

# **Managing Elderlihood among the Abagusii, Kenya**

**By**

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## DEDICATION

This work is dedicated to my Mother Moraa Mogeni

And

The elderly people of Keumbu

My

Father who never lived to see this work


And my children Duncan, Douglas, Wycliff, Jared and David

And

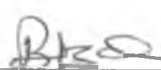
My loving husband Joshua Matagaro for his patience and support during my studies.

## DECLARATION

This project has been submitted for Examination with my approval as  
University Supervisors

 3/11/05  
\_\_\_\_\_  
Prof. Casper Odegi-Awuondo

Supervisor.

 03/11/05  
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Bencah M. Mutsotso

This project is my original work and it has never been submitted to  
any other learning institution.

Mrs. Joyce Gesare Matagaro  
Candidate

 3/11/2005  
\_\_\_\_\_

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## ABSTRACT

The world population aged 60 years and above is rapidly increasing despite poverty and the prevalence of the AIDS pandemic. This increase is being experienced largely in developing countries. The older people are consistently and disproportionately among the poorest and most marginalized in society. This therefore calls for the need to set higher priority on the realization of older peoples human rights and freedoms such as the right to life, security of the individual and property.

The older people need adequate support so as to enjoy good health and lead very active and fulfilling lives. This calls for research on the challenges/experiences facing the elderly population and their management. There is also need to try to understand their nature and dimensions and sources.

This study therefore endeavors to generate information on the experiences faced by the elderly people in terms of their management hence survival in Keumbu Division Kisii district. The specific objectives of the study were to understand the problems experienced by elderly people in their day to day living, to assess the role of relatives, community and government in managing elderly people. and to assess the response on aging by policy makers.

The study was guided by the following hypotheses: - Poor knowledge about their old-age management affects elderly people's access to basic needs, Negative/perception of the family and community towards the elderly people positively affect their management and Limited involvement by policy makers affects elderly peoples' management strategies.

A total of sixty older people were selected for the study. This sample included both male and female ages between 60 and 91 years. Drawn from the five sub-locations among nine sub-locations in two locations of the study area. The household formed the basic unit of analysis while those aged between 60-91 years formed the units of enquiry or observations. Purposive sampling was used to identify the first who elderly people and there after the Snowball method was used to get other respondents. This was because there was no official register for all the elderly people in the area under study. Both primary and secondary data were utilized. Primary data was collected using questionnaires and interview schedules. Key officials (chiefs, assistant chiefs, opinion leaders and community development workers) also provided information, which was collected from the respondents. Personal observation method was also utilized for data collection. Both published and unpublished documentary materials were used to obtain secondary data. The collected data was presented in form of tables, frequencies and percentages coupled with narrations for descriptive data.



## CHAPTER ONE

### INTRODUCTION

#### 1.1 Background

The World Population of the aged (60 years and above) is increasing rapidly. In the 1950s it was 200 million, but it has increased to about 606 million by the year 2000. The population is projected to be 1.2 billion by 2025 and 2 billion by 2050 (U.N, 2000). In Africa the aged are projected to be slightly above 38 million by 2050. In Kenya, the older persons are those at 55 years and above and constitute about 5 percent of the total population. According to the 1999 Kenya National Population census Report the country's population was estimated at 30 million. Despite the prevalence of the Aids Pandemic, which is expected to reduce life expectancy in most of the sub-Saharan African Countries, the population of older persons is projected to continue growing (CBS, 2000).

Ageing is an inevitable human process that affects us all. The extent to which we protect and promote the rights of older people reflects how we protect and promote rights in general. It is an irreversible biological process and may best be defined as the survival of a growing number of people who have completed the traditional adult roles. It is an inevitable consequence of fertility decline. With the gradual fall of mortality rate, better nutrition, advancement in health technology and the increase in life expectancy, the number of elderly both relative and absolute are increasing all over the world.

In sub-Saharan Africa, the majority of older persons live in the rural areas. This trend is expected to continue over time. The increase in the number of older persons in the

society provides a serious challenge in terms of maintenance of their quality of life which include access to efficient health care services, specialized living environment, the right to retirement of a person, active participation in development activities, leisure, sports, and the right to custody and company of their children and grandchildren.

Poverty is the main threat facing older people worldwide. In developing countries, where the older populations are growing fastest, they are consistently and disproportionately among the poorest of the poor. In the drive to understand and tackle poverty, which currently dominates development thinking, the poverty experienced by large numbers of older people in developing countries has been a persistent blind-spot. Development analysts and policy makers have largely excluded older people from poverty debates, regarding them as economically unproductive. This undermines poverty alleviation strategies, by failing to recognise the role of older people's actual and potential contributes to the well being and survival of families and communities. It also represents a failure to give equal status to older people's basic human rights.

In Africa, civil strife has resulted to increase in the number of refugees and internally displaced persons, many of them being older persons. The explosion of ethnic and civil conflict together with a sharp increase in numbers of people fleeing environmental disasters such as floods, mudslides and cyclones affects older people most.

Kenya like in most developing countries, the collapse of traditional extended family systems with its social security, welfare mechanisms, traditional power structure and social cohesion has rendered older persons irrelevant, disadvantaged and marginalized. Modernization in the form of urbanization and education has led to increased individualism of the younger generations. The cultural gap between the young and the old has been over stretched and has made older persons, especially old women who are the majority most disadvantaged.

The Government of Kenya has all along been committed towards improving the welfare of older persons together with other citizenry. This commitment is enshrined in chapter 5 of the Kenya Constitution where the rights and freedoms of every individual Kenyan, are guaranteed. This includes right to life, security of person and property, freedom from inhuman treatment and freedom from being treated in any discriminatory manner. The Government has also come up with the National Policy on the ageing, which emphasizes the rights of older persons within the constitution.

At the individual level, the Government pays monthly pensions to its pension able retirees while the National Social security Fund (NSSF) caters for retirees from the private sector and non-pension able civil servants. The National Hospital Insurance Fund (NHIF) provides health cover for older persons up to 65 years. The various NGO's Civil Society Organisations, religious groups in the country continue to be very supportive to individual elderly person, centres for older persons, institutions and community projects target at older persons.

Among the Abagusii community, the older people were well managed and their roles were accepted without question because such roles were seen as natural and were supported by ethnic myths. The male adult was the head of the family and had widespread responsibility over the youngsters and the women. The young people

took care of their old ones. They did this by providing the older with traditional medicinal herbs, sorcery and ancestral practices being traditional believers.

The young adults provided security against foreign intruders such as the Maasai, Kipsigis, and Luos. In case of defeat, the elderly, women and children suffered. The older men were the landowners and it was their duty and responsibility to subdivide the land parcels amongst their married sons and amongst their wives. They also determined the marriage partners for their sons. Elderly women took charge of food production. Women mostly worked commonly in groups and got sufficient food for the family. The elderly people were also kept busy through social functions such as beer drinking, cultural dances, training youths to fight, with arrows, spears, and slings and bull fighting. These activities provided long spun of life and these made them forget their ageing problems. The extended family systems also provided the elderly with more hands to take care of them in old age. This practice seem to have changed due to modernization in the form of urbanization and education.

## **1.2 PROBLEM STATEMENT**

According to UN demographic projections, the World population aged 60 years and above is increasing rapidly despite the prevalence of the AIDS pandemic. The largest increase in the size of older population occurs in developing countries. The older people are consistently and disproportionately among the poorest and most marginalized. There is therefore, an urgent need for Governments and the International development community to set a higher priority on the realization of older persons' human rights such as the right to life, security of the individual and property.

The United Nations declared 1999 as the "International Year for Older persons". This was after recognition of the importance of conducting research on issues of ageing and the implications for the older people at the 1997 World Congress of Gerontology. The W.H.O consultative meeting on Healthy Ageing and Development held in Kobe, Japan in 1999 noted that there are wide gaps in the knowledge of healthy ageing and challenges of older people in developing countries Kenya not exceptional (W.H.O, 2000). According to W.H.O (1999), if the older people are provided with adequate support they can enjoy good health and lead very active and fulfilling lives. To achieve this there is need to conduct research on the challenges facing the elderly population and their management. The problems of old age are peculiar and very demanding on human resources qualitatively, quantitatively and in terms of duration. Therefore, there is need to try to understand their nature and dimensions and sources. The problems that older people face occur at four different levels. Firstly, at the physical level there are the limitations of an ageing body as well as various diseases. Physical limitations are due to restricted mobility, joint stiffness and muscle weakness. Failure of the various sense organs adds to these limitations, including poor eyesight, deafness and a diminished sense of balance. Older people are also very prone to bone fractures, chest and urinary infections. Circulation tends to be sluggish and digestion poor. The fruits of a stressful lifestyle in younger days may mature in the form of high blood pressure, heart diseases, diabetes and so on. In short, the physical problems grow proportionately with the ageing process as the physical composition of the body changes.

The second level of problems involves failing mental faculties. These may include deterioration of memory, the learning, grasping power or cognition, concentration,

reasoning or logic and a sluggish, inflexible thinking process. Thirdly, at the emotional level there may be fear of incapacity and death, dependency, insecurity, rejection and loneliness, decreased self-confidence and self-esteem, and lack of trust. Fourthly, at the psychosocial level there may be problems due to reduced finances, lack of personal space, inability to hand over power to the young generation, inability to adjust to a lower pace of lifestyle with less responsibility and an inability to find a focus in life.

However, the picture is by no means gloomy. Older people have a wealth of knowledge, which can compensate for the other effects of ageing. By utilising these very valuable assets they can turn the game to their own advantage. These assets are maturity and the wisdom of experience, availability of ample time, open-mindedness or acceptance, ability to adjust and a childlike nature or innocence. The above problems call for greater attention on the elderly people in terms of their social security and welfare since their survival is threatened. This study will attempt to find out how these problems are managed.

The traditions and values that used to ensure the protection of older people in Africa are under pressure due to social and economic changes. The traditional old age support system "the Family" is eroded as a result of urbanization, globalisation and industrialization leading to migration to urban areas therefore leaving behind the older people without proper care. The older people are nowadays subjected to various forms of abuse that include physical violence, rape, and denial of basic necessities (food, water, shelter and health care). Their families and communities and even the respective governments also deny them support. At the National level, older people are denied the opportunity to participate in issues that affect them and they are not

adequately considered in National legislation. Although they are among the poorest of the poor, poverty alleviation programmes do not target them. With the impact of the HIV/AIDS Pandemic, older people are shouldering the burden of care; yet intervention programmes do not acknowledge their role. They are both victims of the epidemic and are rendered destitute when their youthful able-bodied family members who care for them die and are left as care givers to orphans and the infected within their communities. This study endeavoured to establish the effect of the above on the upkeep and consequent survival of the elderly people and also the alternative elderly management approaches.

Issues of ageing especially health, poverty, employment, income security, personal rights and security should be properly articulated and understood since they provide opportunities to help adapt rural socio-economic structures in order to promote sustainable development. Better management of the elderly who are a source of knowledge and wisdom is a pre-requisite for socio-economic development of any country. It is evident that poor management of this group of people means their removal from productive activities thereby rendering them dependent and being vulnerable to abuse and misuse. These socio-economic and political aspects and responsibilities of ageing have not been exhaustively researched on hence the need for this study. Despite forming a small portion of the total population we cannot afford to ignore them wholesale.

It is important to understand the challenges, problems and management systems of the older people so as to develop systems of health care and welfare provisions that help them cope with the demands and challenges of the ageing population. This is especially so because the traditional systems of elderly care and support that depended

upon the extended family system have broken down or if in existence can no longer cope.

The study also attempted to unearth the perception of the family and the community towards the aged people. It also tried to establish the extent to which family system affect their survival and/or management of the elderly in the study area. Another area of concern is also in the support given to the older people by their close relatives, community members, the government and Non-governmental organizations and also the international development community.

In fact, the experience of ageing is different for men and women, and varies between cultures. Standards of living also influence conditions for older people. The impact of the differences can be understood by conducting in-depth research within communities. Management issues are of particular concern since these have been little studied. There is also evidence of increasing violence against older people, but in most countries, the extent of the problem is unknown. This study endeavoured to find out the effect of violence as a management problem facing the older people.

It is with the foregoing in mind that this study was thought of. In summary the study was guided by the following questions:

- (1) What problems are experienced by elderly people in their day to day living?
- (2) To what extent do their close relatives, the community and the government manage the older people.
- (3) What management/care strategies have been improvised to assist the ageing



### **1.3 Objectives of the Study**

The main objective of this study was to generate information on the experiences faced by the elderly people in terms of their management hence survival in Keumbu Division of Kisii District.

#### **Specific objectives.**

Specifically, the study endeavoured to: -

- (1) To understand the problems experienced by elderly people in their day to day living
- (2) To assess the role of relatives, community and government in managing elderly people.
- (3) To assess the response on aging by policy makers

### **1.4 Justification of the Study**

No much attention has been given to the issues affecting the older persons in the developing world in general and Kenya in particular. Much effort has been concentrated on the issues of affecting infancy, the youth and the middle aged. The problems of the elderly are now emerging to be very serious hence the need for research.

These are the people currently affected and to some extent infected by the HIV/AIDS Pandemic, conflicts and social strife, flooding health care inadequacy, discriminated group of people, sidelined as resources are directed towards more needy cases.

There is lack of information and data about ageing issues in the developing countries. This makes it very difficult to lobby for older persons. In order to fill the knowledge/information gap, the study aimed to generate information about the problems facing the elderly in terms of their management and how the community at large perceives the elderly. The information obtained will help to identify the missing link between the provision of adequate management services and the specific needs of the ageing population. This will arouse the interest of the government, policy makers and planners, Non-governmental organizations and social workers on the plight of older people as a group which needs special attention and which require recognition.

### **1.5 Scope of the Study**

The study was much concerned with the problems and challenges facing the management of the elderly people and how they try to cope with age related socio-economic issues.

It focused on those who are 60 years and above both men and women. It was based in Keumbu Division of Kisii District, Nyanza Province.

The study also unearthed the effect of discrimination against women by virtue of their age and sex and the traditional practices that dictate issues to do with widowhood and inheritance.

## CHAPTER TWO

### 2.1 LITERATURE REVIEW

Ageing is a biological process with its own dynamic. Each society has its own sense of old age. In industrialised countries, the beginning of old age is usually equated with “retirement” at the age of 60 or 65. In many developing countries, chronological time has little or no importance in defining old age. Old age is defined as a state of dependence and incapacity thought to begin at the point when the person can no longer work.

A report on the ageing and development by Help Age International indicates that old people are consistently among the poorest in all societies, and material security is therefore one of the greatest preoccupation of old age. Most of them experience the same lack of physical necessities, assets and income felt by other poor people, but without resources which younger, fitter and more active adults can use to compensate. War, civil conflict or natural disaster turn the chronic daily problems faced by older people in the developing world into acute emergencies. These crises affect all sections of the population but the older people are among those whose capacity to respond is most seriously compromised. They are often discriminated against and regarded as less worthy of help than the young. In the initial stages of emergency, older people are physically less able to struggle for food and other resources, to travel long distances and to live without shelter. Emergency medical care requires refugees to visit medical centres. These factors put older people at a disadvantage. The community members are unable to care for vulnerable older people in the absence of sufficient food, medical care or shelter (HAI, 2003).

Older people themselves know what works best for them, but they rarely get the chance to be consulted in public policy making, or to contribute their knowledge to development programmes. As people grow older they become more vulnerable to abuse. Abuse is often perpetrated by family and community members and, and exacerbated by difficult economic and social conditions. There is need to conduct research to uncover the nature and extent of elder abuse. Older women in Tanzania, Mozambique and Zimbabwe are accused of witchcraft, and older men are beaten and robbed. In Ethiopia, older people complain of lack of protection in statutory law whereas in Kenya, protective legislation is often not applied in cases of violence against older people (HAI.2002). These abuse need to be unearthed and the only way is through research, which would generate information.

The right to secure care is set down in the United Nations principles for older persons as one of the five rights of older people, along with independence, dignity, self fulfilment and participation. Unfortunately these principles are not widely known or applied. This lack of regulation opens the door to malpractice and inadequate basic services (Help Age International, 2002).

The Existence of large populations of older people is undoubtedly becoming a major issue for governments, international organizations, Non-governmental organizations (NGOS) communities and families. At present, older people still remain a neglected group, largely invisible to those who promote economic development, health care and education. Although the high birth rates previously experienced in many countries are now falling, young people remains the focus of planners' attention.

A research conducted in Eastern Slovenia, an area handed to Croatia after the Dayton Peace Accords, indicated that Serb families left for the Federal Republic in some cases leaving their elders behind to care for their property. Most of the elders left behind had health needs, which were not met due to their own isolation, and fear and because of discrimination by service providers. A large number of older people lost their children and therefore had no one to care or support them as they grew older in Cambodia (HAI, 2002).

Studies on the older people in Russia and Romania have revealed that people over 60 years old spend 20 hours a week queuing in shops, freeing other family members to do paid work. They also contribute to the well being of the household and family. But they are limited in their capacity to provide for themselves by diminished physical strength, poor health, low status, landlessness, absence of or limited family or community support, lack of capital, lack of education or training opportunities (HAI, 2002).

A survey conducted by Help Age Ghana and Help Age international on livelihood security in Ghana found that older 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 recognised. It is regarded as domestic and therefore, extension of their normal responsibilities regardless of their age (HAI, 2003).

Older women face double discrimination by virtue of their age and their sex. The disadvantaged position of older women in Tanzania is further exacerbated by

traditional practices that dictate issues to do with widowhood and inheritance. The older women whose husbands are still alive enjoy relative safety from harassment suffered at the hands of society. Widowhood often brings about profound changes in a women status, stability and security. Older widows are susceptible to attacks, discrimination and various forms of abuses. They are denied their right to own property left by their deceased husbands. This is more marked in the rural areas where women are generally regarded as the property of their husbands clans and remain voiceless even when the homes and property are shared with their deceased spouses are taken away from them (HAI, 2004).

In African and Asia, HIV/ Aids has radically changed the experience of old age for both sexes, bringing new responsibilities as primary carers and family breadwinners at a point in life when health and income are both in decline. In sub-Saharan African, for instance, the young still outnumber the old by about 15:1. By 2050, increasing longevity and the effects of HIV/AIDS will reduce this ration to about 4:1 (UN, 1996).

Poverty in communities and families remain the greatest threat to the security of older people. When families are trapped in endemic poverty, younger generations have little scope to support older relatives. Even Co-residency is no guarantee of effective care, since many older people living with their families in a state of material and emotional neglect. The decline in the ability of the elderly, persons to hear clearly, puts them at a higher risk of accidents, reduced interpersonal communication, paranoid tendencies and depression (Kamwengo, 2001).

The HIV/AIDS pandemic has caused more problems and stress to the elderly people. The epidemic affects the working age adults hard the elderly people are losing the very people they depend on for economic support. The problems of the elderly are further exacerbated by their new second parenting roles that they must play to their grand children orphaned by the HIV/AIDS Pandemic. This new parenting roles are assumed by the elderly in the absence of supportive economic resources. This becomes a burden to the elderly people at a time when they themselves require care and support. They are also excluded from HIV/AIDS education campaigns ignoring the fact that older people could be cares of people with HIV/AIDS or could be sexually active themselves and so at risk of infection (HAI, 2002).

Kaiser (1993) indicates that ageing issues are becoming a priority even in developing countries. In the developed world, population ageing has been an area of research and policy formulation but has received relatively little attention in developing countries. However, given the pressures of poverty, urbanisation, the consequent rural urban migration, economic constraints, changes in disease patterns, weakening of family bonds and the family support structures, effects of HIV/AIDS Pandemic and globalisation, developing countries can no longer afford to ignore issues on population ageing although it may not be for the present but for the future advantage. According to Kimmel (1974) the place to begin with is perhaps with the lonely, sick and isolated old person who reminds us of what may happen to us if nothing changes and is done, as we grow old.

Kimmel (1994) says that “social workers, economics, gerontologists, and all those concerned with the issues of social policy, providing services or planning programmes

for the aged recognise some of the problems of the aged such as health, income, housing, nutrition, employment, post retirement roles, spiritual needs and safety. He further indicates that the increased susceptibility of the aged to disease, coupled with the exorbitant medical and hospital expenses puts these basic necessities out of the financial reach of most aged persons.

Abilla (1980) indicates that although health facilities have increased rapidly since independence, there is differential distribution of facilities between Urban and Rural areas. The elderly find themselves entangled in the rising economic constraints and rising poverty levels hence access to health facilities is inadequate.

According to Cattel (1994), the elderly people in Western Kenya face difficult situations due to social changes and modernization. The issue of family support for older people is coming more and more in the forefront especially as African extended families are becoming stressed by geographical separation, economic pressures, western influence, and social economic changes.

Odhiambo (1993) pays particular attention to the pattern of life in the different homes for the aged and the effects of institutional life for the aged. He further states that the problem that beset the aged is frailty, poor vision or blindness, inability to resist diseases, their physical deterioration that make them susceptible to disease. Despite this he does not exhaustively address the challenges that these people face in accessing health care services, food, security among others before or in the homes for the aged.



A study in Ghana South African and St Lucia has shown that most older people are net contributors to their families' not net recipients of support and care. In other countries such as Bolivia, Iraq, Armenia and Bangladesh, research has shown the devastating impact of economic and social change on both older men and women. Loss of land based assets and sources of income and changes in family roles, have hit them hard and jeopardised the family networks they support (World Bank, 1999).

Social exclusion of poor older people is closely allied to negative social and personal attitudes that construe ageing as a state of diminished capacities. Age based prejudice isolates older people for consultation and decision-making process at family, community and National levels, and can lead to the denial of services and support on the ground of age. In Cambodia, the NGOs run by young people do not take older people's household and community contributions and roles into account when developing programmes. They assume that family is caring for older people and hence do not need to be included in the project or they have no productive role (HAI, 1998).

For older people in emergencies, isolation sharply increases levels of risk. Loss of family, carers and community ties can leave older people without support mechanism and abandonment, discrimination and self – exclusion are not uncommon. Socially or physically isolated older people need identification and targeted support (World Bank, 1999).

Older people distanced from the main stream of their communities face profound disadvantage and risk. In parts of Northern India and some African countries,

widowhood for older women brings more than loss of status- they can be ejected from their deceased husbands, homes. In a number of African countries, older people, especially women, may face witchcraft accusations, leading to banishment, self-imposed withdraw from society, and even death (De Haan, 1998).

Violence and abuse towards older men and women, although under-reported, is often linked to their declining status and the barriers they encounter in contributing to family survival in Chile. Physical abuse includes injury but also neglect in the form of malnutrition or withholding of physical care. Psychological abuse, such as threats, verbal assault or isolation, may be used even where physical violence is absent (Lowick, 1999).

According to Help Age International report, older women in Tanzania, Mozambique and Zimbabwe are accused of witchcraft and older men are beaten and robbed. Older people in Ethiopia complain they have no protection in statutory law and in Kenya, protective legislation is often not applied in cases of violence against older people. This is an indication of poor management of the elderly in the above countries in Africa (HAI, 2002).

## **2.2 THEORETICAL FRAMEWORK**

There are many theories that have been developed to explain the ageing process but there is no single and universal theory that fully explains this process. This study was guided by theories put forward to understand and explain the process of ageing, implications and dimensions of the process by various theorists and /or social scientists. The study made reference to two theories viz:

- i) The modernization theory of ageing by Donald Cowgill
- ii) Disengagement theory of ageing by Cumming and Henry.

These Theories are as explained below:

### **I) Modernization theory of ageing**

The major proponent of this theory is Donald Cowgill. Cowgill developed a coherent theoretical framework for understanding the effects of modernisation on ageing. There are four salient aspects of Modernisation according to Cowgill namely; urbanisation, economic, technology and formal education. These aspects of modernisation have according to Cowgill, acted either singly or collectively to produce lower status for the aged (Binstock, 1985).

According to the modernisation theory, the problem of the elderly can be attributed to the structural modification of both economic and social institutions. This study adopted the salient features of modernization and explained how these features influence the management of the elderly in the study area.

Modernisation has led to rural urban migration, development of formal education, change in dressing and eating habits among other changes, which in essence affect the way the elderly are managed. This made the theory relevant to this study.

### **II) Disengagement theory of Ageing**

This theory was propounded by Cumming and Henry (1961). This was a result of a number of studies conducted in Kansas City, USA. The theory postulates that certain

processes of ageing are universal, inevitable, and developmental. Cumming and Henry found out that there was a marked decline investment and fulfilment of social obligation with age. The theory explains that as people grow older “there is a mutual withdrawal between the social context and the aging person, seen in the decreased interaction or activity outside the primary family group” (Marsall , 1986: 307).

The process of disengagement for the elder people occurs at two levels viz: Societal disengagement and personal or individual disengagement. Societal disengagement refers to the occupational translocation from remunerative service. This in most cases happens through normal retirement on attaining the mandatory age of 60 and 65 years in most countries and 55 years in Kenya. The retired person becomes disengaged by society and he/she is relieved most of the social roles.

This has a psychological impact on the older person, who sees himself/ herself as having lost his worthiness and as a consequence disengages himself/herself from the society that seems to respect and judge individual by their employment status. The retired person becomes retrogressive and less active in the society that he was once an active participant.

Forced disengagement has far reaching side effects on the older people. It affects their morale and self-esteem leading to depression and loneliness. Older people lose economic status and sometimes end up being dependants. Societal disengagement depresses older people because when they lose their social roles they also lose their

social confidence. They are sidelined and are sometimes not treated with the dignity they need and deserve.

However, not all older people become disengaged. Some remain active until death. Critics of this theory argue that it encourages negative aspects of social policy and negative attitudes towards older people. It belittles the older people thus exposing them to a lot of challenges in their elderly lives.

This study applied this theory as it relates to the challenges and/ or experiences facing the elder people in terms of their management and survival.

### **2.3 RESEARCH HYPOTHESES**

The study tested the following hypotheses:-

1. Poor knowledge about their old-age management affects elder lies' access to basic needs.
2. Negative attitude / Perception of the family and the community towards the elderly people positively affect their management.
3. Limited involvement by policy makers affects elderly peoples' management strategies.

## CHAPTER 3

### METHODOLOGY

#### **3.0 Introduction**

This chapter presents the design used to meet the objectives of the study. This included research setting, target population, the sampling and sampling design, data collection instruments and procedures and data analysis and presentation techniques.

#### **3.1 Research setting**

The study was carried out in Keumbu Division of Kisii District, Nyanza province. The Division has a total population of 109, 8347 people of which 52, 797 are males while 57, 040 are females. It has 17, 991 households. It has the highest in the District. Kisii District is said to have the highest number of elderly people surviving into old age as compared to other Districts in Nyanza province (CBS, 1996). Keumbu Division has 2 locations and 9 sub locations.

The households formed the basic unit of analysis for purposes of this study and those aged 60 years above formed the unit of enquiry/ observation.

#### **3.2 Target population**

The study targeted the older people in the study area that is those above 60 years. They were drawn from all the locations and sub locations down to the villages and households. It targeted both men and women aged 60 years and above living within the Division.

### 3.3 Sampling, design and procedure

Explanatory, descriptive and exploratory research designs were used in this study. Descriptive and exploratory research designs helped to discover and test variables with respect to inter-relationships. These methods helped to elicit both qualitative and quantitative data, which after organization and analysis provided room for generalizations of findings to the entire population.

It was impossible to observe/interview or study the entire population this prompted the need to have a representative sample drawn, studied and then generalised and inferences were made about the entire population.

Both probability and non – probability sampling techniques were used in the selection of the sample of the respondents for observation and interviews. A multi-stage sampling technique was used.

The investigator based on the reasons stated earlier purposively selected the study area. The Division is administratively divided into 2 locations namely:

Keumbu and Ibeno locations and 9 sub locations. It has 17, 994 households.

From the 9 sub locations, a sample of 5 sub locations was selected to form the primary sampling units. From the selected sub locations a sample of 12 respondents was taken from each making a total of 60 respondents. All the sub locations in the locations were given an equal chance of being included in the sample. A sampling

frame was prepared to enable the investigator to select the 5 sub locations out of 9 sub locations in the two locations.

Three sub locations were selected from each location. All the names of the sub locations were written on pieces of paper and at random three sub locations were picked from each location. There were a total of 5 sub locations from which a sample of respondents for the study was obtained.

Purposive sampling was used to identify two elderly persons. Snowball method was used to get the other respondents. This is because there was no official register for all the elderly persons in the Division.

### **3.4 Sample size**

A total of 60 respondents were interviewed. Twelve respondents from each sub location. 28 males and 32 females were selected and they were visited in their homesteads and interviews conducted by the investigator in person. A rapport was created with the respondents and other people within the homesteads so <sup>as</sup> to make the research exercise effective and efficient hence are able to obtain exhaustive information.

### **3.5 Methods of data collection**

The study utilized both the primary and secondary data. Data was collected from the elderly people selected for that purpose. This information was collaborated with data



from other key informants such as the local administration such as chiefs, Assistant chiefs, clan/Village elders, area representatives and community development workers and through focus groups discussions (FGD). In this case the unstructured interviews, interview schedules, direct observation and documentary materials were also utilized in data collection.

The information obtained from the informants helped strengthen that collected from the respondents. The key informants were in most cases the custodians of official raw data and were also knowledgeable on various issues affecting the community.

The investigator to collect information from the respondents administered the interview schedules. This created personal contact with the respondents thus allowing for flexibility, room for further probing and observation of personal reactions. This also provided opportunities for the investigator to explain the questions in a language well understood to the respondents since the English language was not understood by almost all of them. The interview schedule contained both the open and closed ended questions.

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The investigator also used direct personal observation method to observe things around the homes such as the economic activities, physical appearances of the respondents among other issues that were related to this study.

Documentary materials were also be utilized as a source of data. This is where both published and unpublished literature was used. Hospital records to provide information about the number of elderly people using health facilities, their treatments

follow –ups and types of illness reported by the elderly and who shoulders the hospital bills were collected. Other documents were also used to obtain relevant information on the management of the elderly from other sources such as Help Age international and the homes for the elderly in Kenya.

### **3.6 Data analysis and presentation**

The data collected was subjected to cleansing to determine the level of significance of the information. It was sorted out and categorized into qualitative and quantitative data. Quantitative data contained information with some numerical value used to test the set hypotheses using the cross tabulation tools. These were utilized to either support or refute research hypotheses at certain levels of significance between various variables under study.

The qualitative data contained the views of the respondents, opinions, attitudes, expectations and other responses. Descriptive tools such as the tables, percentages and frequencies were used. This descriptive statistics do not necessarily support or reject the research hypotheses or relationship between variables but are essential as they provide the investigator the general characteristics of the data.

Data was presented in the form of tables, frequencies and percentages, coupled with narrations for descriptive data.

## CHAPTER FOUR

### DATA PRESENTATION

#### 4.0 Introduction

This chapter is mainly concerned with the presentation and description of the analyzed data. In this chapter, an analysis of data collected by use of the questionnaires and interview schedules is done. The analyzed data is presented by use of tables, charts and in-depth analysis of context and situations.

This chapter incorporates the findings of the study based on objectives and hypotheses.

In the Abagusii community, the elderly people are considered to be people with skills of perceiving and differentiating degrees of value between diverse factors in their lifestyles. This helps them make right judgments for their cohesiveness in life.

Elderly men and women are consulted on matters that cripple the family. The elders discuss their issues alone without the inclusion of children and women. Women are segregated from very crucial issues for the simple reason that they are believed to be loose talkers amongst the Abagusii community.

The elders know how to manage themselves through participation in different cultural roles for instance when a child is born, the elders know how to thank their God – “Engoro” this they do by showing the infant baby to the rising sun and utter the words “engoro onderere,” meaning God take care of this baby.

As time has elapsed, years gone by, the values and cultural importance of the Abagusii has been much eroded in what is termed as 'modernization'. But even though this has cropped in, the elderly men and women need the following:

- The love and care
- Unreserved respect for their views, opinions and contributions to society.
- Dignity and honour
- Their participation in decision making processes
- Their independence and self fulfilment
- Recognition of their contributions in the family and society
- Their rights of independence, participation, care and self-fulfilment.
- Their wisdom and contribution to social development

According to Cumming and Henry(1961), aging is universal, inevitable and developmental. With age, people tend to withdraw in social life, investments and mutual withdrawal from many activities.. If one used to walk five kilometres a day, then this can reduce to three kilometres, then one kilometre, till the elderly are seen just in and out of the house. If socially common in social gathering then questions could arise, 'Where is so and so these days? He is never seen! According to Abagusii this saying means that the elderly man/woman has become weak and unable to work.

Today the Abagusii elderly men and women face so many challenges in life. Some live under abject poverty while few live a moderate life, and very few live a comfortable life. Though comfortable, the elderly are always sick and never out of hospitals. Hospitals are their tourist resorts because they are combated by a variety of diseases.

#### 4.1 Background information of respondents.

A sample of 60 elderly people, and 5 opinion leaders and 5 family members was selected from the two locations and nine sub-locations within Keumbu Division of Kisii District. These comprised of those elderly aged 60 years and above. Key variables that were used to compare behaviour, perception, and attributes of the respondents were age, sex, education levels, marital status, occupation, traditional belief systems, income levels, and the household size.

##### 4:1.1 Age Distributions

The study captured the views of respondents who were between the ages of 60 and 91 years as shown on the table below.

**Table 1: Age Distribution of Respondents**

Age	Frequency	Percent (%)
60-70	26	43
71-80	22	37
81-90	10	17
Above 91	2	3
<b>Total</b>	<b>60</b>	<b>100</b>

The youngest and the oldest were 60 and 91 years respectively. This reflects a range of 31 years. Those aged between 60-70 years comprised 43% of the study population. The 71-80 years olds made up 37%, while those aged 81-90 years represented 17%. The oldest category of above 90 years represented 3% of the total population.

#### 4.1.2 Respondents distribution by gender

The study explored elderly male to female to ratio.

**Table 4.2: Respondents Distribution by Gender**

	Frequency	Percent
<b>Males</b>	28	46.6
<b>Females</b>	32	53.4
<b>Total</b>	60	100

The table above shows that 47% of the respondents were males compared to females who made up 53% from the study therefore the majority of respondents were females.

#### 4.1.3 Family type and Family size

The aim of the study was to identify the type of family the elderly male and female belong to whether polygamous type of family or monogamous type of family and also the family size in terms of the number of members in that particular family.

**Table 3: Family Type**

Family Type	Frequency	%
Monogamous	38	65
Polygamous	15	35
Total	60	100

Majority (65%) of the respondents hailed from monogamous family unions while 35% were in polygamous family type.

The study therefore showed that most respondents are from monogamous family type.

From the study, poor management in old age was seen as a result of neglect shown in early and middle stages of life by men to their first wives upon marriage of second wives.

**Table 4: Family size.**

<b>Family members</b>	<b>Frequency</b>	<b>%</b>
Above 6	42	70
4-6	13	22
Less than 3	5	8
<b>Total</b>	<b>60</b>	<b>100</b>

From the study 70% of the respondents had a family size of more than 6 members, 22% had between 4-6 members and 8% had 2 family members. Respondents with large family size especially from polygamous type of families had more problems related to management of the elderly while those with small families were well managed and catered for as compared to the other categories.

Therefore the study shows that large family size has a negative impact on the care and management of the members in general and the older people in particular.

#### 4.1.4 Marital status

Chart 4.5: Marital Status

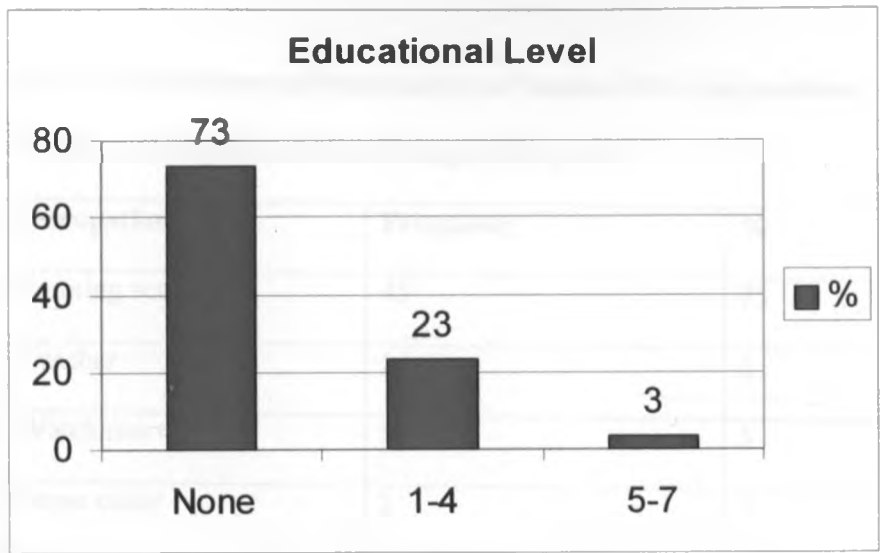


The study found out that majority of respondents (67%) were married and lived with their spouses while 33% were widowed. The study also showed that those with existing spouses lived longer than those who were widows/widowers. This is so because those with spouses are able to share ideas, comfort one another therefore able to manage them. On the other hand, the widowers/widows seemed unhappy, stressed and unable to manage themselves well.



### 1.1.5 Education level

Chart 6: Respondents Level of Education



From the study carried out it was noted that 73% of the respondents had no formal education at all. Majority of the respondents were illiterate meaning that the respondents could not read or write and because of lack of education only those who managed or forced their way to school by educating themselves were able to look for jobs such as teachers or other jobs in the informal sector. From the study 23% of the respondents had 1 to 4 years of formal education. Respondents with between 5-7 years of formal education were 3%.

The scant formal education amongst the elderly is attributable to the fact that schools came later in the 1940s and that their parents did not see the need or value in educating their children. This was because education was introduced by the white colonialists who were not friendly to the Africans. Those interviewed narrated that those who forced their way to school had to pay for themselves so the only way was for them to sell the little items that they owned like chicken, in order to raise money for school fees.

#### 4.1.6 Occupation and main source of income of the respondents.

**Table 7: Occupation before the age of 60 years**

<b>Occupation</b>	<b>Frequency</b>	<b>%</b>
Farming activities	45	75
Teacher	1	2
Watchman	3	5
Stone cutter	2	3
Business Activity	9	15
<b>Total</b>	<b>60</b>	<b>100</b>

The table above shows that majority of the respondents engaged in subsistence as a major occupation while 15% engaged in business activities ranging from selling vegetables to shop keeping, buying and selling of cattle. These occupations helped them raise some money for upkeep besides keeping them occupied. The Abagusii economy is a multi-purpose economy therefore the elderly do not only depend on one source of income or on one occupation but they do combine many. One could be doing farming, keeping cattle and also stone cutting so as to be able to manage themselves and their families.

The elderly were found to grow mostly tomatoes, beans, and vegetables like Managu, chisaga, kunde, kales, cabbages, sweet potatoes, bananas, and passion fruits. Farming activity is an important occupation as well as a source of income for sustaining themselves and their families.

The elderly capacity to farm differs given their age for instance farming done by those who were 60 years was not the same as those who were 80 years above.

Therefore from the study it was noted that the elderly (those above 85 years) had compound laborers who helped them with the daily routines and these laborers were paid from the remittances the elderly people received from their sons and daughter in-laws.

### Respondents Levels of income per month

**Table 8: Levels of income per month.**

Level of income (KSh.)	Frequency	%
< 1,000	35	58
1001-3000	10	17
3001-5000	10	17
5001-above	5	8
<b>Total</b>	<b>60</b>	<b>100</b>

The figures showed that 58% of the respondents earned less than ksh.1000 per month, 17% earned between KSh. 1001-3000, 17% earned between KSh. 3001-5000 while 8% of the respondents (75%) earned less than KSh 3000 per month.

These findings imply that the elderly are worse off economically compared to low income earners.

### 4.2.3 Family and care of older people

**Table9: Family and elderly care.**

<b>Family cares</b>	<b>Frequency</b>	<b>%</b>
Sons	30	50
Spouses	21	35
Daughter in-law	5	8
Their own	4	7
<b>Total</b>	<b>60</b>	<b>100</b>

About 50% of the respondents indicated that they got support from their sons, 35% got support from their spouses, and 8% from their daughters' in law and 7% of the entire population under study dependent on their own and therefore took care of themselves. This therefore, showed that the majority of respondents survived on the support from their sons most of whom worked elsewhere outside their rural homes. This further indicated that the family is still the most important caring institution for older people.

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#### 4.2.1 Respondents Access to Health Care services

**Table 10: Respondents Access to Health care Services**

<b>Access to health service</b>	<b>Frequency</b>	<b>%</b>
Yes	10	17
No	50	83
<b>Total</b>	<b>60</b>	<b>100</b>

Health care is cited as a priority issue for growth and development of any nation. This also affects the older people. The capacity to earn a living or participate in family and community life as well as a sense of personal well being is all governed by health status.

The study found out that majority 83% of the respondents have never had access to the health facilities while the 17% indicated they had access to available health facilities.

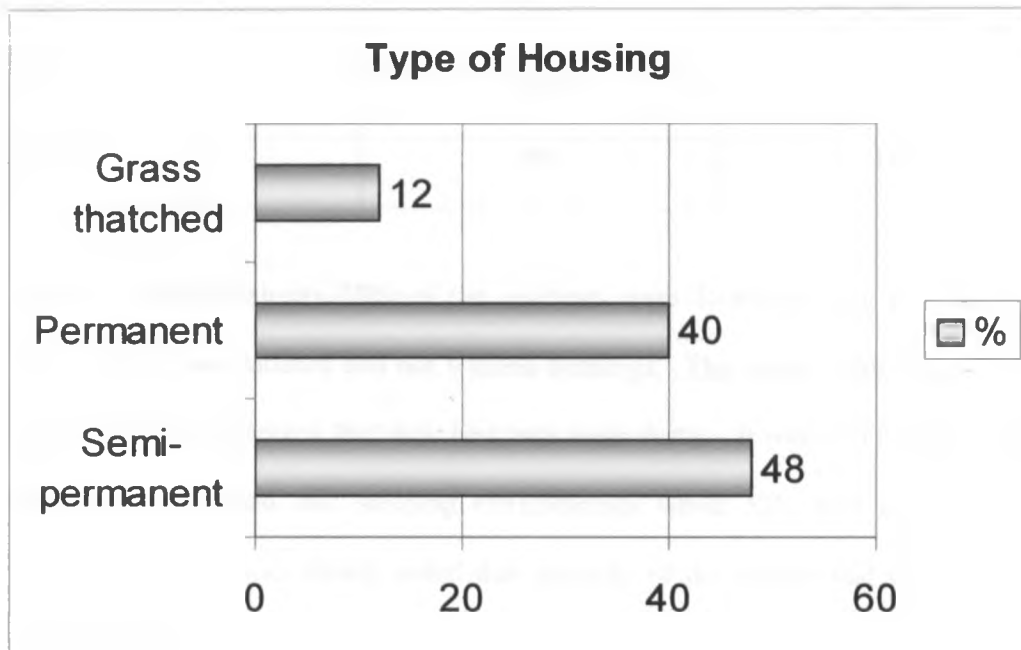
Reasons for not accessing health care services were given to be; lack of adequate income. The elderly people most times lack finances because they are coupled by many problems such as paying school fees for their children and grandchildren some of whom are orphans from HIV/AIDS. Another reason was absence of free medical services and negative attitudes by health personnel. From the study it was revealed by the respondents that the health personnel saw them as a bother and old fashioned and so to them (the health personnel) to give the elderly such facilities was a waste. Lack of support from close family members was another reason cited by the respondents because when they were sick family members were not available to take care of them

or even Fear of lack of old age specialists to attend to their medical needs was another reason raised.

#### 4.2.2 Housing and Living Environments/conditions

Elderly people need adequate shelter

Chart 3: Respondents Type of Housing.



The study found out that 48% of the respondents had semi-permanent houses, 40% had permanent housing structures while 12 % had grass thatched housing structures. On the living environment, the study revealed that about 43% of the houses were well maintained while 10% were poorly maintained. Most of the interviewees admitted that there is lack of privacy because of change in housing styles.

### 4.2.3 Sleeping Environment

Table 11 Sleeping Environment

<b>Sleeping Environment</b>	<b>Frequency</b>	<b>%</b>
Good	18	30
Fair	19	32
Poor	23	38
<b>Total</b>	<b>60</b>	<b>100</b>

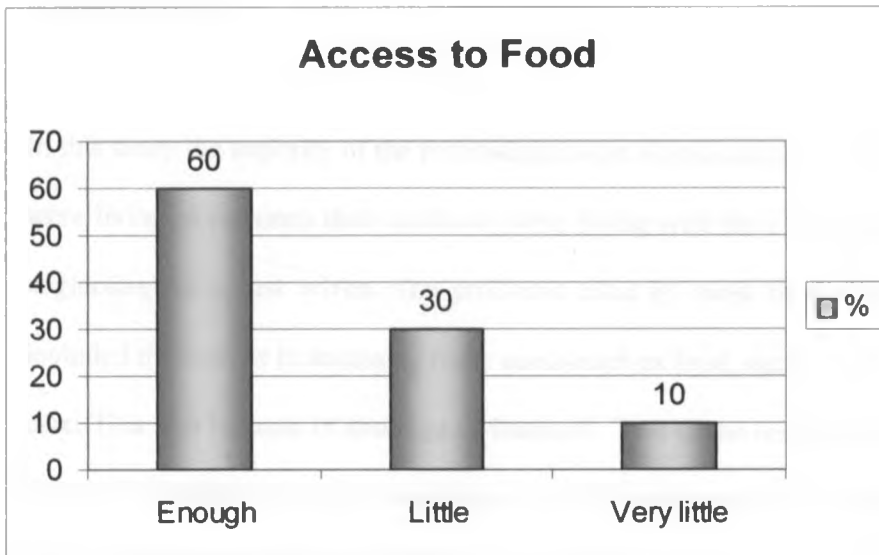
From the study majority 38% of the residents were found to have poor sleeping environments and tattered and not washed beddings. The rooms were dirty. From the study it was observed that their beddings were dusty. It was also noted from the study that 32% had fair sleeping environments while 30% had good sleeping environments. It was clearly noted that majority of the elderly had poor sleeping environments.

2

#### 4.2.4 Respondents Access to Food

Food is a basic human need that affects people's quality of life and their ability to contribute socially and economically to the family and community.

Chart 4.9 : Respondents Access to Food.



The study found out that about 60% of the respondent produced enough food. 30 % had little food while 10% had very little. This suggests that the majority were food secure

It was also revealed that in terms of food shortages, most of the respondents with little or very little food were discriminated against in intra- house food distribution patterns and this lead to the elderly being left hungry most times.



#### 4.2.6 Gender issues and care of the elderly

It is generally recognized that historical and social-cultural domination by men in most societies had continued to have intergenerational effect in women's access to social, economic and political prosperity. The reforms in the social, economic and political sectors however left the majority of the older people more vulnerable. The rapidly falling living standards have continued to have different impact on older women and men.

In this study the majority of the respondents were women some widowed, while some were living alone since their husbands were living with their second wives therefore neglecting their first wives. The problems cited by most of the widowed women included difficulties in accessing basic needs such as food, shelter, clothing and health care. This was because of shortage of finances. Two of the respondents indicated that they had problems with the inheritance on their late husband's property. This arose from complications brought about by second wives who were registered as the sole owners of such properties.

The respondent indicated that she was isolated and neglected by her close relatives and members of the community over allegations of witchcraft. This made her suffer discriminations, isolation and lacked support from close members of the community.

It was also revealed that wife inheritance affected the widowed women. The men who were said to have inherited the widows squandered the resources left by the late husbands to the widows in the pretext that they would assist them in acquiring the property.

#### **4.2.7 Effect of HIV/ AID on care and support of elder people.**

The effects of HIV/AIDS on all sections of the society are immense. A lot has been discussed on the effects of the pandemic on sexually active age groups. Unfortunately, very little has been done to explore its effects on older people. AIDS has, and will continue to have a huge impact on older people.

Older people play a major role by caring for people affected by HIV/AIDS and then bringing up orphaned grandchildren. AIDS affect older people as they take care of the orphaned and grandchildren. Relatives and partners who have HIV/AIDS, and are traditional birth attendants and healers. They also risk being infected because they are unable to buy protective devices and generally less knowledgeable on transmission preventive methods.

About 20% of the respondents were found to be caregivers of AIDS orphans while 80% were not. Those caring for AIDS orphans indicated that they had that responsibility and duty because their sons and daughters in-law had succumbed to the scourge leaving behind their children without anybody to care for them other than themselves. They further indicated that they had financial difficulties in accessing health services for AIDS orphans, food and other basic needs as their meager income could not sustain their needs without external assistance which was not forthcoming.

It was further revealed that the AIDS orphans caregivers were also unable to engage in productive agricultural activities because of the burden experienced. Some of the orphans were said to be sickly also, hence the caregivers spent most of their time with them at home.

#### **4.4 Observation of cultural belief systems.**

On observation of cultural beliefs among the Abagusii community, it was noted that 83.3% of the respondents strongly observed cultural beliefs while 16.7% have been torn between modernity and the beliefs. Those who strictly observe traditions were found to lag behind in terms of development and have a low opinion towards rural urban migration and the aspect of having daughter's in-law and daughters working in towns. Thus the conflict makes the respondents receive no or very little attention from the sons and /or daughters in law or both.

For those respondents who believe in both traditional and modern culture are prone to change and are open to the world development issues, clothing, food and or eating habits, and shelter among others. They also advocate for white-collar jobs for their children hence open to modern ways of life. This makes them happy and can easily adapt to environmental change, face the reality of life and may seek assistance from any circle when need arises hence they keep fit, healthy and strong leading to longer life expectancy.

The study revealed that the majority of the respondents advocated for the old lifestyle in contrast to the current life style. Those who advocated strongly for the old life style were of the ages above 80 years. They preferred traditional food to the modern food. 93.3% preferred traditional food while 6.7 % preferred modern eating habits/food. Those who preferred traditional food were found to be stronger and healthier compared to those who preferred modern food alone. This suggests that traditional food was more nutritious; hence those who partake it did not fall sick often.

The study also revealed that 28.3% of the respondents resided at home with their children, grandchildren and daughters in laws while 71.7% indicated that they did not stay with their close relatives at home. The later revealed that their close relatives resided either in urban centres where they worked or had purchased land elsewhere where they stayed and did farming.

In this case the elderly people were left alone at home, they managed themselves through farming activities income, handouts, pension among other sources of income. Most of them had problems in managing themselves due to poverty coupled with lack of assistance from any other source including that from their close relatives.

Those who were staying with their children had no problem since they got the necessary assistance and support from them in case of need. This suggests that the children should be encouraged to find ways of living near their parents to give continuous support, even if it means taking the parents to live with them.

#### **4.5 Support to the elderly people**

According to this study, support would mean financial or moral support.

Majority of the respondents (85%) indicated that their children were working elsewhere while 15% indicated that their children had moved to other parcels of land where they did farming.

It was also found out that 93.3% received food assistance from their children while 6.7% received no food assistance from their children. Those who did not receive any food assistance and were above 85 years had more problems; they were found to be

unhealthy neglected and at the mercy of the well-wishers. Some had their parcels of land where they cultivated food on their own and were still strong hence took care of themselves.

On clothing, 50% indicated they received clothing from their children and close relatives and 50% also indicated they provided their own clothing hence no external clothing assistance.

The study further found out that 66.7% of the respondents purchased and /or met their own medical expenses while 33.3% revealed that they had no medical services assistance from their children and other close relatives. It was further found out that most of those who had no external medical services assistance were more prone to health problems due to poverty hence could not meet medical expenses in case of emergencies. They were weak and unhealthy. It was also found that 63.3% had no financial assistance at all from any quarters while 37% had assistance in one way or another. Those without financial assistance experienced more problems compared to those who had some assistance financially. Management of the elderly by themselves without any assistance from any body led to great sufferings on the part of the aged especially those from poor economic background.

### **Opinion leaders**

From the study it was generally found out from the chiefs, village elders and community development workers interviewed that management of the elderliness was coupled with many problems. It was noted that the elderly of ages 60 years and above were not many in the study area. Most of the elderly were lonely and neglected most of the time. It was also realised that most of the elderly people took care of themselves this was because family members were found to be busy with their work. Those elderly, whose children lived or worked elsewhere, hardly had time to go back

home to their see their parents. The interviewed opinion leaders noted that the society sees the elderly people as less productive.

### **Family members**

From the study the family members noted that managing the elderly people was a time consuming exercise, tedious and that the elderly people needed somebody to be there for them throughout. The family members admitted that they are not able to do their daily routine work because of the elderly people whom they have to care for. Therefore the family members were lagging behind in terms of development. The family members therefore have to struggle very hard in order to get the necessary basic needs.

### **4.6 Religion and social activities**

Majority of the respondents were Christians. They were found to be members of Catholic, Seventh Day Adventist, and Pentecostal Assembly of God (PAG) among other Christian denominations. The religious constituted 80% of the respondents compared to 20% that did not belong to any denomination. The former were generally more organized and well taken care of than the later.

The religious believers were found to be healthy, strong and well organized. This is because, they got financial assistance from their educated and working children, daughters, daughter in-laws and other close relatives. They are accorded medical care,

food, clothing and some have workers who assist them with domestic chores and farm work. They are well cared for hence no management problems in old age.

On participation in social activities, 48.3% indicated that they actively participated in social group activities such as school building activities, and were also involved in community development such as income generating activities for their upkeep while 51.7% had no role in social group activities. Those who were active in social groups were generally more respected and were appointed leaders and advisers in the community. They were also found to be strong and healthy despite being aged. They were role models in the community in that they played the role of advisers, organizers and as spokesman in various events. From the study, 28% were given leadership positions in the community while 72% had no leadership roles.

**Research Hypothesis**

**III: Poor knowledge about their old age management affects elder lies' access to basic needs**

**Table 12: Respondents Access to Health Services**

Access to health service	Frequency	%
Yes	10	17
No	50	83
<b>Total</b>	<b>60</b>	<b>100</b>

It can be seen that 17% of the respondents had access to health care services while 83% did not.

It was presumed in the study that lack of access to these services was due to poor knowledge about the health conditions afflicting them and how they can be managed and prevented.

The study however found out that reasons the elderly do not access health services were: Lack of adequate income. The elderly do not have access to regular income therefore they do not have enough income to cater for their needs. Another reason was absence of free medical services, Negative attitudes by health personnel whereby the health personnel see the elderly as old fashioned and time wasting people therefore no need of giving them such facilities. The other reason was lack of support from family members. The support could be either financial or moral support. Lack of support from family members could also be due to changes in family structure which came as a result of socio-economic changes that leads to pressure from different quarters. It was also found that family members worked or lived away from home or those at home were unable to support the elderly fully. The other reason was lack of old age specialists to attend to their medical needs.

It can be seen that the reasons given were mainly to do with their poor economic position and negative experiences or perception about the services at the health centres. It can be understood that these elderly seek health services from public health institutions where demand for the services is very high.

Other findings were that about 20% of the respondents were found to be caregivers of AIDS orphans. They further indicated that they had financial difficulties in accessing health services for AIDS orphans because of the Meagre income that could not sustain provision of food and other basic needs for the orphans, Some of the orphans were sickly hence the caregivers spent most of their time with them at



home. The elderly had to fend for themselves after their would-be caregivers (children) had succumbed to the scourge.

The findings made indicated that the elderly find themselves exposed to many challenges in the face of the HIV/AIDS scourge. They not only lack children to take care of them but also have to themselves give care to demanding and most times sickly orphans.

All these problems coupled with the stress and pain of having lost their loved children drains their energy and has the potential of sending them to the grave early.

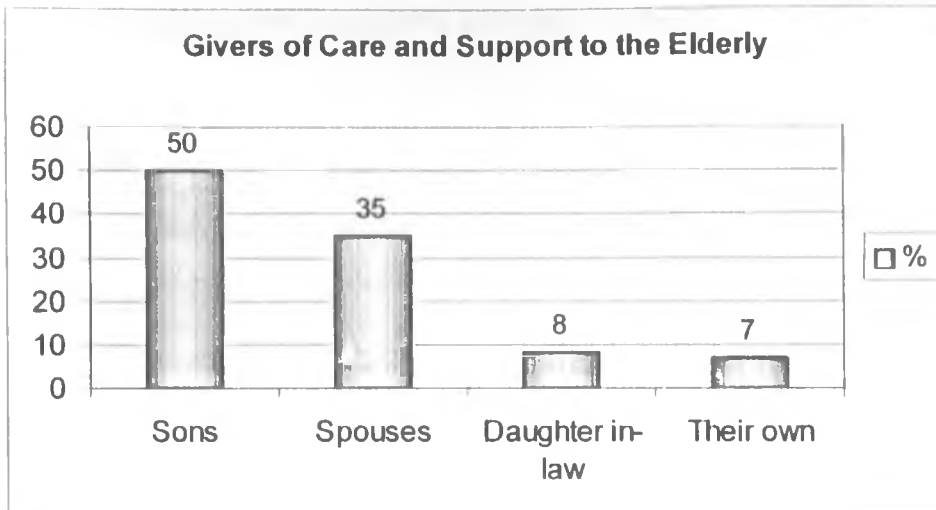
These findings reveal that poor knowledge of old age management affect elder lies' access to basic needs.

The null hypothesis III is therefore accepted

**H2: Negative attitude/perception of the family and community towards the elderly people positively affect their management.**

As regards change in traditional systems and management of the elderly these findings were that Majority of the respondents (85%) indicated that their children were working elsewhere (away from home). It was also found that 93.3% that received food assistance from their children . The chart below shows persons giving care or support to the elderly. It shows that majority of the elderly (58%) got assistance from their sons and daughters in-law.

**Chart 4.1: Support and Care to the Elderly**



The change in family system found was that many of the elderly had children living and working away from home. This could imply that the respective children were not immediately available to give assistance to them.

It was also found out that resources such as land had become scarce and less productive due to a population surge, necessitating children to move away from home. It was also found out that majority of the elderly received food assistance from their children. Therefore the change in family system whereby children worked away from home was beneficial to the elderly.

The null hypothesis H2 is thus accepted.

**H3 Limited involvement by policy makers affect elderly peoples' management strategies.**

From the study it was noted that the majority of the elderly peoples' management strategies/programmes have never been the focus of the planner's attention. It was also noted that elderly people were not allowed to participate in policy making therefore their issues are not at all heard or included in the policies.

## CHAPTER FIVE

### SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

#### 5.0 Introduction

This chapter provides a brief summary, conclusions and recommendations of the study as highlighted in chapter four.

#### 5.1 SUMMARY

The following is a brief summary of the findings of the study:

The study aimed at identifying the problems experienced by elderly people in their day to day living, to assess the role of relatives, community and government in managing elderly people, and to assess the response on aging by policy makers.

The following hypotheses were put forward for purposes of this study;

- a) Poor knowledge about their old age management affects elder lies' access to basic needs.
- b) Negative attitude/perception of the family and the community towards the elderly people positively affect their management.
- C Limited involvement by policy makers affects elderly peoples' management strategies.

The age bracket for the study group was 60 years and above. But majority of the respondents were between the ages of 60 to 80 years. Those under study were between 60-91 years of age. It was found that majority of the respondents in

particular and of the elderly in general in the study area were females. Females in the sample accounted for 53% while males accounted for 47% of the respondents.

Majority of the respondents hailed from Ibeno Location (52%) and 48% from Keumbu Location. It was also realised that 67% were married with their spouses while 33% were widowed. The oldest respondents were aged 91 years. These respondents were respected role models in the community.

The study also found that 73% were illiterate while 27% had formal education up to seven years.

On the occupation of the respondents prior to attaining the age of 60 years, 75% indicated they did farming activities, 1.7% teachers, 5% watchmen, 3.3% stone cutters and 15% did business activities.

The major source of income for the respondents was farming activities, and social/ financial support from close relatives, churches, and well-wishers.

It was also found that most of the respondents earned less than KShs. 1000 per month. In this case therefore, majority of the respondents earned less income than low income earners.

Most of the respondents (63%) hailed from Monogamous family background while 25% were from polygamous families and the rest (12%) were widowed.

The study also found out that most of the respondents observed cultural belief systems while the minority were torn between cultural and /or traditional belief systems and the modern culture. The cultural believers were said to be lagging behind in terms of development. They tend to have high demand from their close relatives and they also have very little attention from their relatives. They are against rural- urban migration hence would like to stay with their relatives at their rural home. They believe that the modern culture destroys the youth who end up not respecting their parents and the elderly people within the community.

On the management of the families by the elderly people, the study discovered that Most of the respondents used farming income and income from business activities to support themselves financially while some of the respondents dependent on social and financial support from their employed children and also on handouts from churches, friends and other well wishers in the community.

From the study 85% of the respondents were found to have family responsibilities while 15% did not. Those who were not responsible for their families and their own were the widowed elderly people, careless and drunkard men who were also neglected by their close relatives.

Most of the respondents were found to be taking care of themselves (88%) while 12% had support and care from other quarters especially from the children and grandchildren or from the church and other well- wishers activities. In cases where such incomes were not adequate, the elderly people were found to be faced with a lot of problems; - food, clothing, shelter and health care, among others which they could not adequately afford with their meagre resources.

The study found also found that majority of the respondents had children who had completed school and were either working elsewhere or had farms in other areas outside their rural homes where they did farming hence did not have responsibility of taking care of young children instead they needed care and support from them.

In terms of food, shelter; clothing, medical and financial assistance, it was realised that most of the respondents were provided with food, clothing while some had more medical and financial support from their children, grandchildren and other close-relatives. For shelter, all the respondents had their own houses hence none was housed by any other person or institution.

Majority of the respondents (70%) had large families while 22% had medium size families and 8% had small families. Those with large families were also polygamous in nature. The respondents from large families had more management problems as compared to those with small families. They were neglected, sick and poor generally.

General observation of the elderly environment revealed that majority owned permanent and semi-permanent homesteads while the minority had grass thatched homesteads. Most of the homesteads were either fairly or poorly maintained while some were well maintained.

Most of the respondents looked sickly, weak and confused ( 60%), 40% were strong and healthy, 28% were well dressed, 2% were averaged dressed while

40% were poorly dressed. 43% had good sleeping places while 57% had fair and poor sleeping places.

The study found that majority of the respondents 93% preferred traditional foods while 7% preferred modern food. 75% preferred being taken to hospital when sick while 25% did not.

The problems encountered by carers of the elderly when sick were found to be; - refused to go to hospital, lack of money and cultural belief systems. Most of the elderly were also found to be easily irritated.

Some of the respondents were found to shoulder problems of caring for their grandchildren orphaned by HIV/AIDS. Instead of being taken care of by close relatives, they are carers themselves despite facing financial constraints and lack of support from any other quarter.

The study also found that there were no homes for the elderly in Kisii District as a whole and even if they were to exist, most older people could not prefer being taken to such institutions. On the other hand, there were no homes for the HIV/AIDS orphans and/ or disadvantaged children in the study area.

## **5.2 CONCLUSIONS**

In conclusion, the elderly were found to have several management problems ranging from financial constraints to inability to manage themselves properly, in terms of food, shelter and medical care services.

Family size was also found to have great effect on elderly management. Those with large families were prone to more problems than those with small families. The family type also affected the way the elderly were taken care of. Most of the respondents from polygamous family background were faced with financial, poor health, and shortage of food among other problems coupled with neglect.

The study also revealed that some close relatives of the elderly had a negative attitude towards the older people. They were perceived as bothers and as people who demanded too much from their relatives hence deserved to die. This led to their being neglected and subsequent sufferings. Some of them are discriminated against, sidelined and also receive inadequate attention and health care.

Some members of the community indicated that there was need to have the elderly people around to offer advice to the young, be role models especially those who excelled in other fields when they were energetic. Some of the elderly people did business, farming and had educated children hence the community could give such elderly people as examples hence role models for the community.

In essence, HIV/AIDS Pandemic was found to have effect on the management and care of the older people in that some of the respondents were found to be carers of AIDS orphans instead of being taken care of themselves. This aggravated their problems coupled with absolute poverty in the community and among the elderly people with no stable resource of income.



Decline in traditional family systems had a negative effect on effective management of the older people. Rural – urban migration of the youthful people left the elderly alone in the rural villages. This resulted into the neglect of the older people hence great sufferings. The strong attachment required for better management of the elderly was lost.

### 5.3 RECOMMENDATIONS

1. The government should be committed towards providing the welfare of older persons as enshrined in chapter 5 of the constitution where the rights and freedoms of every individual Kenyan, are guaranteed.
2. Initiation of development projects and programmes by the government and other stakeholders aimed at providing security and better living standards of older people.
3. NGOs, civil society organisations, religious groups should support individual elderly persons and community projects targeted at older
4. persons. Ministry of Health in collaboration with NGOs In the health sector should provide health care services to older people. These include Eye care programmes, Diabetic etc. The older people should be entitled to free medical treatment in Government Hospitals.
5. Establishment of community Based Development Programmes sponsored by the Government, NGOs and Religious organisations to support older people through various social welfare services such as institutional support and capacity building.
6. Acknowledge, encourage and support contribution of older persons within the family and community environment and provide opportunities

- for them to engage in income generating and production enterprises for self-sustenance and self-actualisation.
7. Develop and implement anti-poverty programmes that improve access to basic needs and services targeted to older persons.
  8. Establish and promote family and community based residential facilities for older persons.
  9. Need to address existing socio-cultural factors responsible for negative attitudes held by the community that older persons are fragile and weak and therefore mainly dependent in the society.
  10. There is need to establish homes for the Aged and also revive and strengthen the traditional ways of caring and catering for older persons within their family and community environment. This is cost effective and socially sound and should therefore be implemented by the Welfare Division of the Social Services Department.
  11. Establishment of the homes for HIV/AIDS orphaned children to cater and care for them. This should aim at relieving the older people the carers and caterers of the orphans responsibilities.

#### 5.4 Areas of further Research:

1. Similar study should be conducted with a larger population covering all villages in the whole of Gusii land.
2. Specific studies should be conducted on:-
  - The effect of HIV/AIDs on Management and care of the elderly
  - Effect of cultural/ traditional systems on elderly care and
  - ~~management~~ management of the older persons in the Development of the family and the community.
3. An assessment of the attitude and perception of the community towards the older persons in society.

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## APPENDIX A: ELDERLY QUESTIONNAIRE

Hello, good morning /afternoon!

My name is Joyce G. Matagaro. I am a student at the Department of Sociology, University of Nairobi. I am doing some work on the Abagusii elders and would kindly appreciate if you spare a few minutes to help me with some few questions on the subject. All our discussions will be treated as strictly confidential.

Day of Interview (date)

Place of interview

Time interview started

No. of the questionnaire

1. Age \_\_\_\_\_
2. Marital status \_\_\_\_\_
3. Highest level of education \_\_\_\_\_
4. a) The present occupation \_\_\_\_\_  
b) Occupation in the formal sector if any \_\_\_\_\_  
c) Occupation after retirement from formal sector if any \_\_\_\_\_  
d) Any pension received? YES/NO.  
e) If pension received how much? \_\_\_\_\_  
f) How is this pension was or is being used to manage the elderliness?  
\_\_\_\_\_

5. How is your life generally?

a) Is it good or bad? \_\_\_\_\_

b) Do you get any income? YES/NO

c) How do you manage your income? It is being controlled by: tick one.

(Myself, my wife/husband, my children, grandchildren)

d) About how much do you get and how often? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

e) Do you have any other source of income generating activity? YES/NO.

6. How do you manage your family?

a) \_\_\_\_\_

b) Does your family take care of you? YES/NO.

c) Do you care for yourself? YES/NO.

d) How many people are under your care? \_\_\_\_\_

e) Do you get support from anywhere to assist the family under your care?

f) ~~YES/NO~~ you compare the old and current lifestyle? Tick one.

(i) Old good current bad.

(ii) Old bad current good.

7. A) Did you observe any cultural beliefs in your old days? YES/NO.

b) Do you still observe these beliefs as in the olden days? YES/NO.

c) What effects do you think has non observance of those cultural beliefs befallen the Omogusii? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8. a) Are your children staying with you here at home? YES/NO.



b) i) Do they go to school? YES/NO.

ii) Have they finished school? YES/NO.

iii) Where are they now? \_\_\_\_\_

c) Do they give you any assistance in the form of

i) Food? YES/NO

ii) Shelter? YES/NO

iii) Clothing YES/NO

iv) Health? YES/NO

v) Care? YES/NO

vi) Others? YES/NO

9. a) How large is your family? \_\_\_\_\_

b) How many spouses do you have? \_\_\_\_\_

10. a) Do you go to church? YES/NO

b) Do you belong to any social group in this community? YES/NO

c) Do you play any active leadership role in this

i) Community? YES/NO

ii) Do you still participate now? YES/NO

iii) Did you ever participate in leadership roles prior to attaining the age of 60 years? YES/NO.

## APPENDIX B: OBSERVATION GUIDE

1. To observe and write down what you see and tick appropriately.

a) Shelter:-

- Type of house – thatched, permanent, semi permanent
- Maintenance – Good, fair, poor
- Sleeping place – Good, fair, poor.

b) Clothing:

- well dressed
- Averagely dressed
- Poorly dressed

c) Food availability

- Available
- Not available
- Not enough food

d) Health

- sick, weak and looks confused
- strong and healthy looking

2. To observe the family size

- Large
- Medium
- Small

3. To observe in family roles:

- i) Involved in farming activities? YES/NO
- ii) Involved in social practices? YES/NO
- iii) Involved in community interactions? YES/NO

## APPENDIX C: FAMILY MEMBERS QUESTIONNAIRES

1. Who takes care of this elderly man/woman? Tick one.  
(sons, daughters, wife/husband, neighbours)
2. Who feeds him/her? (Wife/husband, sons, daughter-in-laws, others)
  - b) What type of food does he/she like?
    - i) traditional foods
    - ii) modern foods
3. When this elderly man/woman is sick,
  - a) Are you able to take him/her to hospital for treatment? YES/NO
  - b) What problems do you encounter due to this elderly man/woman?
    - i) Refuse to be taken to hospital, lack of money and they are difficult.
    - ii) He/she wants to be given traditional herbs only.
    - iii) He/she is a cultural believer and hard to change to current systems of health.
4. When he/she makes mistakes is he/she easily corrected? YES/NO.
5. How do you manage your time in taking care of this elderly man/woman?  
\_\_\_\_\_  
\_\_\_\_\_
6. Are they irritated easily? YES/NO
7. In whose house does this elderly man/woman live? \_\_\_\_\_
8. Do you involve this elderly man/woman in your family matters YES/NO.

**APPENDIX D**

**INDIVIDUAL INTERVIEW GUIDE- KEY INFORMANTS**

1. Are there any /many elderly people aged 60 years and above in this community? Tick one.

( ) They are many

( ) Not many

( ) Very few

2. Who cares for the elderly people in this community? Tick one.

( ) Their children

( ) Themselves

( ) Community

3a) Do the elderly people have any problem in this area? Yes / No

( ) Yes      ( ) No

b) Mention the problems they experience in being managed.      2

c) How are the experiences being managed?

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4. What is the impact of these Phenomena (managing elderliness to

a) The family

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b) To themselves

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c) To the society in general?

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2

5 What are common problems reported facing the elderly men and women in this community to:

a) Care givers to the their children suffering from HIV/AIDS

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b) To their grandchildren whose parents have died of HIV/AIDS?

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6 List the intervention (assistance) either by the government and CBO's community based organisations towards assisting the elderly people in this community:-

a) Government \_\_\_\_\_

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b) C.B.O 's \_\_\_\_\_

---

7a) Are the elderly people incorporated in this community activities?

Yes                       No

b) If yes are elderly people effective

Yes                       No

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