceptions toward old-age homes uncovers significant social and demographic patterns. The internal consistency of items measuring attitudes toward old-age homes, assessed via Cronbach's alpha, was good, α=0.829 for residents of old-age homes and α=0.846 for community-dwelling older persons, indicating strong reliability across items.

A statistically significant association was found between living arrangements and the highest level of education attained (P< 0.001). Of the 190 older persons residing in the community, the majority had attained primary education, 103 (54.2%), followed by those lacking formal education, 55 (29.0%). Others possessed secondary education 27, 14.2%), attended solely literacy lessons three (1.6%), or achieved tertiary education two (1.0%). In contrast, among the 114 older persons residing in old-age homes, the largest proportion had attained secondary education, 68 (59.6%), followed by primary education with 21 (18.4%) and university education with 19 (16.7%), whereas six individuals (5.2%) lacked formal schooling; none had attended literacy classes.

Moreover, there was a significant association between living arrangements and the number of dependents (P<0.001). Older persons living in the community were more likely to have dependents. Of the 190 community-dwelling individuals, only 36 have no dependents, while 94 have 1–5 dependents, 42 have 6–10, 10 have 11–15, and a small number have 16–20 or more than 20 dependents (3 and 5, respectively). In contrast, among the 114 residents in old-age homes, a significant majority, 112, have no dependents. Only two individuals had dependents (one with 1–5 and one with 6–10).

Qualitative analysis

Characteristics of the participants

To triangulate the data, interviews were conducted with caregivers, constituency councillors, and village leaders. The ages of the caregivers varied from 20 to 69 years, with the predominant age group being 50-59 years, seven (31.8%). Most were female, 20 (90.9%). Many of them had completed secondary school, 20 (90.9%). None of the caregivers held a bachelor's degree or higher qualifications. Regarding experience, most of them, nine (40.9%), had been caring for older persons for 10 years or more, while five (22.7%) had between one and three years of experience. Moreover, 10 key informants (Constituency Councillors/Headman) participated in the study. Their ages ranged from 30 to 60 years, with the majority of four (40.0 %) aged between 50 and 59 years. The majority were male, 9 (90.0%). Regarding education, three (30%) each held a secondary school qualification, a certificate, or a diploma, while only one (10%) had attained a bachelor's degree.

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Table 3: Thematic analysis from the caregivers and Constituency councillors

Theme	Subtheme	Sample quote
Caregivers		
Training and Education	Lack of Formal Training	No, I have only learned from the radio. (Caregiver 2)
Challenges Faced	Behavioural Issues	They like seeking attention, behave like children, and are very short-tempered. (Caregiver 2)
	Violent or Aggressive Behaviour	They sometimes do shout and scratch me. (Caregiver 17)
	Substance Abuse	They abuse alcohol and, sometimes, end up quarrelling and fighting; one must stand in the middle to avoid fights. (Caregiver 10)
Resource Constraints	Lack of Equipment for Physical Support	We need equipment to help lift older persons from their beds to wheelchairs, as we must do this about six times a day, which is physically challenging. (Caregiver 13)
Constituency councillors and village heads		
Care and Support	Lack of Proper Care	Yes, some older persons were reported to have left home unattended, even for a half-day, and some were locked in rooms with little food and a bucket to relieve themselves. (Constituency Councillor 3)
	Family Dependency on Pension	The older people's pension is mostly not used in their favour, as some still sleep on uncomfortable chain beds. Others only use clean blankets for special occasions like mourning ceremonies and weddings. (Village Head 2)
Living Conditions	Overcrowded Homes	"Older persons are often left to care for many grandchildren. I know one caring for 15. This places a heavy financial and caregiving burden on them". (Constituency Councillor 8)
	Lack of Basic Needs (Water, Food, Sanitation)	"While some older persons have access to services, many still lack basic facilities like toilets. In our constituency, since 2022, the water pressure has declined due to population growth and increased gardening". (Constituency Councillor 6)

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Table 3 summarises the interviewees' responses. The councillors indicated a complex landscape of issues encountered by older persons. Caregivers reported encountering significant challenges when caring for older persons. At the same time, they are compounded by inadequate compensation, lack of benefits such as medical aid, housing, transport allowances, and excessive workload, which further strain their well-being.

DISCUSSION

The older persons' perspective on ageing plays a vital role in their health behaviour acceptance, survival, adaptation, and decision-making. Thus, this study assessed the awareness and attitudes of older persons towards old-age homes.

The key findings include a limited inclination among community-dwelling older persons to relocate to old-age homes. Further, there is a statistically significant disparity in awareness of old-age homes between the institutionalised and community residents. Another significant relationship was found between living arrangements and the highest level of education attained, and between living arrangements and the number of dependents, all ($P< 0.001$). The study further found that most older persons depend on the old-age pension grant for their daily livelihood. The qualitative findings highlighted a wide range of challenges older persons and their caregivers face.

The varied responses among older persons regarding migration to old-age homes reveal a divide between those who consider institutional care as a viable support option and those who, despite potential care needs, choose to remain within their familiar home. Previous research has shown that older individuals often fear entering care homes than the prospect of death itself (De Bellis, 2010). However, this study's relatively balanced distribution of preferences may indicate a shifting perspective, where traditional preferences for family-based care are gradually being balanced by a growing openness to formal care settings, potentially attributable to changing family dynamics and evolving needs in old-age.

There was a significant difference in awareness of old-age homes between institutionalised and community-dwelling older persons. All individuals living in old-age homes were aware of such facilities, while only 67.4% of community-dwelling individuals had such awareness. This discrepancy is likely to be due to the direct exposure that institutionalised older persons have, whether through personal experience, the admission process, or interactions with staff and administrators. In contrast, their counterparts in the community may face economic or educational barriers that restrict their access to information. Prior research confirms that older persons with an optimistic perspective on ageing tend to engage in healthy behaviour and experience lower mortality (Bužgová et al., 2024; Siebert et al., 2018). These findings reinforce the need for targeted awareness campaigns in the community, at outreach points such as clinics, radio programs, or churches, to bridge the awareness gap. Policymakers and Non-Governmental Organisations (NGOs) should prioritise inclusive and culturally sensitive outreach strategies.

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To further emphasise the above, this study also identified a statistically significant association between older persons' living arrangements and educational attainment ($P<0.001$). Institutionalised older persons tended to have higher levels of education than their community counterparts. Education is critical in influencing health behaviours and awareness of preventive strategies (Rizal et al., 2022). Countries such as Iran also reported that illiteracy and lack of awareness are major barriers to accessing older persons' care services (Goharinezhad et al., 2016). These findings support the argument for incorporating older care and healthy ageing topics into adult education, public health initiatives, and community development initiatives.

Another major finding was an insufficient number and spread of old-age homes in Namibia; among the three surveyed regions, one region lacked such facilities, the second region had one, and the third region, the capital city, had the most, though primarily private and costly. This is consistent with patterns noted in countries such as India, where affordable old-age homes are scarce and public facilities are often under-resourced (Mah et al., 2021). Government-sponsored old-age homes, despite being more affordable, tend to be under-resourced and overcrowded (Dawud et al., 2022). The predominant reliance on old-age pensions was another key result. This highlights the significance of the formal state in safeguarding older persons' well-being. Similar issues have been reported in Iran and Cameroon (Ethel et al., 2015; Goharinezhad et al., 2016).

In the qualitative analysis, most caregiver respondents were female, between 50 and 59 years, and these demographics were similar to the findings in various studies (Bassah et al., 2018; Dawud et al., 2022; Mehta & Leng, 2017). This could be because caregiving has traditionally been associated with females, as they may be more nurturing, and historically expected to manage the home and care for the family. Caregivers face many challenges, such as being underpaid, mistreated, work overload, and lacking training. These challenges mirror those experienced by caregivers in Ethiopia and Singapore (Dawud et al., 2022; Mehta & Leng, 2017). Notably, none of the caregivers in this study had received geriatric training, as most had learned on the job and had only completed secondary education. Furthermore, most African countries, including Namibia, lack geriatric education in their healthcare curriculum (Essuman et al., 2019). Their motivation to work as caregivers varied from unemployment to passion and family tradition. The caregivers in this study seek better salaries, benefits, minimal work, and advanced training. The local authority leaders have also highlighted numerous challenges. These findings stress the necessity for national strategies to professionalise caregiving through structured training, better remuneration, and psychological support.

Finally, through the triangulation of older persons' views with caregivers and local leaders, this study extends knowledge in three distinct manners: (1) identifying plausible mechanisms (education, dependency load, and information/access pathways) linking sociodemographic factors to preferences; (2) illustrating how systemic barriers (costs, uneven distribution of old-age homes) influence the older persons attitudes and uptake; and (3) quantifying a near parity in willingness to relocate, suggesting a transition from purely family-based norms to a mixed ecology of care. These insights extend beyond mere agreement/disagreement with previous research to specify the reasons for local pattern emergence and identify policy leverage points,

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including targeted community awareness, caregiver training, and the provision of sufficient, affordable, better-equipped old-age homes.

CONCLUSION

Based on the results, the study concludes that Namibia is transitioning from exclusively family-based elder care to a mixed model, where old-age homes are a credible alternative; nevertheless, actual uptake is chiefly influenced by education and dependency load. Advanced education and having few/no dependents tilt preferences toward institutional living, while information gaps and the inequitable distribution and cost of facilities hinder informed decision-making among community-dwellers. Residents who enter old-age homes rate them positively, suggesting that perceived benefits surpass prior fears. Therefore, the study's judgement is that policy should prioritise targeted community awareness, professionalised and adequately resourced caregiving, the expansion of affordable, well-equipped old-age homes, and protection of pensions for care actions aligned with the mechanisms evidenced in our data.

Ethical clearance

Ethical consent was sought and obtained from the Ministry of Health and Social Services in Namibia (reference 22/3/1/2), the managers of old-age homes, and the participants used in this study. They were made to understand that the exercise was purely for academic purposes, and their participation was voluntary.

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Conflict of Interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

Authors' Contributions.

Mouyelele Haufiku conceived the study, including the design, and wrote the original manuscript, while Dr. Mahalie and Dr. Aku-Akai guided data collection and analysis. All authors have critically reviewed and approved the final draft and are responsible for the content and similarity index of the manuscript.

Availability of data and materials.

The datasets on which conclusions were made for this study are available on reasonable request.

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