

**SOCIO-ECONOMIC FACTORS INFLUENCING VIOLENCE AGAINST OLDER
PERSONS: A CASE STUDY OF MARANI LOCATION, KISII COUNTY**

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DECLARATION

This project is my original work and has not been submitted for examination in any other university.

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Date _____

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This project has been submitted for examination with my approval as the university supervisor.

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Date _____

Prof. Owuor Olungah

DEDICATION

I dedicate this work to the Almighty God; the far I have come is because of His love, mercy and grace. To my parents, Mr. Donald Kohanya and Mrs. Nereah Kohanya, you are and always will be my source of support and inspiration. Thank you for your prayers and ceaseless support and encouragement through the entire period of the study.

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ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
CBS	Central Bureau of Statistics
GoK	Government of Kenya
HAI	Help Age International
HIV	Human Immunodeficiency Virus
IYOP	International Year of the Older Persons
KDHS	Kenya Demographic and Health Survey
KII	Key Informant Interview
KNBS	Kenya National Bureau of Statistics
NACOSTI	National Commission for Science, Technology and Innovation
SPSS	Statistical Package for the Social Sciences
UN	United Nations
USA	United States of America
WHO	World Health Organization

ABSTRACT

This was a descriptive study on the socio-economic factors influencing violence against older persons in Marani location, Kisii County. The elderly population in Africa is increasing in line with global trends. The number of people over 65 years in sub-Saharan Africa is currently estimated to be over 35 million. The elderly can expect to live longer than they did two years ago. Specifically the study set out to: describe the forms of abuse against elderly persons, investigate the social factors contributing to the abuse of the elderly persons and to determine the economic factors that influence violence against the elderly persons. The study reviewed literature on prevalence and types of violence against the elderly, the socio-economic factors and cultural factors influencing violence against older persons. The study was guided by situational theory, symbolic interactionist perspective and aging and role accumulation theory. The population of this study was the elderly men and women and the unit of analysis was the individual elderly person and was conducted in five sub-locations. The study consisted of 133 elderly men and women aged above 65 years randomly sampled. Purposive sampling was used to select the key informants for the study. The key informants included the Chiefs, Village elders, Social Development Officer, County Officer in Department of Elderly, Community Health Volunteers and a Help Age International official. Questionnaires were used to collect data from the elderly and key informant interview guide was used among the key informants. Quantitative data was analysed with the aid of the Statistical Package for Social Science (SPSS) Version 20 while qualitative data was analysed thematically in line with study objectives. The study findings indicate that majority of the elderly experience abuse and neglect through action or inaction by persons known to them. The abuse and neglect causes harm or risk of harm to the elderly persons. When there is an expectation of trust, the consequences can be particularly harmful. Elder Abuse includes physical, mental or emotional harm, or damage or loss in respect of financial affairs. The emotional or psychological abuse includes, but is not limited to, verbal assaults, insults, threats, intimidation, humiliation and harassment. Some examples of emotional or psychological abuse may also consist of actions such as treating an older person like a child; isolating the older person from his or her family, friends, or regular activities; giving an older person the silent treatment; and enforced social isolation. The study recommends that comprehensive public awareness campaigns be carried out, to inform the public that violence against older persons is harmful and against the law, and that sources of help exists.

CHAPTER ONE

BACKGROUND TO THE STUDY

1.1 Introduction

Elderly people abuse is nothing new to the world; it has been taking place for literally thousands of years. However, the process of a condition evolving into a social problem, according to Spector and Kitsuse (2013) is when individuals and groups make claims and grievances about such a condition being problematic and that such a condition should be eradicated or in need of intervention (Stearns, 2016). Collins and Gary (2012) observe that violence and elderly people abuse, especially in the home, appear to be increasing. They also note that it is possible, of course, that the society is only now beginning to recognize the widespread prevalence of a problem that has been with us for centuries. Media attention and public outcries have riveted a lot of attention on child abuse, which is really quite similar to the abuse of the elderly. In many ways, the elderly become as dependent as children on their caregivers; financially, emotionally or physically (Jones & Peterson, 2014).

Abuse of elderly persons, for example, came to the attention of the public as a social problem in the 1980s (Jones & Peterson, 2014), partially due to the growth of the global elderly population. This was accompanied by a series of socio-cultural, economic and physical conditions that posed a challenge to the family and the entire society (Chuks, 2011). The World Health Organization (2002) describes it as an important developmental element requiring emergency action. It takes various forms including physical harm, sexual abuse, emotional abuse, financial or material exploitation, and intentional or unintentional neglect (Sweat, 2000). Ridgway (2012) and Kutsal (2015) point out that abuse of elderly persons commonly goes unnoticed and unreported, with only the most severe cases

commanding attention. Apparently, most people may find it hard to believe that the problem exists. It has been labelled a hidden phenomenon because within the family structures where abuse occurs, the key to maintaining abusive relationships is to regard the abuse as “a private concern” and keep it hidden from those outside the family (Sever, 2009).

According to Kutsal (2015), the elderly population in Africa is increasing in line with global trends. The number of people over 65 years in sub-Saharan Africa is currently estimated to be over 35 million. The elderly can expect to live longer than they did two years ago. While this may be an accomplishment worthy of celebration, this joy is tempered with by the awareness that many elderly adults in Africa are facing a future of neglect and abuse without a social safety net (Kutsal, 2015).

In a research carried out by Help Age International in 2011 on “Elder Abuse in the Health Care Services in Kenya”, it was found that abuse of the elderly does exist not only in the health sector but also in the wider community in Kenya. In certain cases, for example, among the Abagusii of western Kenya, elderly women have been accused of witchcraft and are seen as responsible for any other negative occurrence in the neighbourhoods, and are consequently killed. Due to their fragility, use of walking sticks and their bent figure, they are ostracized.

Chuks (2011) observes that old age in many African countries is a nightmare and a tale of woes. The elderly are vulnerable to financial exploitation and social isolation, thereby endangering their health. Elderly people, particularly women, have to care for their dying children and orphaned grandchildren. The family and community networks in many developing countries that had formerly provided support to the elderly generation have been weakened, and often destroyed by rapid social and economic changes (Riekse and Holstage,

2016). The AIDS pandemic is also significantly affecting the lives of elderly people. In many parts of Sub-Saharan Africa, for instance, children are being orphaned in large numbers as their parents die from AIDS complications (Randel et al, 2009). Elderly people who had anticipated support from their children in old age are finding themselves to be the main caregivers and without a family to help them in the future.

Complementary reports from various parts of Kenya reveal high incidences of elderly people abuse. These people suffer hunger, isolation, and destitution, a reduced capacity for work and difficulties in accessing healthcare and other essential services (Help Age International, 2015). Elderly women in particular, confront harsh conditions. This implies that there is a discrepancy on the social environment of the elderly people and this, indeed, requires investigation. Cattell (2013), in her study among the Samia elderly people, suggested a research towards categories of elderly individuals who are at greatest risk, cultural and gender differences, and on the impact of AIDS as a growing threat to elderly people's security. Kisii County, as other counties of Kenya, is not devoid of these challenges and thus form the basis of this proposed study. Kilbride (2016) reports that 63% of elderly people said there was no goodness in old age. These observations may be a pointer to the weakened traditional support of the elderly, a condition affecting negatively their financial support, health, image and self-esteem, thereby precipitating elderly abuse due to their socio-economic vulnerability.

1.2 Statement of the Problem

The changing social conditions have left elderly people disadvantaged and vulnerable to mistreatment (Habjanic & Lahe, 2012). Consequently, abuse of elderly people is now viewed beyond isolated family violence and is identified as a human and civil rights issue. Available data from Help Age International (2015) indicate that the elderly people are devalued, rejected, stereotyped and isolated not only in the western world, but also in Africa. This is not in conformity with traditional expectations in a majority of Kenyan societies.

Despite cognizable various instruments like the United Nations Universal Declaration of Human Rights, the Kenya National Social Protection Policy (GoK, 2009), the National Policy on Ageing in Kenya (2009), the social pillar of Vision 2030 and the Constitution of Kenya (GoK, 2010) emphasizing on the rights and dignity of the elderly people, Kenya's commitment to the care and protection of the elderly people is yet to be realized.

Despite the abuse of elderly people being rampant, it has remained obscure from the public view and miniscule information regarding it exists with several gaps resulting from insufficient research done in this area (Kutsal, 2015). The acts of abuse are usually regarded as normal behavior in society.

This research, therefore, was guided by the following questions:

- i. What are the forms of elderly people abuse in Marani location, Kisii County?
- ii. What are the social factors contributing to the abuse of elderly persons in Marani location, Kisii County?
- iii. What are the economic factors influencing the abuse of the elderly persons in Marani location, Kisii County?

1.3 Objectives of the Study

The study objectives were as follows;

1.3.1 General Objective

To investigate the socio-economic factors influencing violence against older persons in Marani Location, Kisii County.

1.3.2 Specific Objectives

- i. To describe the forms of abuse against elderly persons in Marani location, Kisii County.
- ii. To investigate the social factors contributing to the abuse of the elderly persons in Marani location, Kisii County.
- iii. To determine the economic factors that influence violence against the elderly persons in Marani location, Kisii County.

1.4 Assumptions of the Study

The study was guided by the following assumptions;

- i. That elderly person faced physical and psychological abuse in Marani location, Kisii County.
- ii. That there were social factors leading to the abuse of elderly persons in Marani location, Kisii County.
- iii. That poverty was a major economic determinant of the abuse of elderly persons in Marani location, Kisii County.

1.5 Justification of the Study

There is need to establish the socio-economic and cultural factors influencing violence against older persons in Marani location, Kisii County so as to come up with measures that would enable effective intervention for the prevention of violence against the elderly. Therefore, the study findings contributed to information on the socio-economic and cultural factors influencing violence against the elderly, which the government, police and other law enforcement agents could use to stop the act of violence against the elderly in Kenya. This research would allow policy makers to know and understand the severity and impact of elderly violence and this helped the policy makers in making changes in the policy where it is required and come up with other legal intervention. The population of the elderly persons is increasing with improved healthcare and consequently, the competition for resources ordinarily owned by the elderly and therefore likely to be a trigger for violence and other forms of violence against them.

The study findings could help social workers make better strategies on how they can help the abused victims and provide assistance in obtaining more suitable living arrangements, personal care assistance as well as education of social work practitioners of the elderly population. For researchers and academic advisors, it is their responsibility to present complete and accurate research in order to educate others about the different areas of elderly abuse and provide methods for preventing and recognizing the abuse. The findings of this study provided the necessary information to allow practitioners to highlight and address further concerns within elderly abuse.

1.6 Scope and Limitations of the Study

The study was conducted in Marani location, Kisii County, and focused on socio-economic factors that influence violence against the elderly. The study targeted 133 respondents namely; male and female older persons in the 5 sub-locations in Marani location, Kisii County. This was a descriptive study that used structured and unstructured tools to elicit information from respondents. Further, since the study was based on self-reporting, the sensitivity and stigma associated with violence may lead to under-reporting and non-response. It may take longer than necessary to get authorization to access elderly in their homes.

1.7 Definitions of terms

Cultural factors: Encompasses the set of beliefs, moral values, traditions, language, and laws (or rules of behaviour) held in common by a community, or other defined group of people about the elderly people.

Elderly persons: Persons aged 65 years and above.

Socio-economic factors: social and economic experiences and realities that help mould elderly people personality, attitudes and lifestyle.

Violence against the elderly: An act and or lack of appropriate action that causes harm or distress to the elderly person.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter presents a review of the literature relevant to the research problem. The literature is reviewed along the following sub-themes: prevalence and types of violence against the elderly, the socio-economic factors and cultural factors that influencing violence against older persons. Finally, the section discusses the theoretical frameworks that guided the study.

2.2 Prevalence and forms of elderly people abuse

International data on elder abuse show that the prevalence varies globally between 1% and 44.6% (Sooryanarayana, *et al.*, 2013) and between 2.2% and 66% in Asia (Yan E, Chan, and Tiwari, 2015). A recent review synthesizing prevalence from community-based studies among elders aged 60 yielded a pooled prevalence of abuse estimate at 15.7%. Psychological abuse was found to be the most common form (11.6%), followed by financial, neglect, physical and sexual abuse at 6.8%, 4.2%, 2.6% and 0.9%, respectively. Regional elder abuse estimates suggest that Asia predominated at 20.2%, despite the greater emphasis on filial piety in Asian cultures. This estimate is followed by Europe (15.4%) and the Americas (11.7%) (Yan et al., 2016: 37).

The reasons for the higher estimates found in Asian cultures are unknown although the increasing rapid economic development and social change in many Asian countries may have significantly contributed to the elder abuse problem. The slow degradation of values coincides with the disbanding of extended families in favour of the nuclear family set-up

especially when work opportunities take youngsters away to larger cities (Yan et al., 2015). Some studies have reported that elder abuse may be associated with older age, female sex, minority ethnic status, lower levels of education, lower socio-economic status, cohabiting with other relatives (Sooryanarayana, *et al.*, 2013). Laumann, *et al* (2008: 56-59) found that 9% of community-dwelling elders reported verbal mistreatment, 3.5%, financial mistreatment, and 0.2% physical mistreatment. Data analysis also revealed more verbal mistreatment for women and those with physical disabilities, and more financial mistreatment for African Americans and those without a spouse or intimate partner.

The National Elder Mistreatment Study revealed past-year prevalence of emotional mistreatment to be 4.6%; physical mistreatment, 1.6%; sexual mistreatment, 0.6%; current potential neglect, 5.1%; current financial exploitation by family, 5.2%; and lifetime financial exploitation by a stranger, 6.5%. Excluding financial exploitation, about one in ten respondents reported at least one form of past-year mistreatment and 1.2% reported two or more forms. Data analysis further indicates that spouses or intimate partners were more likely than adult children to perpetrate most forms of elder abuse (Acierno *et al.*, 2010).

Page, *et al.* (2009) found that care setting had an impact on the type and rate of elder abuse, particularly high rates across all types of abuse in nursing homes, high rates of verbal abuse in paid home care, and high rates of neglect in assisted living situations. Randel, German and Ewing, (1999) found that elders in nursing homes experienced physical abuse by staff at least once, including restraint and sexual abuse.

In Kenya, there has never been any form of accurate and readily available material showing the statistics and reports pertaining to elderly abuse. Older women for that matter, especially those who live in rural areas experience harsh times in the hands of their caretakers. The

elderly population is mainly in the rural areas. This informal kind of settlement is characterized by high levels of unemployment, insecurity and poverty (Macharia, 2000).

There are many types of elder abuse. However, Ayres and Woodtli (2011) mention the difficulty of fitting abusive acts into a specific category of elder abuse, since some abusive acts may not fit one single category or may be appropriate for several categories. In addition, elder abuse situations are complex and these categories do not always reflect those complexities. Nevertheless, scholars have agreed upon five types of elder abuse, namely physical abuse, psychological abuse, financial abuse, sexual abuse and neglect (Habjanic & Lahe, 2012). Mouton *et al.* (2015) include harming the older person or placing them in a place of danger. The elderly may be abused physically by the one who is taking care of them. The caretaker may abuse the elderly physically like hitting, slapping, kicking, pushing, pulling the elderly's hair, burning, or forcing them to feed or use of or intentional over-medication.

The National Centre on Elder Abuse (Conrad *et al.*, 2011:149) defines emotional or psychological abuse as the infliction of anguish, pain, or distress through verbal or nonverbal acts. Emotional or psychological abuse includes, but is not limited to, verbal assaults, insults, threats, intimidation, humiliation, and harassment. Some examples of emotional or psychological abuse may also consist of actions such as treating an older person like a child; isolating the older person from his or her family, friends, or regular activities; giving an older person the silent treatment; and enforced social isolation.

According to Sev'er (2009:34), financial abuse involves exploitative actions such as theft, fraud, forgery as well as charging older people inflated fees for cheaper goods. Severe forms of economic exploitation include selling the property of older people without their informed

consent, stealing the pension money of older people, or forcing older people to change their will. Other forms of elder abuse include forcing older people to take care of grandchildren, refusing to vacate the home of the older person or staying with the older person without making any financial contribution towards the household.

The World Health Organisation (WHO, 2013; 24) defines sexual abuse as non-consensual sexual contact of any kind that includes unwanted intimacy, touching in a sexual way, rape, and undressing in front of the elderly person. Neglect of older people is the most common type of elderly abuse, but it is not easy to prove neglect. Neglect is when the caregiver does not provide an elder's safety, or for his or her physical and/or psychological needs, or provide proper nutrition, or clothing (Maatskaplike, 2014).

2.3 Socio-economic factors

Poverty is the main threat facing elderly people worldwide. A report on ageing and development by Help Age International (2015) indicates that old people are consistently among the poorest in all societies, and material security is therefore one of the greatest pre-occupations of old age. Poverty has diversified itself to various categories within the society and it is recognized as a major threat to every significant section of the Kenyan household (Help Age International, 2015). The Poverty Eradication Plan of 2013 notes that, in Kenya, the poor tend to be classified as the landless, female headed households, households headed by people without formal education, orphans and beggars. The policy paper notes that poverty is multidimensional; it includes shortage of income and deprivations in other aspects, for instance, in knowledge, life expectancy, in standard and quality of life as well as in food. Poverty in communities and families therefore, remain the greatest threat to the wellbeing of elderly people (Heslop, *et al.*, 2014).

The majority of Kenyan older persons are caught in the grip of poverty that is unlikely to end in their lifetime. In fact, a study initiated by Help Age International in Kenya recorded the impact that historical policies have on the lives of older persons, creating emotional and material poverty, the effects of which they battle with on a day-to-day basis (Heslop, *et al.* 2014). Living conditions of the elderly living in private homes (the majority) with their extended families caught in the grip of poverty are dreadful. They endure the hardships of lack of basic services like water and sanitation. It is estimated that 13 percent of older persons live in homes with no toilet, and 25 percent lack access to any water (Department of Health, 2013). A study carried out as part of the International Year of the Older Person (IYOP) to determine the knowledge, perception and needs of older persons in Kenya, highlighted older persons' desire for adequate housing with electricity, water supply and sanitation (Ondicho, 2012). Moreover, in cases where the adult generation cannot provide assistance, for instance being sick with HIV or being unemployed, the structure of the family changes completely: the elderly provide through pensions, if there is any, both for their children and grandchildren.

Development analysts and policy makers have largely excluded elderly people from poverty debates, regarding them as economically unproductive. This undermines poverty alleviation strategies, by failing to recognize the role of elderly people's actual and potential contributions to the well-being and survival of families and communities. A survey conducted by Help Age Ghana and Help Age International on livelihood security in Ghana found that, elderly women are the bedrock of support for the family. They provide childcare for the family, physical care and financial assistance to older men. The contribution of the

older women is less likely to be officially recognized. It is regarded as domestic and therefore, extension of their normal responsibilities regardless of their age (HAI, 2013).

The life course approach also postulates that discrimination, for example, against women and other marginalized groups can result in them experiencing poverty in old age if they were excluded from high paying jobs earlier in their lives. WHO (2015), for example, linked pathological ageing to poverty; it noted that ‘Chronic diseases and poverty are interconnected in a vicious circle. At the same time, poverty and worsening of already existing poverty are caused by chronic diseases. The poor are more vulnerable for several reasons, including greater exposure to risks and decreased access to health services’. However, Knodel and Ofstedal (2013) have criticized the life course approach for always focusing on female disadvantage.

In a 2003 paper by life course, they pose the question ‘where are the men?’ They argue that older men's problems are being under theorized as a result of an uncritical bias towards women as a permanent minority. In the East Africa region, Knodel and Ofstedal (2013:12) observed that 46% of the population above 60 years is male and women's advantage in life expectancy (also known as the gender advantage) at age 60 is 1.5 years. Knodel and Ofstedal (2013:16) note that ‘men represent a declining share of successive older age groups among the elderly’. For instance, whilst world statistics indicate that men comprise nearly half of the older persons in the 60–64 year age group, they make up only two fifths of the population of older people who are 80 years and above (UN, 2012).

The elderly people suffer physical limitations due to restricted mobility, joint stiffness and muscle weakness. Failure of the various organs adds to these limitations, including poor eyesight, deafness and a diminished sense of balance. Elderly persons are also prone to bone

fractures, chest and urinary infections. Their blood circulation tends to be sluggish and digestion poor. They are prone to high blood pressure, diabetes and heart disease. The physical challenges grow proportionately with the ageing process as the physical composition of the body changes. The elderly may also suffer from failing mental faculties. These may include deterioration of memory, the learning and grasping power or cognition, concentration and reasoning. At the emotional level, the elderly may suffer from fear of incapacity and death, dependency, insecurity, rejection and loneliness, decreased self-esteem and confidence. Psycho-social problems among the elderly may arise due to reduced or lack of finances, lack of personal space, inability to hand over power/responsibility to the younger generation (Kamwengo, 2011).

As people grow older they become more vulnerable to abuse. Abuse is often perpetrated by family and community members and exacerbated by difficult economic and social conditions. The extent and nature of elderly abuse needs to be uncovered. Older women in Tanzania, Mozambique and Zimbabwe are accused of witchcraft. In Kenya, protective legislation is often not applied in cases of violence against elderly people (HAI, 2002). Elderly people have been subjected to various forms of abuse that include physical violence, rape, denial of basic necessities such as food, water, shelter and health care.

The decline in the physical ability of the elderly persons to hear clearly puts them at higher risks of accidents, reduced interpersonal communication, paranoid tendencies and depression (Kamwengo, 2011). The elderly are beset with other physical challenges such as frailty, poor vision or blindness, low immunity which make them susceptible to disease. Their conditions are worsened especially when the elderly in their frail conditions have to walk long distances to the health centres.

After the era of single party rule which ended in 1992 and Kenyans ushered in multiparty politics, there was a great interest by the Government and political parties to come up with social protection measures in order to curb unemployment, inequality and prevailing poverty among her people. This was demonstrated by the implementation of a large number of social protection programmes in existence today (Republic of Kenya, 2009). These programmes are being implemented by the Government and non-governmental organizations in partnership with the private sector in form of cash transfers and non-cash transfer programmes. According to the National Social Protection Policy (Republic of Kenya 2011), the broad goal of social protection is to ensure that all Kenyans live in dignity and exploit their own social and economic development. There are a number of social protection legal and policy frameworks and programme interventions for the elderly in Kenya.

Modernization in the form of urbanization and rural-urban migration, have led to a cultural gap between the young and the old. In Kenya, the collapse of the traditional extended family systems with its social security, welfare mechanisms, traditional power structure and social cohesion has rendered elderly persons irrelevant, disadvantaged and marginalized. With the onset of modernization, the exodus of younger persons from the rural to urban cities raises the rural proportion of the elderly residents. As a result, traditional family support systems for the frail elderly may change. Younger members living in urban areas are unlikely to provide direct care for the elderly. This may be due to the high cost of urban life or change in lifestyle by the young people. The elderly in such instances are left to work in the farms despite their frail condition. It is only a matter of time when they can no longer engage in food production and thus they are subjected to poverty. The CBS (2013) poverty report states that the majority of the rural poor are women. When families are trapped in endemic

poverty, younger generations have little scope to support the elderly. Co-residency, which is common in most rural setups, is no guarantee of effective care, since many elderly persons live in a state of material and emotional neglect. According to Cattell (2014), the elderly people face difficult situations due to the onset of modernization. The issue of family support for elderly people is coming more and more in the forefront especially as the African extended families are becoming stressed by geographical separation, economic pressures, and western influence.

2.4 Cultural factors

A common theme throughout various American Indian tribes in the U.S. is that they are of a culture that reveres the elderly in their communities (Anisko, 2009; Smyer & Clark, 2011). Elders are the carriers of the culture, holders of wisdom, and strength of the community. They assist in raising children, teach languages, customs, and ceremonies, and often comprise leadership groups of spiritual leaders, healers and council chairs. Elder status is often based on life experience, wisdom, and respect from the community (Anisko, 2009). Anisko, (2009), suggests that 10 percent of American Indian elders suffer from definite or probable physical mistreatment. This percentage does not include other types of abuse such as psychological abuse, financial abuse or neglect, and it is therefore likely to be an underestimate of overall elder abuse. Factors that have been found to contribute to elder abuse in this population are caregiver substance use and psychological illness, marital conflict/violence against older persons, financial dependence of the caregiver on the elder, poverty, multiple caregivers, and medication noncompliance. Furthermore, because mistreatment of an elder is contrary to the cultural role expectations, it may often go unreported out of shame and guilt.

Inglehart (2014) examined elder abuse in Japanese culture. Confucian principles of filial piety, which emphasize providing for aged parents, have a long tradition in Japanese culture. The younger generation, however, adheres less to it than the older generation. Surveys indicate that the incidence of physical abuse and neglect were highest in home settings. It is difficult, however, to obtain a true prevalence due to the fact that it is important in Japanese culture to keep family matters private. Researchers note that the Japanese are tolerant of family violence and that abusers tend to be under a high level of stress (Arai, 2006). As support for traditional Japanese values and norms are shifting towards industrialization and urbanization, Japanese elderly are no longer guaranteed the same prestige, power and care within the family. These shifts are likely to have affected perceptions of elder abuse in Japanese culture. Arai (2016) found that Japanese tend to consider physical aggression and neglect as elder abuse, suggesting stress caused by conflicting expectations among Japanese families. They also consider not taking care of elderly parents as extreme elder abuse, reflecting filial responsibility.

Chang and Moon (2015) examined elder abuse from the perspective of the Korean American elderly. Because most refused to disclose their own experiences of mistreatment due to strong cultural norms of shame, face-saving and keeping family problems within the family, the study focused on how Korean American elders identify and define elder abuse. Findings suggest that financial and psychological abuse occur more frequently than physical abuse and neglect in this population, with sons typically as financial abuse perpetrators and daughters-in-law as responsible for psychological abuse. These findings are consistent with the concept of filial piety, which also has a strong influence in Korean culture. Filial piety dictates that the oldest son lives with his parents and that his wife performs the household

duties. Korean elderly parents tend to be much more critical of daughters-in-law because of their inferior status in the family. The finding that daughters-in-law were named as perpetrators more frequently than any other family members may be due to perceived deviation from traditional expectations (Dong and Simon, 2014).

Soneja's (2012) research on elder abuse in India revealed five key factors associated with, abuse and neglect namely, lack of value system and negative attitudes towards older persons, inadequate housing facilities, space and living arrangements, lack of adjustment and, lastly, financial and mental dependence of the elderly on their families. Nagpaul (2012) found similar results in relation to elder abuse among Indians in India. The consequences of urbanization have had profound effects on families in India to the extent that traditional cultural values such as the veneration of the old is now giving way to more abusive and negligence situations in the context of family care-giving.

Cultural values and belief systems influence norms about family life and structure. Disengagement, for example, is the response of a culture which has already indicated the aged are superannuated occupationally, and therefore should be phased out of life. With negative attitudes towards ageing and the aged becoming internalized by the elderly and young alike, there seems no reason to believe that age prejudice, some of which is maintained in conformity to social norms and practices, to which people are socialized, may end. Ageism, apart from leading to discrimination inherently contributes to disrespect for the elderly people. It allows younger people to view elderly people as different from themselves and hence cease to view them as human beings. It often results in the attitude that elderly people are unproductive, sickly, depressing and the cognitive damage is normative. Some of the most prevalent outcomes of ageism for elderly people in Kenya are; poor housing and

income, untreated physical illnesses, disrespect, isolation and complaints. Elderly adults tend to be marginalized, stripped of responsibility, power and ultimately their dignity. This is converse of the olden days when elderly people were often held in high regard as teachers (Pang, 2000).

Discriminatory inheritance laws and customary practices against women in Kenya are also to blame. Widows have a low status in society, little knowledge of their rights and cannot inherit property. The intimate relationship amongst people in the rural communities was found to be a factor that influenced financial decisions and potential abuse. Due to local social cohesion, there is reluctance on the part of elderly people in reporting cases of abuse to the police. Elderly women face double discrimination by virtue of their age and sex. The disadvantaged position of elderly women in most African societies is further exacerbated by traditional practices that dictate issues to do with widowhood and inheritance. Widowhood often brings about profound changes in a woman's status, stability and security. Elderly widows are susceptible to attacks, discrimination and various forms of abuses. They are denied the right to own property left by their deceased husbands. This is more marked in rural areas where women are generally regarded as the property of their husbands clans and remain voiceless even when the homes and property shared with their deceased husbands are taken away from them (HAI, 2014).

Africans' primary resource is and has been land (Bay, 2012). The right of property over land is therefore of great concern to the society. In many socio-cultural settings, women are not allowed to own land directly; it was either placed in the custodian of the clan or owned primarily by men. Women would then only use land but not own it (Mbithi, 2014). Boserup (2014) sought to find the root of land ownership and use in relation to gender. He observes

that the European colonialists brought land reforms and put land parcels under the custodian of men as family heads. Land then continued to be passed on to the male through inheritance, this explains how and why women were left out completely without owning land. The World Bank (2013) agrees with this stating that whatever land the women farmers use is either registered under their husbands' name or under an adult male relative. It simply means that women are and have been temporary land owners in many cultural setups.

2.5 Theoretical framework

The study was guided by three theoretical frameworks, that is; situational theory, symbolic interaction theory and role accumulation theory.

2.5.1 Situational theory

Situational theory is one of the most important modernist theories that help us understand the phenomenon of elder abuse. It is one of the most widely accepted explanations of elder abuse. This theory focuses on the stress of care giving that leads to elder abuse. According to this theory, a stressed care giver creates an environment for abuse (Momtaz et al., 2013). According to this perspective, elder abuse occurs when an overburdened care giver who suffers from the immense stress related to care giving, take out their frustrations on the person requiring care (Phillips, 2016). The basic premise of the situational theory is that the stress associated with the structural and situational factors affects the abuser and it reflects in their abusive behaviour towards the elderly. The situational factors that have been linked with the elder abuse includes: Firstly, elder related factors such as physical and emotional dependency, poor health, impaired mental status and a difficult personality. Secondly, structural factors like economic strain, social isolation and environmental problems. Finally, care-giver related factors such as life crisis, burnout or exhaustion with care giving, substance abuse, problems and previous socialization experiences with violence (Pillemer & Wolf, 2016).

Situational theory reveals the fact that the life situations in the family give rise to elder abuse. There are a number of situational factors that affects the living condition of elderly within the family. According to situational theory there are three important factors which affect the living condition of an individual. The most important among them is the

individual related factors; in which age of a person plays an important role. As age increases the issues faced by the elderly also increases. Increasing age leads to the chances of high level of dependency of elderly over the family members. They became physically and emotionally weak and needs more support. Here comes the importance of second factor that is structural factors; which includes the economic strain and social isolation of elderly. As age increases elderly face financial problems and social isolation. They were not interested in the social activities and were withdraw from the main stream of society. And at the same time, they do not have the ability to meet their economic needs so they are forced to depend on their family members for their economic needs. All these things lead to the final situation that is the care giver related factors. The role conflicts and over dependency of elderly on the care giver make stress on the care giver and they react negatively towards the elderly. This makes a gap in the relationship of elderly and caregiver or family members. In most cases children were the care givers and there exist a conflicting relationship between both of them and the care givers shows abusive behaviour towards the elderly.

2.5.2 The Symbolic Interactionist Perspective and aging

Symbolic interactionism is a major social psychological perspective that is closely associated with George Herbert Mead and Herbert Blumer (Patton, 2012). According to the Symbolic Interactionist Perspective, old age, and aging, are socially constructed and determined by symbols that resemble aging in social interactions. While aging itself is a biological process, the Symbolic Interactionist Perspective posits that the meaning behind being “young” or “old” is socially constructed. This means that there is no inherent cultural meaning attached to the biological process of aging. Rather, cultures imbue youth and age with particular meanings. Given the socially constructed nature of age, there are certain

behaviours that people typically associate with certain age groups as being “appropriate” or “acceptable”. Symbolic interactionism theory emphasises the role of cultural values and expectations in influencing the perception of elder abuse. For example, in some elder’s cultural perceptions, going to live in nursing homes is considered to be a form of abuse, whereas their children may define it as a sign of caring (Lauder, 2016).

2.5.3 Role Accumulation theory

This theory argues that elderly people may be abused by family members including their spouse, adult children, or son or daughter-in-law. According to the role accumulation theory, family members with conflicting role obligations are not able to manage the stress of their own lives. These stressed family members may abuse an older adult as a way to cope with their stress. When problems accumulate, persist and strain individuals, then, adaptation resources are depleted and a stimulated parasympathetic system may lead to worrying, anxiety, depression, anger and/or other physical illness. Studies have found that older adults who are mistreated have higher levels of psychological distress than those who have no such experience. The frequency or type of elder abuse also has an impact on mental health. Fisher and Regan (2016) found that repeated abuse or multiple types of elder abuse (e.g., emotional) were risk factors for depression or anxiety among older women.

2.5.4 Relevance of the frameworks to the study

Situational theory helped this study in answering the first objective on forms of abuse. This is because situational theory describes and helped us understand the phenomenon of elder abuse. It reveals different situations in which the elderly find themselves that lead to one kind of abuse. The basic premise of the situational theory is that the stress associated with the structural and situational factors affects the abuser and it reflects in their abusive

behaviour towards the elderly. The situational factors that have been linked with the elder abuse includes: Firstly, elder related factors such as physical and emotional dependency, poor health, impaired mental status and a difficult personality.

The symbolic interaction theory helped us understand the social factors that affect elderly that lead to their abuse. According to the Symbolic Interactionist Perspective, old age, and aging, are socially constructed and determined by symbols that resemble aging in social interactions. This theory relates more to the social interactions that cause elderly abuse.

The Role Accumulation Theory helped this study in understanding how economic factors affect the elderly. It helped understand how the role played by the abuser, example provision, could lead to the abuser feeling overburdened hence the abuse. The individual taking care of the elderly become stressed. When problems accumulate, persist and strain individuals, then, adaptation resources are depleted and a stimulated parasympathetic system may lead to worrying, anxiety, depression, anger and/or other physical illness.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter describes the research design which was used in the study, study population, sample population and sampling procedure, data collection methods, and data processing and data analysis. The section ends with a discussion of the ethical considerations that were adhered to throughout the study.

3.2 Research site

The study was conducted at Marani location which is in Kitutu Chache North Constituency in Kisii County. Kitutu Chache North Sub-county was split from the former Kitutu Chache Constituency. Marani location comprises of Nyakieri, Igeno, Onywere, Nyamage and Kiomoncha sub locations. It covers an area of approximately 38.80 Km²



Figure 3.1: Map of Kitutu Chache North Constituency in Kisii County

3.3 Research design

This study was descriptive survey using both qualitative and quantitative methods. Descriptive survey was appropriate in collecting information about peoples' attitudes, opinions, habits or the variety of education on social issues (Orodho & Kombo 2003). Chandran (2004), postulates that descriptive research studies are designed to obtain information concerning the current situation and other phenomena and wherever possible to draw valid conclusion from the facts discussed. Orodho (2003) adds that descriptive survey is a method of collecting information by interviewing or administering questionnaire to a sample of individuals. The ultimate goal is to learn about a large population by surveying a sample of that population. In this study, the descriptive design was chosen owing to its versatility, and generalizability. In addition, this method lends itself to probability sampling from large population. Data were collected using a survey questionnaire and key informant interview guide. Qualitative data were recorded, transcribed and checked for clarity and completeness. Verbatim quotes have been used alongside presentation of the findings to project the voices of the informants. The quantitative data collected were analysed using the Statistical Package for the Social Sciences (SPSS) Version 20. The computed data were analysed using descriptive statistics including frequencies, means, and percentages. Data were then analyzed thematically in line with the study objectives.

3.4 Study population and unit of analysis

The study population consisted of elderly men and women aged 65 years and above in the five (5) sub-locations (Nyakieri, Igeno, Onywere, Nyamage and Kiomoncha) in Marani location which were conveniently sampled (Table 3.1).

The unit of analysis was the individual elderly person.

Table 3.1: Study population

Region (Sub-locations)	Estimated population size	Estimated elderly population size
Nyakieri	9,797	345
Igeno	7,831	293
Onywere	6,809	244
Nyamage	5,390	239
Kiemoncha	5,221	211
Total	35,048	1332

(Kisii County Profile, 2017)

3.5 Sample population and sampling procedure

Since the target population was too large for an economical study, it was reduced to an economical sample size. Accordingly, the Mugenda & Mugenda (1999) 10% to 30% sample determination technique was used in this study to calculate the appropriate sample size among the respondents. Random sampling was used to select the locations where by Marani location was selected. This was necessary because the technique gives all the locations a fair chance of being selected. Stratified random sampling was used to complete selection of the 133 elderly men and women in the 5 sub-locations in the location (Table 3.2). Both male and female elderly people were selected to participate in the study to draw gender issues affecting elderly abuse. Representative samples from the sub-locations were randomly picked as 29, 24, 28, 25 and 27 respondents for Nyakieri, Igeno, Onywere, Nyamage and Kiemoncha sub-locations respectively.

Table 3.2: Sample size

Target group	Estimated Population of Target group	% Proportion	Sample Size
Elderly men & Women	1332	10%	133

The sample was determined as follows: The population of the five sub-locations as shown on table 3.1 was 35,048 people and out of this total, about 3.8% are believed to be the elderly, this then gives an elderly population of 1332. Taking 10% of this population gives a figure of 133 persons as shown on the above table 3.2.

3.6 Data collection methods

3.6.1 Survey

A questionnaire (Appendix 2) was developed and used to collect data from the elderly in the location. The questionnaires were administered to 133 elderly men and women with the help of research assistants. The questionnaire contained both open and close-ended questions and were designed to address the objectives of the study. It contained four sections; section one addressed demographic characteristics of the respondents, section two was designed to address the forms of elderly abuse, section three was designed to address the social effects of elderly abuse while section four was designed to address the economic effects of elderly abuse. The questionnaires were administered to the elderly people to fill in with the assistance of the research assistants. The open-ended questions allowed the respondents to communicate their views freely without being forced to fit within the answers.

3.6.2 Key informant interviews

These interviews were conducted with 15 key informants. They included five Chiefs (one from each sub-location), five Village elders (one from each sub-location), one Social Development Officer, one County Officer Department of the Elderly, two Community Health Volunteers and a representative from Help Age International. These interviews were useful in providing an in-depth understanding of the forms of abuse meted on the elderly, the social and economic challenges that the elderly people face and mechanisms provided to help them cope. The key informants were selected on the basis of their knowledge on the subject matter. A key informant interview guide (appendix 3) was used to collect data.

3.6.3 Secondary sources

Relevant sources of secondary information have been used to inform this study proposal and have continuously been used to enrich the findings of this study so as to get a better understanding of the social and economic challenges that the elderly people face and mechanisms provided to help them cope. These included published books and journals as well as unpublished work on the subject matter and reports that have been produced by the different agencies including Help Age International.

3.7 Data processing and analysis

The quantitative data collected was analysed using the Statistical Package for the Social Science (SPSS) Version 20. The computed data has been presented using descriptive statistics including frequencies, means, and percentages. Qualitative data were transcribed and checked for clarity and completeness. What followed was sorting the data into themes, categories and patterns. Data analysis was done thematically in line with the study

objectives. Verbatim quotes from the key informants have been used alongside presentation of the findings to amplify the voices of the informants.

3.8 Ethical issues

Rensik (2011) defines ethical considerations as principles that protect the rights of participants in a research study. They are actions taken to ensure that the safety and rights of participants are not violated during the entire process of the study. The researcher sought for permission to conduct the study from the National Commission for Science, Technology and Innovation (NACOSTI/P/18/11997/25618) and reported to the County Director of Education, Kisii County prior to conducting the research.

The researcher gave an explanation to the respondents and informants during fieldwork on the voluntary nature of the study and hence the freedom of withdrawal at will. An informed consent form approved by my supervisor and the postgraduate studies committee of the Institute of Anthropology Gender and African Studies of the University of Nairobi (Appendix 1) was used to obtain the approval of the respondent's participation in the study. Additional permission was obtained from the key informants before any recording of interviews was conducted. The respondents were assured of confidentiality and protection and therefore were not required to indicate their names anywhere in the questionnaire or include any identifier.

To ensure that all the respondents and informants were those who voluntarily consented to the research, no one was interviewed outside the targeted group. Also, all those targeted and finally interviewed were based on a mutual understanding and rapport that had been created by the researcher. The researcher guaranteed the informants that she would observe the

principles of confidentiality and anonymity throughout the study by using codes and pseudonyms to protect their identity. This promised has been kept and no amount of identifying information is in the final write up. The results of this study will be made available at the different libraries of the University of Nairobi as a project paper and attempts to publish the work in referred journals will be done to make the information available to the wider scientific community. It is further envisioned that a copy of the project will be made available to the County of Kisii to inform policy on the best way to treat the elderly persons.

CHAPTER FOUR
SOCIO-ECONOMIC FACTORS INFLUENCING VIOLENCE AGAINST OLDER
PERSONS

4.1 Introduction

This chapter is a presentation of research findings. It is divided into two major sections. While the first section presents the socio-demographic characteristics of the respondents, the second section presents the findings in relation to the research objectives.

4.2 Response rate

A total of 133 questionnaires were administered to the respondents but only 120 were completed representing a response rate of 90.2%. Out of the sampled population of 133, 120 questionnaires were duly completed making a response rate of 90.2%. The response rate was representative and was adequately used to answer the research questions. The results are as shown in Table 4.1 below. According to Mugenda (2003), a response rate above 50% is adequate for analysis and reporting; a rate of 60% is good and a response rate of 70% and over is excellent. The 13 elderly persons for one reason or the other were not fully interviewed even though they had been sampled. Some were not located during the research where as some were unwell and the interviews would not take place as had been envisaged.

Table 4.1: Response rate

Response rate	Frequency	Percentage
Completed questionnaires	120	90.2%
Incomplete questionnaires	13	9.8 %
Total	133	100%

4.3 Socio-demographic characteristics of respondents

4.3.1 Respondents' gender

In this study gender was deemed as an important variable given its dialectic relationship with elder person's abuse within the family. Further, given the study's interest in understanding the gendered forms of elderly person abuse and the gendered perspectives extant within families and community spaces, it was important for participation of both elderly men and women to capture different opinions. The study findings indicate that majority of the respondents 54.2% were male, while the rest were female, accounting for 45.8%. This is shown in Table 4.2.

Table 4.2: Respondents' gender

Gender	Frequency	Percentage
Female	55	45.8%
Male	65	54.2%
Total	120	100%

4.3.2 Respondent's marital status

From the findings, majority of the respondents 36% indicated that their spouses were deceased, 35% of the respondents indicated that they were married, 15% indicated that they were divorced, 10% of the respondents indicated that they were single while 6% said that they were separated. In the study, marital status was intricately associated with elderly person's abuse. This is because the marital status as a micro factor shows the nature and severity of abuse elderly men and women's abuse. The study findings indicate that marital status was a determinant on the prevalence rate of overall elder abuse. Elders who had been married before or still in marriage were abused or experienced abuse more as compared to

those who never married. Spouses are also known to cushion each other from external abuses as the age.

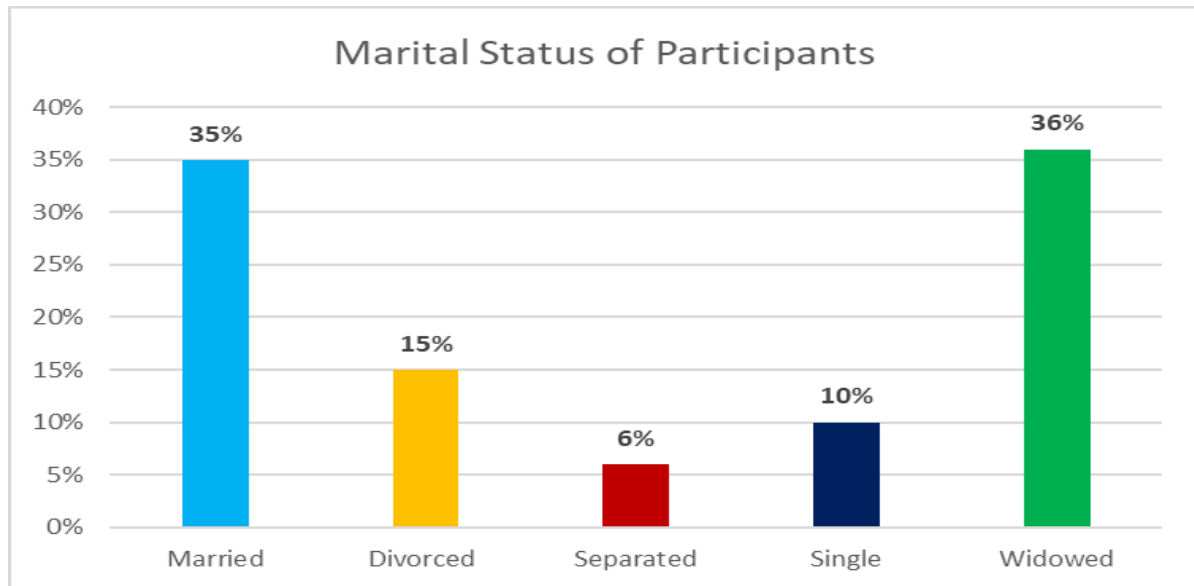


Figure 4.1: Respondents’ marital status

4.3.3 Respondents’ occupation

Respondents’ occupation was categorized into five categories. Formal employment consisted of respondents who reported to do professional work and received a salary and this accounted for only 10%. The respondents who reported to do business activities such as operating kiosks, livestock keeping and agribusiness to earn a living were classified as self-employed and accounted for 45%. The informal employment category consisted of respondents who reported to work informally and received a daily or weekly wage. These accounted for 12.5%. Finally, there were respondents who reported to have retired and not to engage in any income generating activity and depended on family or community members. These were classified under unemployed and accounted for 32.5% (Table 4.3). The study findings show that 9%, 70% and 80% of the respondents who were in formal employment,

self-employment and retired respectively experienced less abuse as compared to those not employed. The capacity to earn a living independent of the children or siblings gave some level of leverage and ensured that such people were respected since they would support themselves. The practice that is common in rural shopping centers of engaging old people as watchmen and security guards was not reported in the study to be a common practice.

Table 4.3: Respondents’ occupation

Occupation	Frequency	Percentage
Formal	12	10
Informal	15	12.5
Self-employed	54	45
Not employed	39	32.5
Total	120	100

4.4. Violence against older persons

4.4.1 Forms of abuse against elderly people

The study sought to establish the existing forms of abuse against elderly people and the forms that the elderly people are prone or vulnerable to. The findings show that the commonest forms of abuse are physical, sexual, neglect, emotional/psychological and financial. The distribution of responses on the forms of abuse against elderly people is shown in Table 4.4.

Table 4.4: Forms of violence against elderly persons

Form of abuse	Frequency	Percentage
Sexual abuse	25	10
Physical abuse	40	35
Abandonment	25	25
Financial	16	15
Psychological abuse	14	18
Total	120	100

From the findings, majority of the respondents 35% indicated that the form of abuse that was prevalent in the community was physical abuse. About 25% of the respondents indicated that the form of abuse that was prevalent in the community was abandonment or neglect. Psychological abuse accounted for 18% while 15% of the respondents indicated that the form of abuse that was prevalent in the community was financial. Only 10% of the respondents indicated that the form of abuse prevalent in the community was sexual abuse. This shows that physical abuse was the most common form of abuse in the community.

Key informants, in the qualitative data, corroborated the prevalence of these forms of violence.

Regarding physical abuse, a key informant noted thus:

“People take advantage of their age because they are not as strong. You find that there is shoving, pushing and haggling and people do not give the elderly way. Some elderly people have reported in our offices about persistent physical abuse even at home” (KII 11, Help Age International).

The above sentiments were corroborated by another key informant who had this to say:

“If I were to rank them, physical violence comes first. Sometimes it is so subtle including not giving them space when in public and just handling them roughly” (KII 12, Social Development Officer).

Physical abuse was also associated with lynching of the elderly on suspicion of being witches. Key informants put this into perspective.

“In this community, there is an issue that people have with elders. The sunset years are traumatic period for old men and women here. Community members will label you a witch and the next thing is that you are lynched” (KII 3, Chief).

“Lynching has been a nightmare for many elderly people living here. They fear that they could be labelled witches and what follows is death. And you know this is done during the day. You see the relative or victims of those mourning but other community members cheer the act. Those labelled witches are beaten up with all manner of weapons” (KII 2, Chief).

The above sentiments were supported by another key informant who asserted thus:

“Old age in this society is a problem. Old men and women having grey hair are seen as witches. The witches are considered to have the ‘**book of witches**’ and they are hunted, haunted and killed. Nowadays, they even lynch people who are as young as 40 years. So we see motivations for these lynching to extend beyond the mere labelling of one as a witch to issues of land. This is because once someone or a family member is lynched, the next thing you see people grabbing the land and other property that belonged to the victims” (KII 12, Social Development Officer).

Thus, physical violence takes varied forms and extends to inappropriate physical killing of the elderly.

The emotional and or psychological abuse consists of the intentional infliction of mental harm and/ or psychological distress upon the older person. Verbal and emotional abuse can include yelling, swearing and making insulting or disrespectful comments. Psychological abuse involves any type of coercive or threatening behaviour that sets up a power differential between the older adult and his or her family member or caregiver. Psychological abuses noted included any act, including confinement, verbal assault,

humiliation, intimidation, infantilization, or any other treatment which may diminish the sense of identity, dignity, and self-worth of the older adult.

The Key informants put this to perspective thus.

“This is another form of violence perpetrated against elderly persons in the community. The issue is that most people do not know the mechanics behind this form of abuse and do not realize they commit an offense. You find that being called bad and derogatory names is emotional violence and many elderly people experience this” (KII 2, Social Development Officer).

“The other day I met a group of youth humiliating an elderly person. I summoned them. So I can say that yes, emotional violence is common here and elderly persons are the target.” (KII 3, Chief Igeno sub-location).

Findings from qualitative data show that emotional violence experienced by elderly persons in the study site takes the dimension of humiliation and confinement.

With respect to the financial and or material abuse and exploitation, key informants noted this is similarly rampant in the community. Essentially, the aged are subjected to financial exploitation as exemplified in the voices below:

“Based on vulnerability in terms of financial matters, the elderly are exploited. You find that some people can even overprice something or buy it at low price just because it is being sold by an elderly person” (KII 13, County Officer Department of the Elderly).

A key informant pointed out that the financial exploitation was attributed to lack of knowledge among the elderly and the diminishing memory. “*The aged have memory issues*

and when other people realize senility, they take advantage of that and exploit the elderly financially. This is wrong and forms a form of violence” (KII 11, Help Age International).

Apart from the exploitation, the elderly were also found to experience lack of financial support, which key informants labelled as violence.

“Sometimes, the aged do not have income generating activities. They thus depend on others, and most are not willing to help them out. This is violence because they the aged do not deserve such treatment” (KII 12, Social Development Officer).

Sexual abuse was also found to be a form of violence that the elderly experienced. The acts noted included sexual misuse, rape, attempted rape, unwanted touching on the elder’s sexual organs, unwanted sexual acts and exploitation, and threat of sexual abuse. Their lack of strength to defend themselves makes them vulnerable and this is projected by one key informant who had this to say:

“You know authorities have ignored this group as asexual and possible victims of sexual assault. This has left them vulnerable to predators. Lack of family protection also makes elders exposed to sexual abuse from the community members. I receive so many cases of sexual abuse in my office. People even want to buy sex from these old women because they know that they are poor” (KII 1, Chief).

However, another key informant noted that besides the elderly being targets and survivors of sexual abuse, they are also perpetrators of the same.

“The elders sometimes are also disrespectful to our society and culture. You have had of cases from this land that old men are raping their granddaughters or just young girls around the community. This is so shameful and has seen some of them being killed. They now make the situation difficult to handle because they are also practising and perpetuating the vice that is affecting them” (KII 15, Community Health Volunteer).

Another form of violence as noted was neglect that the elderly experienced. This took two critical dimensions of isolation and loneliness. The key informants noted thus:

“Not many people want to be associated with the elderly in the community. They are isolated even in the public spaces” (KII 4, Chief).

“The elderly feel unwanted and are left at home. The end is that they can even harm themselves accidentally or by anger. Loneliness is a big disease that afflicts the elderly. This is even made worse by technological advancement in which the young generation are always on their phones with little or no time for the elderly” (KII 7, Village Elder).

The above forms of maltreatments of the elderly persons’ calls for urgent attention. This differs radically from the traditional reverence of the elderly who were regarded as mobile custodians of culture.

4.5 Social and economic factors influencing abuse of the elderly people

The respondents were requested to indicate the socio-economic factors that contribute highly to abuse of the Elderly People. The responses were presented on a five likert scale of 1-5 where 1= Very low extent, 2= Low extent, 3= Moderate extent, 4= High extent and 5= Very high extent. The findings are as shown in Table 4.5 below.

Table 4.5: Socio-economic factors

Socio-economic factors	N	Mean	S.D
Poverty	120	3.8085	1.11586
Lack of source of income	120	3.9787	1.45198
Sickness	120	3.7234	1.13640
Physical limitations	120	4.4894	.80413
Marital conflict/violence against older persons	120	4.6298	1.14814
Financial dependence of the caregiver on the elder	120	4.5319	.37988
Medication noncompliance	120	4.3617	1.00921
Younger generation no longer cares about the elderly	120	3.7447	1.58070
Because of shame the elderly prefer to remain quiet	120	4.0638	1.09155
Most elderly receive financial abuse from their sons	120	4.4468	.92803
Most elderly receive psychological abuse from their daughters	120	4.1702	.77603
Lack of value system	120	4.4255	.74439
Negative attitudes towards older persons	120	4.2766	1.15537
Lack of adjustment	120	3.8085	1.11586
mental dependence of the elderly on their families	120	3.9587	1.45198
Inadequate housing facilities	120	3.7234	1.13640

From the findings above, majority of the respondents indicated that marital conflict/violence against older persons is the socio-economic factors that contribute highly to abuse of the elderly people (mean= 4.6298). The respondents indicated that financial dependence of the caregiver on the elder is a socio-economic factor that contributes highly to abuse of the

elderly people (mean=4.5319). Also, the respondents indicated that physical limitation is a socio-economic factor that contributes highly to abuse of the elderly people (mean=4.4894).

The respondents cited that most elderly people get financial abuse from their sons (mean=4.4468). The lack of value system contributed to elderly abuse too (mean=4.4255), further, medication non-compliance was noted as one of the socio-economic factors that contribute highly to abuse of the elderly people (mean=4.3617).

Negative attitudes towards older persons is highly contributing to abuse of the elderly people (mean= 4.2766). Most elderly people also receive psychological abuse from their daughters (mean=4.1702). Resulting from the abuses and incapacity to be self-reliant, most elderly people experience shame and prefer to remain quiet (mean=4.0638).

The fact that most of them lack independent sources of income contributed highly to abuse (mean=3.9787). Equally, mental dependence of the elderly on their families was seen to be a contributory factor to abuse (mean=3.9587). Other factors that accounted for the elderly abuse were Poverty (mean=3.8085), Lack of adjustment to their new conditions (mean=3.8085), Sickness and inadequate housing facilities (mean=3.7234) and the fact that the younger generation no longer cares about the elderly (mean=3.7447). This lack of care and the changing attitudes exemplified by the younger generation is coming to the elderly as a shock.

The quantitative findings were corroborated by qualitative findings on the socio-economic factors influencing violence against the elderly persons. The following voices exemplified the predicament of the elderly in the Kisii community:

“It is about poverty. When the elderly are poor and do not have access to cash, people tend to misuse them and this is a driver for violence” (KII 11, Help Age International).

“Socially, we have a weak support system and structures. This is why we find that the elderly are isolated. This is a social influencer” (KII 12, Social Development Officer).

“Young people are in need of money. Some might exploit the elderly and they rarely take care of the elderly as it used to be. Individualism rather than communism has taken root in the community beyond imagination” (KII 3, Chief).

Thus, poor social support and welfare system is one of the key drivers of violence against the elderly.

The study sought to identify the forms of violence against the elderly persons and the socio-economic factors influencing the violence. The study established that majority stated that abuse and neglect of elderly persons is common and constitutes action or inaction by any person that causes harm or risk of harm to an older person. When there is an expectation of trust, the consequences can be particularly harmful. Yan et al. (2015) reported similar findings. Accordingly, the aged are predisposed to myriad of risks including physical violence (Yan et al., 2015). Elder abuse includes physical, mental or emotional harm, or damage or loss in respect of financial affairs. This is supported by the study done by Chang and Moon (2015) which examined elder abuse from the perspective of the Korean American elderly. Because most refused to disclose their own experiences of mistreatment due to strong cultural norms of shame, face-saving and keeping family problems within the family, the study focused on how Korean American elders identify and define elder abuse. Findings suggest that financial and psychological abuse occur more frequently than physical abuse

and neglect in this population, with sons typically as financial abuse perpetrators and daughters-in-law as responsible for psychological abuse (Anikso, 2009).

The respondents further stated that elderly abuse entailed physical abuse. This meant any act of violence or rough treatment causing injury or physical discomfort or death. Emotional and/or psychological abuse and this kind of abuse consist of the intentional infliction of mental harm and/ or psychological distress upon the older adult.

Financial/Material abuse which is the misuse, misappropriation, and/or exploitation of an older adult's funds and assets without that person's knowledge and/or full consent is rampant. This finding is in line with Soneja's (2012) research on elder abuse in India that revealed five key factors associated with abuse and neglect of the elderly namely; lack of value system and negative attitudes towards the elderly by their families, inadequate housing facilities, space and living arrangements, lack of adjustment and, lastly, financial and mental dependence of the elderly.

Finally, the study established that most abuse comes from the care workers as the elderly have been forced to sign papers or use their money against their will. This form of official government remittances and the subsequent abuse results from the low level assistance that the elderly parents are receiving from their children, particularly their sons. This finding is supported by the research done by Inglehart (2014) who examined elder abuse in Japanese culture. Confucian principles of filial piety, which emphasize providing for aged parents, have a long tradition in Japanese culture. The younger generation, however, adheres less to it than the older generation. Surveys indicate that the incidence of physical abuse and

neglect were highest in home settings. It is difficult, however, to obtain a true prevalence because it is important in Japanese culture to keep family matters private.

The elderly as is spelt out in the Constitution deserve complete government support. The traditional support networks that communally provided for them and cushioned them against adversities are no-longer tenable. Individualism has cropped up and children no-longer assist their parents as culture demands.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summary of the study findings, the conclusion and the recommendations for policy action. The chapter ends with suggested areas for further research.

5.2 Summary

The purpose of this study was to investigate socio-economic factors influencing violence against older persons: a case study of Marani location, Kisii County. In order to determine these, questionnaires were administered to the respondents who constituted both men and women. Violence against older persons occurs in almost all the communities regardless of race or class. From the findings, majority of the respondents were male, while the rest were female. Female respondents reported to have experienced abuse more compared to male respondents. Most of the respondents indicated that their spouses were deceased. Majority of the respondents noted that they have ever been abused and they knew of any elderly person who has been abused in the community and that the incidences occur regularly. They noted that the form of abuse that was prevalent in the community was physical abuse that comes from care workers, family members and community members. Lynching of elderly persons' labeled as witches is still rampant which makes older people live in fear making sunset years a problem in this community. The respondents also noted that they are targets of sexual exploitation and abuse from community members. They note that this sexual abuse has been ignored or not given adequate attention. Further, some elderly persons have been forced to sign papers or use their money against their will and that they feel neglected by their own

children. The elderly indicated that they are not receiving adequate assistance and protection from their children, particularly the sons thus making them feel neglected.

5.3 Conclusion

Violence among the elderly is a common form of abuse that needs attention of all the stakeholders. In as much as the African community valued the elderly in the traditional set up, things have changed today. Communities are no longer cohesive and urbanization has destroyed the traditional fabric that held families and communities together. The shock and disbelief that the elderly persons who are neglected and abused by members of their own families comes as a setback to them in their twilight years. The traditional role of elders of socializing the young generation has now been transferred to other institutions such as schools, churches, peers and the immediate family. The extended family forms are first being eroded to the detriment of the elderly.

One wonders whether setting up old people's homes would be the best model to take care of the elderly and whether the option can be well embraced in the society. As in other traditions, there are old people homes where the elderly can be housed, fed, clothed and find people of their age to talk about their past. The problem is that this form of institutionalization has not taken root in Africa. Most communities still do not want to release the old people to such homes even where they exist. The old people themselves also do not want to age in an alien environment since the attachment they have to their homes is part of their coping mechanism to their aging.

The verbal assaults, insults, lynching, sexual exploitation and abuse, threats, intimidation, humiliation, and harassment that the elderly are subjected to weaken their spirits and makes them want to die earlier. They see themselves as worthless and like young children who are

a burden to society. This lack of confidence in the home and the inability of their families to reciprocate as was traditionally the case, is eating the elderly and some urgent measures may be necessary to salvage the situation.

Elderly members of the society are consistently among the most disenfranchised members in the society in terms of material security and this therefore becomes one of their greatest pre-occupations. The diversified nature of poverty within families and communities at large is a major threat to the elderly. The lack of a value system and negative attitudes towards the elderly, inadequate housing facilities, financial and mental dependence of the elderly on their families and care givers increases their vulnerability to abuse. It may be necessary that County Governments think strategically and out of the box to see what measures may be locally and culturally useful to make the elderly persons confident again and return their humanity. Otherwise, we have a group of people who will die cursing society at large and that may be a bad omen for the community and the country at large.

5.4 Recommendations

- i. Based on the findings that violence against older persons is high, comprehensive public awareness campaigns should be carried out to inform the public that violence against older persons is harmful and against the law, and that sources of help exist. Getting children and families to be more considerate to their aging parents and family members and understand that old age awaits everyone.
- ii. It is recommended that social programs initiate welfare and protection activities designed to lessen the impact of socio-economic factors influencing violence against the elderly persons. The cash transfer and other such like programmes should be re-

designed to directly benefit the elderly and the loopholes that invite abuse from family members as well as the social workers are sealed.

- iii. It is also recommended that National and County governments through the relevant departments set up safe and conducive homes of the elderly to cushion them from abuse from family and other community members. This should be incorporated with social programmes that support the little contribution that this group still has in terms of productivity.
- iv. It is also recommended that all stakeholders including the police and human rights organizations support the efforts to strengthen the existing laws and initiate institutionalization and implementation of laws that address the plight (Violence) of the elderly people. The perpetrators of acts such as lynching, sexual exploitation and physical abuse meted on the elderly are arrested and dealt with according to the law.

5.5 Areas of Further Research

An elaborate study should be done in the whole county and, where possible, disaggregate the population in terms of men, women, boys, girls and, persons with disabilities. This study investigated older people only, it is therefore of great importance to extend the study and conduct similar but more holistic studies on other cadres of the population. Thus, future research should encompass the entire family including the domestic workers or care givers.

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APPENDICES

Appendix I: Respondent's Consent Form

Introduction

I am Linet Jessica Kohanya - Amollo a master's student from the Institute of Anthropology, Gender and African Studies, University of Nairobi. I am conducting a study on **the socio-economic factors influencing violence against older persons in Marani Location, Kisii County.**

Purpose

The study seeks to establish the socio-economic factors and their influence violence against older persons in Marani Location, Kisii County

Risks/Discomfort

There is no risk in participating in this study. Your participation is voluntary.

Benefits

The study will help in establishing the forms of violence matted on elder persons and how they cope.

Confidentiality

Your confidentiality will be maintained at all times. There shall be no mention of names or identifiers in the report or publications which may arise from the study.

Persons to contact

If you have any questions regarding the study, you can contact me through telephone number 0722765847 or email on linetk.amollo@gmail.com. You may also contact my supervisor Prof. Charles Olungah on 0722217132 or on owuorolungah@uonbi.ac.ke

Your participation in the study will be highly appreciated.

If you agree to participate you can sign here:

Signature_____Date_____

Signature of

Reseachers/Assistant_____Date_____

Appendix II: Questionnaire

The purpose of this questionnaire is to help collect data for a Master's Degree Project at the University of Nairobi. All the respondents' and information given will be treated with utmost confidentiality.

Kindly answer the following questions by ticking in the appropriate box or filling the space provided

Section A: Demographic characteristics

1. Gender

Male () Female ()

2. Marital Status

Married () Divorced () Separated () Single () Spouse deceased ()

3. What is your nature of work?

Employed () Self Employed () Unemployed () Not Employed ()

Section B Prevalence and forms of elderly people abuse

5. What is your understanding of elderly abuse and what does it entail in your own understanding?

4. Have you ever been abused or do you know of any elderly person who has been abused in this community?

Yes () No ()

5. How often does such an incidence occur? (Tick one)

Once in while () Regularly () All the time ()

6. What form of abuse is prevalent in this community?

Sexual abuse ()

Physical abuse ()

Abandonment ()

Financial abuse ()

Psychologic abuse ()

7. Where does the abuse come from

Family members ()

Friends ()

Care worker ()

Spouse/partner ()

8. Kindly rate the following statements on a scale of 1= strongly disagree, 2=

Disagree, 3=Moderate agree, 4= agree and 5= strongly agree

Prevalence of elder abuse	Strongly	Disagree	Moderat	Agree	Strongly
The elderly rely on people for the following: bathing, dressing, shopping, banking, or meals					
Elderly are prevented from food, clothes, medication, glasses, hearing aids, or medical care, or from being with people you wanted to be with					
Elderly have been upset because someone talked to them in a manner that made them feel shamed or threatened					
Elderly have been forced to sign papers or use their					

money against their will.					
Abused elderly have been made to feel afraid, touched you in ways that they did not want, or hurt physically					

Section C: Social and Economic Context of Abuse of the Elderly People

9. What are the socio-economic factors contribute highly to abuse of **the Elderly People** ' rate them as following 1= Very low extent, 2= Low extent 3= Moderate extent, 4= High extent 5= Very high extent

Socio-economic factors	Very low	Low	Moderat	High	Very high
Poverty					
Lack of source of income					
Sickness					
Physical limitations					
Marital conflict/violence against older persons					
Financial dependence of the caregiver on the elder					
Medication noncompliance					
Younger generation no longer cares about the elderly					
Because of shame the elderly prefer to					

remain quiet					
Most elderly receive financial abuse from their sons					
Most elderly receive psychological abuse from their daughters					
Lack of value system					
Negative attitudes towards older persons					
Lack of adjustment					
mental dependence of the elderly on their families					
Inadequate housing facilities					

10. Do you receive support from any organization? Yes () No ()

If Yes name them.....

END

Appendix III: Key informant interview guide

1. How long have you been in this area?
.....
2. What is the prevalence of abuse in this area?
.....
3. What are the socio economic forms of abuse prevalent in this community
.....
4. What are the cultural forms of abuse prevalent in this community?
.....
5. What forms of abuse are prevalent in this community?
.....
6. What are the main causes of abuse of the elderly in this community?
.....
7. Are the elderly more reluctant to seek help from mainstream, formal services?
.....
8. Where are they more likely to seek help?
.....
9. What interventions/ strategies have been put in place by the community (church, CBOs, Government) to manage these abuses?

Thank you for participating