UNIVERSITY OF NAIROBI

FACULTY OF ARTS DEPARTMENT OF SOCIOLOGY AND SOCIAL WORK

AN ASSESSMENT OF RESIDUAL AND SOCIAL NETWORKS OF ACTIVE AGED:

A CASE STUDY OF WERUGHA LOCATION IN TAITA TAVETA COUNTY $^{\mathrm{nN}}$

PRESENTED BY: MWALUGIIO EVELYN

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A project paper submitted in Partial Fulfillment of the Requirements for the Award of Degree in Masters of Arts in Sociology (Rural Sociology and Community Development)

NOVEMBER, 2010

DECLARATION

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

Signature: $\underline{g \wedge V \wedge Y \wedge y*}$ Date $\underline{V g M i' 2 - 0*0}$

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

SIGNATURE: DATE

DEPARTMENT OF SOCIOLOGY AND SOCIAL WORK UNIVERSITY OF NAIROBI , PO BOX 30197 NAIROBI KENYA

DEDICATION

1 dedicate this project paper to my dear husband, Kenneth Mwaita, my children Natasha Manga and Karin Saghe for their love, support and encouragement. Also to my parents Christopher Mwalugho and Josphine Mwalugho for introducing the values of education to me and for believing in me.

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ABSTRACT

The purpose of this study was to assess the residual and social networks of active aged in Kenya . The target population included all the active elderly people in two sub locations (Mlondo sub location and Marumange sub location) of Werugha Location.

The study adopted descriptive research study design. Snowballing sampling technique was used in selection of study respondents. Six key informants were used to supplement the study findings. To complement each other, both questionnaire and in-depth interviews were used as key data collection instruments. The raw data from the field was analyzed using Statistical Package for Social Sciences (SPSS) and MS excel. Both descriptive and inferential statistics were used in interpretation of findings. Here the main descriptive tools were; frequencies, percentages and inferential statistics.

The study revealed that most of the elderly people were visited impromptu, this was followed by unplanned visits based on need, and followed by visitation on yearly basis. The study also observed that visits by children were low and this could spell low social support of the elderly person by their immediate family. This affects the physical and psychological health of the elderly since little attention and care is given to them.

Findings showed that most (67%) of the elderly were not members of any community organization. Elderly people were not active members of groups due to perception of society towards them. Elderly people were also characterized by low socioeconomic characteristics. However, most of elderly people had basic properties for their survival. It was also found out that most (62%) of the respondents in the study did not have income generating activities. Respondents with income generating activities were asked to identify some activities. They included; subsistence farming, dairy farming, poultry farming other activities such as rental income, pension income and business income.

The study established that a large proportion of children (53%) in the family were sometimes dependent and independent (not fully self supporting). Study noted that disintegration of families as a result of rural urban migration and economic hardships have pushed children away from the elderly leaving them unattended. Most of the elderly people met the following needs by themselves, food, clothing, and shelter. It was also observed that, slightly over half of the respondents in the study provided medical support and household support by themselves. Study results indicated that more than half of the respondents were somehow satisfied with financial support, moral support and household support. Findings revealed that most of the elderly time was spent either sleeping or carrying out household activities. The results suggest that activities in the morning decreases as the week grew, on the other hand the social activities also increased towards the end of the week.

Study also observed that elderly people were against institutionalization of the elderly. It was also noted that such institutions were far away. It was also observed that elderly people could not recommend institutionalization of elderly people in the community. The study further observed that majority of the elderly people were comfortable with their weekly schedule, this was closely followed by 43% of the respondents who indicated discontent with their weekly schedule.

The study recommends that there is an urgent need for empowerment programs targeting elderly people to ensure that they remain active and fully contributing to the economic development of the country. The government should support organizations working directly with the elderly so that they can better meet the needs of the elderly. Further, the Government should fast track the implementation of the policy on aging to ensure that the welfare of the elderly and their needs are met. With the current trends of rural urban migration the Government and Non Governmental organizations should consider the establishment and creation of awareness on the benefits of care and support of the elderly by the family and thereby demystifying institutionalization of elderly in the community.

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CHAPTER ONE: INTRODUCTION

1.0 Back ground information

Ageing issue was put on the International agenda after the UN World Assembly on Ageing in Vienna in 1982 with the aim of militating against challenges facing older people as well as enhancing their living standards and provide them with appropriate social security. Twenty years after the Vienna International Plan of Action on Ageing, the Second World Assembly was held in Madrid, Spain in April 2002 to advance the global aging agenda beyond the 1982 Plan of Action and to address the global force of ageing population and its impact on development.

The United Nations Programme on Ageing is the United Nations Secretariat entrusted with the responsibility to develop and promote the implementation of international policy on ageing (International Association of Gerontology, 2003) The Madrid International Plan of Action on Ageing, which was adopted by the Second World Assembly on Ageing in 2002, identified UN Programme on Ageing as the United Nations focal point for the implementation of the Madrid Plan, including designing guidelines for policy development and implementation, advocating means to mainstream ageing into development agendas, engaging with development agendas, engaging in dialogue with civil society and the private sector and information exchange.

Aging or growing old for everyone is inevitable, however, how we age and the challenges faced, remain but a mystery. Aging in Africa is seen as an age of wisdom. It is an age where one is regarded as a sage and as the fountain of the community's wisdom. That being so, the elderly have always felt needed and loved by their children, grand children and other community members. However, modernization and globalization have rapidly and cruelly taken away the joy of graceful aging. Children have moved to live and work in cities and towns far away from their aging parents. This makes it difficult for them to look after their parents as it was before.

In Africa, according to World health Organization statistics, the older population is increasing in line with global trends. The number of people over 60 in sub-Saharan

Africa is currently estimated to be over 35 million. In Kenya, the number of older persons aged 60 and above has risen dramatically, from a modest number of 270,000 during the first National Population Census Report in 1949 to 1.4million during the 1999 National Population and Housing Census. This is against the background of the total population rise from 5.4 million in 1949 to 28.7 million in 1999. The population projections for the years 2010 and 2020 indicate a modest rise of the total population to 36.5million and 43.1 million respectively with that of the older persons rising from 1.5million to 2.2 million respectively (HelpAge International,2003). Older people in Africa continue to face many challenges. There have been increasing reports of older people being neglected and abused. Poverty remains a fundamental problem and older people have also been hard hit by the effects of HIV/AIDS and emergencies. As in the rest of the world, the number of ageing and aged people is rising as the traditional welfare system, the extended family, has begun to disintegrate.

In Africa, public debates on ageing were conducted as early as 1980's when challenges facing the older population were acknowledged. Ageing was thus being put on the agenda of the then African Ministers of Social Affairs which was later merged with the OAU Labour Commission to become the OAU labour and Social Affairs Commission. In June 1991, the African Heads of State and Governments adopted the Treaty establishing the African Economic Community with a view to accelerate regional sectoral economic corporation and encouraging economic integration. In the article 72, Member states agreed to ensure the full participation and rational utilisation of their human resources in their development efforts. Among others, they undertook to 'adopt, coordinate and harmonize their policies with a view to ensuring a decent life for the aged'.

Ageing was not considered as a priority until late 1990's when a rapid growth in the number of older persons occurred in developing countries including Sub-Saharan Africa¹. High fertility rates and a remarkable decrease in mortality have been observed in the last

¹ Au presentation on "The AU "Policy Framework and Plan for Action on Ageing, September 2004, Accra-Ghana.

30 years and Africa recorded the highest population growth rate in the world. With the current trend, it is estimated that by 2050 the number of older people in the world will reach 2 billion with Africa having between 205 million and 212 million .

While Ageing of world's population has social, economic and political implications and an impact on development in general, not many countries have prioritised the needs and problems of older people and no appropriate policies and programmes exist or are developed to cater for the elderly (Somavia, 2002). In many instances, older people are marginalized and are among the most vulnerable groups; they lack social security, they can no longer take for granted the care and support of the family; and they are among the poorest of the poor. Older people are also left out of socio-economic development and lack proper social protection and retirement benefits leaving them with inadequate resources to continue their lives. Randhawa (1991) emphasizes that, it is essential to consider older persons as human beings with needs, wishes and aspirations. He continues to say that it is particularly important that we see their needs through their own eyes.

In the 2004 AU Extraordinary summit on Employment and Poverty Alleviation held in Ouagadougou, the Meads of State discussed the "strategies and modalities for employment and poverty alleviation" with special emphasis on vulnerable and Marginalised Groups. In the final Declaration, the Heads of state and Government committed themselves to "improve the living conditions of the aged, through better social protection services including improved pensions, health and other social security schemes".

Other issues that affect older people are lack of care and support from the family members, protection and poor health facilities. The disintegration of the extended family system and developments in the form of knowledge which are important to society have rendered the wisdom and lore of the elderly socially redundant thus their value is no longer acknowledged. They no longer receive care, support and love from their family members. They are instead left to fend for themselves and are considered a burden. In

² The National Policy on Older Persons and Ageing, February 2009

many instances, they are abused, discriminated against and their rights to services are violated. Older people are commonly denied access to proper health or receive limited health care especially because they are too poor to afford basic treatment. With the advent of HIV/AIDS instead of older people receiving support, older people are forced to shoulder additional responsibility of providing care to children and grandchildren with HIV/AIDS and children orphaned by AIDS.

For older people's quality of life to improve policies and strategies targeting them should not be limited to welfare and health but should focus on empowering them play an important role in socio-economic development and interact with all sectors of the society. Older people should have the opportunity to continue to work and contribute to the economy as long as they wish hence the need to provide them with retraining and skills upgrading programmes to enable them keep pace with new technologies and changes.

In conformity with United Nations and African Union definitions, Kenya has adopted the definition of older people as those aged 60 years and above and the retirement age of employment to be 60years. The demographic profile of older people in Kenya has risen drastically since 1989. It is estimated that 1.5 million people in Kenya are aged 60 years and above, thus constituting 4.8 per cent of the total population. ³ The distribution of older people varies across the provinces with Nyanza and Rift Valley provinces with the highest concentration of older people. Distribution of population by gender shows that older women are more than men in all the groups for elderly.⁴ Welfare surveys also indicate that there is an increase of women headed households and this has significant implications for policies and programs with respect to older persons.

1.1 Statement of the problem

According to statistics from the World Health Organization, the world population aged 60 years and above is increasing rapidly. Whereas in 1950 it was 200 million, by 1975 it

³ Gondi H.O consultant report.pn status and implementation of national Policy on ageing in Kenya.
⁴Census report 1999

had increased by 75 per cent to 350 million, and by 1999 it had shot up to nearly 600 million. It was projected that by 2025, the world population would reach 1.2 billion and 2 billion by 2050. At that time, it was expected that the world population of older people would, for the first time in history, be greater than the population of children under 14 years. In Africa, where the older population is currently estimated to be slightly over 38 million, is projected to reach 212 million by 2050. Thus, Africa's older population will increase six-fold in five decades (UN, 1997).

Although the AIDS epidemic is projected to reduce life expectancy in affected countries, the older population of Africa will continue to grow. Over the next 30 years (2000-2030) the population of older people will be more than double in many countries. During the same period, the proportion of older people will also rise dramatically. Despite HIV and AIDS, the majority of people in Africa will thus grow older and will, in all probability, live longer than previous generations. This increase in the number of older people provides a challenge for the continent as a whole, as well as for individual countries (UN, 1997).

Care in old age is still perceived as a special family responsibility particularly where alternatives in the form of public support structures are absent. Family support systems for the overwhelming majority of older people in the developing world, whether in the context of extended families, co-residence of parents with their adult children or otherwise, remain in place (HelpAge International, 2003). In Kenya like most developing countries, family care is the most widely used survival strategy for older people. This means that changes occurring within the family institution as a result of various processes are making it difficult for the institution to meet the demands of the elderly therefore impacting very negatively on the elderly. In such a scenario occurs erosion of primary social relations which forms the very basis of the traditional extended family system found in the traditional African society.

In his study on Rural Aging, Social Isolation, Culture and Globalization: The ethics of Welfare for the Aged in Kenya[^] Ocharo (2009) concludes that the rural aged are experiencing social isolation. An isolation occasioned by the death of Africa's four great

values of Kinship, Sharing, Solidarity and Common good. The Kinship values which had both the biological, social and ontological reality necessary for the individual to negotiate his/her space in the community is fast disappearing. So for them the tangible substances that count for most in their daily lives namely: good will, fellowship, sympathy, and social intercourse among the individuals and families who make up a social unit are absent.

In her research study, on psychological effects of institutionalizing the African elderly people Wandia, (2008),observed that although there is a rising acceptance of institutionalization of African elderly people, there are inadequate institutions available to meet this emerging need .

Although the care and roles of elderly people in the society remains challenged in modern society, this study seeks to assess residual and social networks of active aged people in Kenya more specifically in Werugha location since no similar studies have been carried out in current research area. The current study will answer the following research questions;

1.2 Research questions

- 1. What are social economic characteristics of the aged people in Werugha Location
- 2. What are the residual and institutionalized social networks available for aged people and their implications?
- 3. To what extent do elderly people remain in active roles in Werugha Location?
- 4. What are available social safety systems supporting the elderly persons in Werugha Location ?

1.3 Purpose of the study

The purpose of this study will be to assess the residual and social networks of active aged in Kenya in Werugha Location.

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1.4 Specific objectives

This study will be guided by the following specific objectives:

- i. To determine the socio economic characteristics of the aged people in Werugha Location.
- ii. To examine the residual and institutionalized social networks which exist to support the aged people.
- iii. To assess the extent to which elderly people take up active roles in the community in Werugha.

iv. To determine social safety networks available for elderly people in the society in Werugha Location

1.5 Importance of the study

This study will be of great importance to the following stakeholders:

To policymakers: The current study will be important in providing important information on the elderly people's participation in community. This will further help policy makers in prioritization of issues for the elderly people in development.

To Non Governmental organisations: the study will highlight issues affecting the elderly people in the society. This will be of importance in championing issues of elderly people as well as help these organizations develop action plans for further interventions.

To academicians: this study will be a great contribution to academic fraternity especially on provision of information on the elderly people. The study findings will provide recommendations for further areas of study that will the form basis for further research work by other academicians .

1.6 Scope of the study

The study will focus on the residual and social networks available for the active elderly people in two sub locations within Werugha location. Non active elderly persons either due to physical disability or as « result of ill health will not be sampled for study. Specifically, the study will look at all the networks such as the family, peers and

neighbours, social organizations and groups that the active elderly interact with. The study will also look at the form and nature of the support of the networks of the elderly i.e are they partial (i.e periodic support) or active (i.e how involved are the elderly in key family activities and decision making) and which roles are assigned to them. Finally, the study will seek to understand the impact these networks have on the elderly. The study respondents will include active elderly persons over 61 years.

1.7 Definition of Terms

Old people: The United Nations defines older persons as those aged 60 years and above. However, in Africa, the formal retirement age ranges between 55 and 65 years. Almost 10 per cent of the working age population are employed in the formal sector. The definition of old age by African settings also differs from that in the developed countries. In many African settings the UN definition is inappropriate or irrelevant. In rural situations, where birth registration is poor or even unknown, physical features are commonly used to estimate a person's age. The colour of a person's hair, failing eyesight and diseases such as arthritis are some features used to define an older person. More complex definitions embrace a host of social and cultural issues and may include for example, the person's seniority status within his/her community and the number of grandchildren, which he/she has.

Social networks: Social Networks consist of individuals or organisations that share information, ideas and resources to accomplish individual or group goals. Networking is a process of accruing resources and building power by using or creating linkages between two or more individuals, groups, or organisations. Networks tend to be loose, flexible associations of people and groups brought together by a common interest or concern to share information and ideas.

Active aged : This refers to the elderly people who actively engage in active roles within a social set up. Such elderly people despite the odds of elderly life pursue their roles in a society

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Residual social networks: These are all social network systems that are available to elderly people as they advance in age. They are networks left after the gradual diminishing roles within the society

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CHAPTER TWO: LITERATURE REVIEW

2.0 Meaning of old age

Old age can also be described as adult deterioration. In this sense, to grow old is to develop the characteristics of old age, which are: to pass into post developmental condition, to pass the stage of actualizing latent capacities or potentials (for development); to retreat from a more developed complex or more fully grown state; to degenerate, regress, retrogress, become depleted, become less available, fall into disuse, simplify, withdraw, inviolate, retreat, become closed in, constricted, tied down, enveloped: to wither, languish, lose vitality, become degraded, decay, and so on (Waruta, 1995).

Mkude in Waruta (1995) says that aging should not be regarded as a matter of mechanical advancing in years, but rather as a phase of life in which values are realized. He argues that the old should be urged to accept and fulfill a role in life. The Bible describes old age as the time when natural powers disappear and harbingers of death appear. It further indicates the wisdom of the aged person and urges that his experience be valued. There seems to be a deeper side to aging which is connected with immortality. Long life is seen as a sign of divine approval and is also a sign of election because it bears a likeness to God's life (Waruta, 1995).

2.1 The Mark of Old Age

The onset of old age varies from society to society. In the United States people are generally considered old when they reach the age of 65, whether they are single or married, poets or plumbers, robust or feeble, primarily because the initial requirements of the Social Security System set eligibility at that age (Hall & Perlmutter, 1992). Traditional societies, however, may define old age in generational or functional terms. Some societies connect aging to role changes that accompany generational events in the life cycle. In India, for example, a person crosses the threshold into old age when his or her children marry. Because Indians tend to marry young, an Indian man or woman may reach old age during the forties. Jhe Maasai people on the other hand mark old age by

social roles, promoting an age set into "retirement," so that a man may be as young as 60 or as old as 75 when he "retires".

Other societies define old age in functional terms, so that an old person is one who can no longer carry out the major roles of adulthood. This distinction may lead to the arrival of old age at a later time for one gender than for the other. Among the Inuit Eskimo, for example, a man generally becomes old at about the age of 50, when he no longer has strength to hunt during the winter, but old age tends to come about a decade later for women, whose roles are less strenuous. Among the Black Carib of Belize, however, women become old before men. These Central American villagers consider menopause the marker of old age in women and impotence the marker of old age in men. Thus, a woman may be old at 50, but a man of 65 could still be considered middle-aged.

It has been noted by American anthropologists that whether or not women reach old age "first", women seem to meet the physical and psychological challenges of aging more easily than do men. Several factors are thought to be responsible for this. For example, women's lives centre around home and family, which makes the transition to old age less disruptive and builds the kind of emotional ties with children and grandchildren that can enhance emotional and physical well-being. Lives spent adjusting to the bodily constraints of pregnancy, lactation, and menstruation make adjustments to bodily changes of age less burdensome. Finally, the social position and power of women often increases with age. Women tend to become more autonomous at a time when men are relinquishing their occupational power and responsibilities. Silverstone & Flyman 1976 observe that the image and role of grandparents today has changed as many people get into this stage as early as 40 when they are still young and energetic, pursuing their careers and interests, feeling free of child rearing responsibilities (Randel,German and Ewing,1999).

2.2 Aging in Traditional Societies

In many traditional or "preindustrial" societies, the appearance of respect for the elderly prevails, and they receive public marks of deference. Inspite of this being so, many older adults in the same societies are treated badly. The fate of the old often depends on whether they are intact or decrepit - a division that is roughly equivalent to that between the young-old and the old-old" (Hall & Perlmutter, 1992).

The young-old are often active in political or religious roles. The Mbuti of Northern Zaire, for example places the responsibility of governing the tribe in the hands of adults who are too old to hunt. An association with religious rites and beliefs may be the most important contribution to the prestige of the old in traditional societies. The old may be seen as witches or wizards-and with good reason. Among the Kagwahiv in the Amazonian areas of Brazil, for example, the old are subjects of awe, respected for their knowledge and for their spiritual strength seen as necessary for a long life. Among the Hopi (a red Indian tribe found in Arizona), the young-old may trade one set of responsibilities for another. When old men can no longer follow the flocks or work in the fields, they card wool, spin, knit, and make sandals. Old women care for the children, mind the house, grind corn, make clay pots and bowls, and weave baskets. Each person who is not bedridden has a vital role to play in society (Hall & Perlmutter, 1992).

In a society without writing, the old are the only repository of information, and their role as the tribal memory enhances their prestige. They know the right way of doing things, the words and the movements of rituals, the places where water can be found in times of drought and so on. As the Bakongo of Lower Zaire say, "only the old ones can unravel the knots in a net" (Hall &Perlmutter, 1992). Their knowledge of story, myth, and legend makes older adults entertainers as well as historians, resolvers of conflict as well as teachers, administrators as well as counselors.

Despite their avowed reverence for age, many societies treat the old-old with contempt, if not cruelty. In various cultures tjiey are referred to as the "overage," in the "useless state," the sleeping period," or belonging to the "age grade of the dying". Among traditional societies studied by Glascock & Feinman in 1981, 84 percent accord "nonsupportive" treatment to the old-old, with 19 percent on occasion killing, abandoning, or forsaking them (Hall & Perlmutter, 1992). Societies in which the old-old are encouraged or "helped" to die are generally subsistence societies located in harsh environments, where decrepit members are a serious drain on the economy. An example is the Inuit Eskimos who depend on hunting; the old-old often cooperate in their own abandonment or strangulation. The Inuit belief that people do not really die, but are reborn to experience the life cycle again and again, makes the act ethical, if not customary.

Family resources and offspring are also important factors in the treatment of the old-old. In a survey of 95 societies by Keith in 1985, contempt was expressed primarily toward the old who had no living children. Another important influence on the status of the old is their control of material resources. In agricultural or herding societies, ownership of lands or Hocks allows older adults to retain power after they can no longer labour in the field- even after joining the ranks of the old-old (Wingrove, 1987).

In the African traditional society, an individual continued to be useful until the grave. In every community, grandmothers took care of grandchildren and helped allay the usual anxieties of parenting. Grandfathers were expected to play with children, tell riddles, teach proverbs and interpret them. Grandparents also instilled morality in children. Among the Luo, for example, the grandmother's house - "siwindhe" - was the place where young girls learnt proper sexual morality, and the grandmother taught them without inhibition. It is no wonder that grandparents have been among the greatest confidants (Kinoti & Waruta, 2005)

2.3 Cultural Views of the Life Cycle

Each society has its own standards and goals for various stages of the life cycle. The standard of full adult responsibility also varies from one society to another, as does the way of reckoning age and the timing of old age, (Hall & Perlmutter, 1992) Most of us have heard that in "the good old .^ays" aged men and women were always held in high esteem and were consulted on community matters. In some societies this was true and in

others not so. Just as each culture has its own definition of old age, so the status and treatment of the old differs from one society to the next.

As aging populations increase throughout the world, societies have had to examine ways in which they care for their senior citizens. Globally, nations are grappling with how best to deliver care within the changes and strictures of economic costs and productivity, health care provision and costs, cultural and ethnic differences and traditions, changes in the way societies view their elderly and the increasing political voice that older adults have in planning their futures.

In the U.S., and in many European countries, there has been an attempt to move away from the institutional traditions of the early part of the past century. Historically, the chronically ill had been herded into large, impersonal and sometimes abusive settings away from view. This changed with improved economic conditions and the voice of women following the World Wars. As a result, roles within the family changed and a move toward a more individual approach in health care gained approval for those unable to care for themselves. Countries like Sweden, Norway, Denmark, the UK and Australia have attempted to balance the cost of state care with a broader mix of private and community-based care (Kennard, 2006).

Institutional care for the elderly is rare in developing nations in Asia, Africa and Latin America. Although economic migration to urban areas has broken up the extended family, they are still likely to have a large family, somewhat guaranteeing that care remains a family issue. However, many countries have to address how long-term care needs of the elderly will be met in the future. Religious and other non-profit organizations tend to be the only institutional care available. Most families cannot afford private care and few state funded facilities exist (HelpAge International, 2008).

In Japan, the older population is growing faster than in any other industrialized country. Although the extended family is being broken up with societal changes, the family commitment to older adults remains a strong tradition. However, there are changes and now older adults live alone. Greater wealth and financial independence means that increasingly supportive health care services and institutional care are being used. Government strategies are looking at professionalizing care, heightened health promotion and prevention and enriched lifestyles for old people in their society.

China, with one of the fastest growing economies, remains bound to family and their local formalized community providing care within the limited health and medical facilities. Government policy is to reinforce traditional customs. Hospital care is for short-term acute care only and although the central government has little input, it is trying to encourage local communes and communities to implement a more formalized structure to provide supportive services and nursing care from within their local areas for the elderly people (Papalia, et al, 2006).

2.4 Social Participation as a concept.

Oakley (1998) says participation in its broadest term involves....the act of taking part or having a share with others in some action.' (Parry, 1972) ILO (1984, P.18) sees participation as a means for widening and redistributing opportunities to take part in societal decision making, in contributing to development and benefiting from its fruits.

Participation can be a means and an end. In the former, the results of participation in terms of the predetermined targets are more important than the act of participation, while in the later, emphasis is upon participation as a process in which confidence and solidarity between rural people is built. Here, participation is unquantifiable and essentially an unpredictable element. It is created and molded by the participants, it is active and it responds to local needs and changing circumstances. As alluded to earlier, some of the consequences of aging include role - loss and loss of status. Active participation in community activities therefore goes to reinforce the self-esteem of the aging.

Community participation is a voluntary involvement of people in making and implementing all decisions directly involving their lives (UNCHS, 1991). It also refers to activities undertaken by low-income households, with or without outside intervention, to improve their living conditions. The UN task force on Rural Development (1977) sees participation as an active process in which the participants take the initiative and action

that is structured by their own thinking, and deliberation and over which they can exert effective control. Passive participation, which involves people in actions thought out by outsiders, is unacceptable. Community participation therefore should be seen as a form of support for the empowerment of men and women in the community itself, to determine the type, degree and direction of change.

Indeed as older people now live longer years after retirement as a result of population transition, it is imperative that they continue their participation in social development in order to lighten their increasing burden on society, and their participation would ensure a better life in the remaining years. Pandit argues that older persons are "currently seen as a burden to society, a picture wrongly created by demographers and economists and blindly used by the media". More often than not they are seen as a burden to the family and the state, UN (1996) and rarely as a valuable resource for development. There is an urgent need for this to change and establish the fact that except for a small proportion, most of the people aged over 60 years can take care of themselves while being productive and participate in decision making. "Our seniors are tremendous treasure of trained and experienced manpower and are a cultural heritage of humanity." She adds. Ngethe (1998) says participation simply means to be involved. It is an active process where the people take the initiatives themselves, guided by their own thinking and using the means and processes over which they have effective control. The people decide, act, and reflect on their actions as conscious subjects. This is opposed to passive participation, which only involves people in actions that have been thought out or designed by others. Ngethe (1990) differentiates between conscious and unconscious participation. Unconscious participation is where people are involved without being conscious of it. This way they do not determine their destiny and or the outcome. A participant in conscious participation is not only aware of his involvement, but also what it means in terms of returns. Such participation would be vital in the welfare of the aging.

The active participation of the aging person in social life is expected to ensure a better life for the remaining years and improve their physical and mental health and status as well, and majority have a strong ciesire to make contribution to society (UN 1987). For HelpAge International, participation is a set of methods and a philosophy to promote older person's inclusion in, and ownership of the processes of development. The full participation of older men and women in the social, cultural, political and economic life of their communities is not only a development imperative, it is also a matter of basic human rights (www.helpage.org) Older people can participate through physical labor, or as advisors by providing their experience in production. They also participate in consultations in matters of importance at all levels. The World Aging Situation has suggested that effective social development needs participation by all sections of the community; this includes participation in decisions about societal goals and the allocation of resources and that "the vitality of our societies increasingly depends on ensuring that people of all ages, including older people, remain fully integrated into society (Forner, 1999). For older workers social inclusion means, first, a decent income from work or retirement and, second, the possibility of participating in the life of the community through employment, volunteer work or other activity (ILO, 2000).

The informal sector provides income-earning opportunities for many people. Livingstone (1991) notes in an ILO publication states that although this sector is often regarded as unproductive, stagnant etc, it is seen as providing a wide range of low cost, labor intensive, and competitive goods and services as the number of people involved in urban/non-farm, rural enterprises is very significant. Specifically, this ILO report estimates that in Kenya, informal employment accounted for 25% to 30% of the total urban employment in 1969 and 28% to 33% of African urban employment. Of course these are the mainstay in rural Kenya. This then underscores the need for elderly persons to participate and remain at the center of all development efforts.

As noted by Bwalya (1995), local level participation in development increases the chances of success and of mobilization; this in turn tends to motivate the sense of self-reliance and wider and more efficient use of local resources. Popular participation in development is goal oriented; it is contingent on the attainment of benefits as people take part in projects which are likely to deliver direct and immediate benefits.

The livelihoods of older persons are based on multiple activities and sources of income and security outside the formal economy. The World Bank estimates that over 70% of the world's older population relies on such informal systems of security and this percentage is higher among the older population in the South. They include capability to engage in productive activities such as trading, farming, and engaging in small-scale enterprises. They also include assets such as good health, knowledge, skills and access to family and community support networks. The participation of the elderly in social development therefore is an integral part of our efforts to improve the physical quality and both literate and scientific levels of the population. The contributions of the elderly are beneficial to both themselves and the society. Bier (1990) stresses that family should also realize the need to keep the aged involved so that they can participate in life fully. It must be understood that the more normal the environment and the more normal the relationships, the more adequately the aging person will live. Indeed it would be such a waste of social wealth if opportunities to make use of the knowledge and experience were denied. The Chinese government in 'Economic & Social implications of population aging, UN (1987) recently repeatedly stated that the old people who, possessing a wealth of knowledge, and experience are a source of intelligence which should be exploited and utilized and that old people should continue to play a role in the states' political life. This is what is popularly referred to as use of 'remaining warmth' of the elderly. To a large extent, the Kenya Government has been cognizant of this fact.

The elderly people can remain active by participating in various ways. They can join selfhelp groups, cooperatives or even community-based organizations. When individuals retire and join up with groups for example, it is found that productivity levels of whatever activity they engage in goes up. Such involvement goes to restore the opportunities for social interaction lost as a result of retirement and becomes an important source of social rewards such as social status and contacts especially because for most adults, work is a convenient source of social contact, and social contact can be an important source of support especially as people age. * Groups are a source of satisfaction; members satisfy their social needs - the need to be wanted by others, the need for friendship and the need to communicate with fellow human beings while at the same time serve to mobilize powerful sources as members identify with the group.

Laura Carstensen's (1991) selective theory focuses on how changes in social contacts function in adult life. According to this theory, Social interaction has three functions: it is a source of information; it helps develop and maintain a sense of the self, and is a source of pleasure or emotional wellbeing. The first two - information and identity diminish since they are needed less as time goes on but the emotional function which depends on the quality of social support becomes central. Retired people become more selective about their social interactions so as to maintain a high quality of dependable social support. (Khandwalla 1997) notes that groups also have a psychological reality. This means the elderly people participating in social groups are more likely to change their behavior and attitudes than when attempts were made to do this on individuals as isolated persons. Indeed family ties, friendships and involvement in social activities can offer a psychological buffer against stress, anxiety and depression. Social support can also help protect you against developing an illness and cope better with problems.

2.5 Social Safety networks

Silverstone & Hyman (1976) observe that the future wellbeing of the elderly is greatly dependent on the social supports they will be able to rely on. Freeman, (2006) defines social network as a unit of social structures that includes all of an individual's social contacts. It is generally recognized that with the coming of old age, the relationship between the individual and the society is affected by a variety of circumstances and events that potentially results in profound alteration in social roles and activities, McKinney & Williams (1990). Reversing a trend of increasing involvement in societal roles throughout the middle years, old age frequently involves relinquishing these roles and obligations. In particular, widowhood, retirement, and the loss of active parental roles often coincide with old age. In fact, the old age physical loss is often interwoven with emotional and social loss (Silverstonne & Hyman (1976). Loss of social contacts, years of patterned living, working, communicating and socializing are suddenly broken down

or become harder to maintain due to old age. While these losses can be devastating for some, the situation can be countered by identifying and investing in roles and sources of satisfaction other than those that were relinquished but the overall impact of these depends on the individual's ability to cope with this, their own personalities, their relationship with family, their roots in community, pre retirement plans and their own attitudes towards old age and death. Indeed relationships with family members continue to be important into very old age (Johnson & Troll, 1992). Among these important relationships are ties with the family in which one grew up - to parents, brothers and sisters - and to new families created by one's grown children. In less developed countries, where people customarily lived in multi generational extended family households, the impact of ageing is less devastating for such individuals as their social environment continued to be supportive. However this pattern is now changing (Gorman, 1993).

Some writers have suggested that declining opportunities to obtain satisfactions from social roles results in a condition of rolelesness in old age with its attendant problems of lowered morale and decreased personal wellbeing. Chatters and Taylor in McKinney & Williams (1990) note that there are various forms of social support available ranging from family, relatives, friends, peers and neighbors to church. Among older adults, friendships are typically not linked to work and parenting as in earlier periods of adulthood. Instead they are focused on companionship and support (Hartup & Stevens, 1999).

Hill (1971) notes that religion and religious institutions play a significant role in providing for material and psychological sustenance of older Black adults in America. Other social groups that individuals draw support from during distress also form part of the safety nets. Of all these the most widely investigated informal support networks are those that are organized within the family followed by the church and neighborhood networks.

Informal networks and helpers provide a variety of instrumental, material and socio emotional aid and services to older persons. Most older adults have close friends and those with an active circle of friends are healthier and happier (Rowe & Kahn, 1998). The fact that people choose their friends may be especially important to older people who often feel control over their lives slipping away (Adams, 1986). Important aspects of friendships among the elderly include common interests, social involvements and mutual help (Adams, 1986). Friends can be the bulwark against the impact of stress on physical and mental health (Cutrona,Russell, & Rose 1986). People who can confide in friends, can talk about their worries and pain, deal better with the changes of aging (Genevay, 1986, Lowenthal & Haven, 1968), they also seem to extend their lives (Blazer, 1989; Steinbach, 1992). For older people, morale depends on how often they see their friends than on how often they see their children (Glenn & McLanahan, 1981). Indeed older people spend more active leisure time with friends and the lightheartedness and spontaneity of friendships helps them rise above daily concerns as friends and neighbours often take the place of family members who are far away.

Chatters et.al (1985) using the National Survey of Black Americans data, for example found several intra- Black group differences. For example, informal support increased as income and education increased. The same research indicates that blacks in middle and late life draw from a more varied pool of informal helpers than whites and are more likely to reach for help beyond spouses and children to friends, neighbors and church members. The same research posits that the Black elderly may be giving more than they are receiving from their informal systems since they are more likely than others to be raising grandchildren. In Kenya as in many developing countries, such a form of social safety net is the family, which remains the most important institution for older persons, and their living situation is determinant of their well-being. In Ghana for example where old age was traditionally regarded as a blessing and older adults were venerated, young adults willingly undertook their care. Now modernization, industrialization, migration to urban centres and the coming of western religions are undermining the extended family and respect for the elderly (Brown, 1990)

March (1981) defines the family as that group of individuals that the elderly person is related to by blood or marriage. To him family includes more than spouse, children and siblings who are in most situations looked upon as a resource for the care of the older person. Samuel (1992) observes that in many situations the family continues to provide love, intimacy and solidarity and as such will continue to be a persistent and viable organization regardless of its particular structure. World Bank (2002) citing Wolf (1956) defines extended family as a system of shared rights and obligations encompassing a large number of near and distant relatives. In traditional African society for example, the elderly were cared for within the family setup. It was the role of the family to provide for the elderly while the role of the elderly in the family, especially in socialization of children was well defined (Ocharo 2009). However in most developed countries, the predominance of the nuclear family and other social changes have made the grandparent's role more peripheral.

The Population Council (2000) notes that the aged much like the young require instrumental support as well as material and psychological support to ensure their survival, particularly when they no longer work for pay and begin to experience ailments that limit their dexterity and ability to carry out tasks necessary for daily survival.

The UN (1994) further states that the aged have multiple needs for social and economic support. The social support from the family comes through the conjugal relationships as well as through adult children while economic support comes through pensions. This in many situations is likely to cover a small proportion of the aged as many have not been in formal employment. This is also true of the provident fund which only covers workers in the formal sector and are paid out in lump sum upon retirement and which are usually inadequate and quickly spent.

Care in old age is still perceived as a special family responsibility particularly where alternatives in the form of public support structures are absent. Family support systems for the overwhelming majority of^older people in the developing world, whether in the context of extended families, co-residence of parents with their adult children or

otherwise, remain in place⁵. In Kenya like most developing countries, family care is the most widely used survival strategy for older people. This means that changes occurring within the family institution as a result of various processes are making it difficult ibr the institution to meet the demands of the elderly therefore impacting very negatively on the elderly. The traditional forms of support previously provided by the young to the old for example are not readily available as a direct result of the shifts in the family economy. Previously, the elderly in many communities had control over the productive resources. This together with the traditional system of property distribution through family, ensured that the elderly continued to have important economic roles in the social structure, (Turner, 1988,). However as the young find alternative employment in factories and offices away from the family bringing in a shift from the informal to the formal economy, the elderly lose their authority leading to a reduction in the care and support they enjoyed in the past. For many more, the inevitable physical decline brought on by aging reduces individual ability to contribute to intergenerational households, to remain economically self sufficient, combining to form a vicious cycle, since for many older people physical health are their only significant assets to protect them from destitution.

The entry of women into labour force as a result of education has left a small size of caregivers for the young and old in the households UN (1994). Current economic and social conditions make it difficult for adult children to care for their aged parents. This does not mean that children forget their parents rather that economic support replaces personal services (Subbarao, Kalanidhi et. al. ,1997) Other socio-economic factors such as urbanization Bier (1974), migration, adoption of Western values and widening of socio-economic gaps have disrupted family life and are fast eroding our age-old traditional extended family system (PANA, 11th October 1996).

Several studies have shown that migration and change in societal values are eroding traditional forms of support for the aged. The Kenyan national report to the 1982 World Assembly on Aging notes that while its traditional agrarian economy was conducive to

⁵ The ageing & development report: Poverty, /ndependence & the World's Older People

family cohesion and stability, the shifting locus on production through plantations, mines, and factories, means that family members are more often physically separated and family cohesion is weakened (UNDIESA 1985).

It is important to note that modernisation processes that have led to longevity has also brought about profound changes in the family structure, size and composition all over the world making the care of the elderly more problematic. Specifically, the decrease in family size Lassonde (1997), changing marriage patterns (UN 1994) and erosion of the family solidarity due to economic crisis and changing attitudes have all gone to deprive the elderly the safety nets that the family provided implying that modernity means greater individual independence to the family. Perhaps it is at this point that we must call upon Governments to encourage multi generational families and establish formal and informal family based support systems for the elderly, (Lassonde 1997). Indeed China has been cited as one country where their social policy makes families responsible for looking after the aged. At the same time, governments should strive to enable older people remain independent, healthy, and productive as long as possible or as deserved and make full use of their skills and abilities to the benefit of the society.

2.6 Policy Environment on Aging in Kenya

There are not enough policies on ageing across the continent, which means that measures to support older people as they face these challenges have still to be put in place. Documentation on these issues and the collation of information is slowly increasing, but there is still an urgent need for comprehensive data on ageing and issues affecting older people in Africa.

In order to address the rapid increase in the number of older people in the continent and their social and economic plight, the Twenty-Second Session of the OAU labour and Social Affairs Commission, held in April 1999, recommended that a Policy Framework and Plan of Action on Ageing in Africa be elaborated. The then OAU, in collaboration with HelpAge International, embanked on a number of joint activities to advocate for the rights of older people and promote their needs. This joint venture culminated in the drafting of the 'Policy Framework and Plan of Action on Ageing'. The document was finally adopted by the 38^{,h} Session of the OAU Assembly of Head of State and Government held in Durban, South Africa in July 2002. The launch of Policy Framework and Plan of Action was held in 2003, giving an opportunity to raise awareness on the special situation, needs and welfare of older people. The Plan of Action was also Africa's contribution to the Second World on Ageing held in Madrid, Spain in April 2002. "Poverty and Social Exclusion" was a new programme under the Social Affairs Department where activities pertaining to vulnerable group, older people included, were to be pursued.

The ultimate goal of the AU Policy Framework and Plan of Action on Ageing is to guide AU member states in designing, implementing, monitoring and evaluating appropriate integrated national policies and programmes to meet the individual and collective needs of older people. The Policy Framework focuses on important issues related to ageing and proposes recommendations that would contribute to improving the lives and conditions of older people on the continent including; the Rights of older people; information and coordination; poverty; health; food and nutrition; housing and living environment; family; social welfare; employment and income security; crisis, emergencies and epidemics, ageing and migration; education and training; and gender. Member states are expected to implement the relevant provisions of the Plan of Action at their national level taking into consideration the realities prevailing in their countries.

The policy paper on aged is founded on the recognition that the population of older persons is increasing at a very rapid rate all over in the world growing from about 200 million in 1950 to 606 million in the year 2000 and is projected to reach 1.2 and 2.0 billion in 2025 and 2050 respectively. In Africa, the population of those aged 60 year and above is currently at 42 million and is projected to reach between 205 to 212 million by the year 2050.

In Kenya, the lack of a clear policy on old age could frustrate government efforts in dealing with the aging crisis wher§ currently there are about 2 million aged persons up from 270,000 in 1949 to 1.4 million in the 1999 national population and housing census.

The "National Policy on Older Persons and Ageing" has the overall objective of facilitating the integration and mainstreaming of the needs and concerns of the older persons in the national development process will guide decision- making on issues affecting the old. The vision of the policy is to create an environment in which older persons are recognized, respected and empowered to actively and fully participate in society and development.

This policy seeks to do the following:-

(a) Laws and Rights of Older Persons

The overall objective of this component is to ensure that the rights of older persons are protected by appropriate legislation especially in the constitution, legal and administrative framework. Further, the section recognizes the fundamental rights of older persons to protect them against discrimination, neglect, abuse and violence.

(b) Poverty and Sustainable Development

The stated specific objectives under this priority are: -

- To remove obstacles to older persons' access to and control of productive assets, wealth and economic opportunities for enhancement of sustainable livelihoods.
- To censure older peoples' participation in the development, implementation, monitoring and evaluation of socio-economic policies including poverty on gender sensitivity.
- To ensure that the national budget includes provisions for the needs of older people, and
- To enhance measures that promote equity and fairness in access to employment opportunities and control of productive assets, especially land.

(c) Health and Active Life

The key issues here are to enhance longevity and well being of life amongst older persons by ensuring access to efficient and cost effective health services and to expand and strengthen community based health services and empower communities to take care of their older persons health needs. Efforts will also be intensified and resources mobilized towards promotive and preventlVe initiative in the control and management of HIV/AIDS.

(d) Family Culture

The idea here is to nurture the revitalization of traditional extended family and community systems to ensure recognition of the role and support for older persons in the family and community at large.

(e) Gender

The policy objective here is to focus on providing rights of older men and older women, through understanding and responding to their needs within their family, community and social setting.

(f) Food Security and Nutrition

The aim is to increase food security and ensure improved nutritional status of older persons.

(g) Mousing and Physical Amenities

The main objective is to promote access to older persons to affordable and decent living conditions within and outside their residential areas.

(h) Education, Training and Media

One of the objectives is to promote the principle of lifelong education to enhance the spirit of self-reliance and self-esteem amongst older persons. This will involve developing and promoting education and training programmes that respond to the needs of older persons within the changing socio-economic environment. Further, there will be need to encourage the media to highlight contributions that older persons can make to the society.

(i) Employment and Income Security

The main objective is to increase participation of older persons in labour market and selfemployment thereby reducing the risk of their exclusion and dependency in society. This will ensure that old persons continue to provide their expertise, talents, experience and abilities to the communities.

(ii) Social Security/Welfare

The section recognizes urgent need for establishment of a comprehensive and compulsory national security system to cover all segments of the society including special needs of older persons and women whose employment are often disrupted by maternity and family responsibilities.

Under social welfare, it is recognized that family and community remain the most important and effective source of support for all its members including older persons. However, the traditional family structures are changing and older people no longer rely on family support. The priority issue here is design, develop, review and implement practical, realistic and appropriate social welfare strategies that include concerns of older persons.

(iii) Preparation of Retirement

The aim here is that help should be provided to those leaving formal employment, particularly among the older persons in public as well as private sector to make transition to other employment or self-employment as a continued means of livelihood.

(iv) Conflicts and Disaster

In Kenya, draughts, Hoods, accidents, landslides and industrial hazards are common occurrences. In addition, the HIV/AIDS pandemic has been declared a disaster. However, emergency preparedness and response programmes often fail to consult older people in the design, development and implementation of programmes. The activities under this section will ensure that the needs of older persons are effectively responded to in times of conflict and disasters and that they are involved in addressing the situation (GoK 2008).

The draft policy recognises that the family is still the most important caring institution for older persons. The extended family support system to older persons is still operational in some communities, despite the changing structures, living patterns, social values and economic pressures. The government and policy makers need to make rapid steps to

provide for the welfare of older persons. There is therefore an urgent need to address the issues of older persons as they have implications on our national development.

2.7 Theoretical framework

The following theories were adopted for the study because they guide and appropriately explain this study phenomenon. They include:

2.7.1 Dynamic Theories

In contrast to self theories and stratification theories, dynamic theories focus on the many variations and changes of late adulthood. They view each person's life as an active, everchanging, largely self-propelled process, occurring within specific social context that are constantly changing. The best-known theory is the continuity theory which will form the theoretical framework for this study.

The **continuity theory** assumes that a "primary goal of adult development is adaptive change, not homeostatic equilibrium". Continuity is thus possible even as a person changes in response to the outside environment (Berger, 2005 p.643) According to Robert Atchley (1989), people who age successfully are able to maintain some continuity, or connection with the past, in both internal and external structures of their lives. Internal structures include knowledge, self esteem, and a sense of a personal history, or what Erikson called 'ego integrity'. External structures include roles, relationships, activities, and sources of social support as well as physical environment. The **continuity theory** is a dynamic theory because it involves a person's accommodation to personal circumstances and to changes in their social context. The dynamic viewpoint stresses that the entire social system works toward individual and community continuity, even as elements of individual lives change.

Atchley suggests that it is normal for ageing adults to seek a satisfactory balance between continuity and change in their life structures. He suggests that too much change makes life too unpredictable while too little change makes life too dull. Thus although some change is desirable, and inevitable, there is an internal drive for consistency, a need to avoid a total break with the past."This drive is socially reinforced since others tend to

expect a person to think and act about the same as always. While successful ageing may mean different things to different people, in this view activity is important not for its own sake but to the extent that it represents a continuation of a person's lifestyle. For older adults who may have been active and involved in social roles it may be important to continue a high level of activity while others who have been less active in the past may be happier in the proverbial rocking chair. Research done shows that older people are happiest in pursuing work or leisure activities similar to those they have enjoyed in the past.

To help older adults compensate for losses and minimize discontinuity brought on by decline in physical or cognitive astuteness, many countries are striving to keep older people out of institutions and in the community where they are helped to live as independently as possible with the support of family, friends and social institutions. Berger, (2005), gives an example of a person who maintained her core identity while adjusting to changing circumstances in her life. She was a retired home economics teacher who continued helping other people even after leaving the work force - first by doing volunteer community work in her community, and then when walking became impossible, she allowed high school seniors to interview her at home. Finally she spent the last days of her life as a much-loved role model in a nursing home. In this way even as her life's circumstances changed, she was still able to lead a productive life.

The researcher has singled out the continuity theory because it portrays the elderly people's ability to lead fulfilling lives even as they get away from busy and patterned life schedules.

Activity theory

According to activity theory, the more active people remain, the better they age. Bernice Neugarten and her associates (Neugarten, Harvinghurst, & Tobin, 1968) found that individuals whose social roles reflected high levels of activity had high life satisfaction. According to activity theory, continued activity is crucial to successful ageing. An adult's roles (worker, spouse, parent, and so on) are seen as a major source of satisfaction and therefore the greater the loss of roles through retirement, widowhood, distance from children or infirmity, the less satisfied a person will be. In sum therefore, motor sensory activity helps a person to remain active making aging successful.

Social network theory

At the individual level, persons are more likely to have a connection, friendship or association, if they have common attributes (Lazarsfeld and Merton 1978). While common norms are promoted through common attributes, so are common attributes likely when association or friendship occurs as a result of co-location and commonly situated activities (Feld and Carter 1998). Wasserman (1994) notes that social network theory proposes that social relationships are in terms of nodes and ties. Nodes are the individual actors within the networks, and ties are the relationships between the actors. There can be many kinds of ties between the nodes. In its most simple form, a social network is a map of all of the relevant ties between the nodes being studied. The network can also be used to determine the social capital of individual actors.

The power of social network theory stems from its difference from traditional sociological studies, which assume that it is the attributes of individual actors whether they are friendly or unfriendly, smart or dumb, etc. that matter. Social network theory produces an alternate view, where the attributes of individuals are less important than their relationships and ties with other actors within the network. This approach has turned out to be useful for explaining many real-world phenomena in this case old person. As individual agency within the social network is valued, the theory recognizes the ability for individuals(old people) to influence their success, as so much of it rests within the structure of their network. This theory has no doubt disapproved previous theories explaining the old age and as perceived in the society.

2.7.2 Human Development Theories

This study was informed by human development theories. The most preferred theories are the psychological theories *<*f human development. Specific to this study is Erikson's theory

Erikson's theory stressed life long development. According to him, psychosocial stages are key to understanding development. He thus proposes eight psychosocial stages of development from infancy through old age. In Erikson's (1968) view, the first four stages take place in childhood, the last four in adolescence and adulthood. For him, each stage represents a developmental task or crisis that a person must negotiate. Each stage also marks a potential turning point toward greater personal competence or weakness and vulnerability. The more successfully people resolve the issues of each stage, the more competent they are likely to become. According to Erikson (1968) people enter his sixth stage of intimacy versus isolation in young adulthood. At this time people face the developmental task of either forming intimate relationships with others or becoming socially isolated. He describes intimacy as both finding oneself and losing oneself in another. If the young adult develops healthy friendships and intimate close relationships with a partner, intimacy will likely be achieved.

Generativity vs stagnation is Erikson's seventh stage which occurs in middle adulthood (between age 40-50 years). A main concern in adulthood is to assist and guide the younger generation in developing and leading useful lives, this is what Erikson refers to as generativity (Pratt & others, 2001). The feeling of having done nothing to help the next generation is stagnation. Relevant to this study is Erikson's eighth stage of psychological development, integrity vs despair which occurs in late adulthood. In the later years of life, we look back and evaluate what we have done with our lives. If the older adult has resolved many of the earlier stages negatively, looking back will likely produce doubt or gloom, which is what Erikson refers to as despair. But if the older person has successfully negotiated most or all of the previous stages of development, looking back will reveal a picture of a life well spent and the person will feel a sense of satisfaction- integrity will be attained.

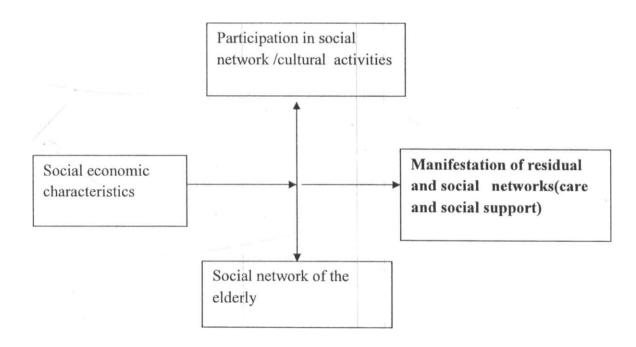
In this case elderly people whose social investments have been successful or are socio economically well up, they are likely to have more successful social relations in their old age. Likewise elderly^ people who had had low social interactions in their early days are more likely to have poor social networks in their olden days. In other

words the social characteristics background of the elderly people will determine the nature of social networks residual available to them in their olden days.

2.8 Conceptual definition

A concept is defined by Nachmias and Nachmias (1996) as an abstraction, a symbol, a representation of an object or one of its properties, or of a behavioral phenomenon. The conceptual model is an illustration of Key variables and their interconnection. A model therefore is an abstraction from reality that orders and simplifies our view of reality by representing its essential characteristics.

Figure 2.1: Conceptual Model Diagram



Operationalisation of viariables

The **dependent variable** in this study is the actual manifestation of residual and social networks of active aged people. There are numerous factors shaping the residual and social networks of elderly persons^in modern society. The proposition in this study is that these networks are shaped by the economic characteristics of the elderly which are

likely to influence the level of their participation and the networks available to them thus resulting to the actual manifestation and participation in the form of care and support.

Independent Variable

Social economic characteristics

Social economic characteristics of elderly is a first degree independent variable as it dictates the social networks and social participation of elderly people. The social economic characteristics build the social construct of the elderly within the society.

The Social economic characteristics of the elderly people determine the type and nature of social networks available to them. Poor elderly people in the society are likely to be looked down upon and sidelined by the upper class members of society as they are seen as a bother to the society. This in return is likely to adversely affect social care support systems of the elderly person in a society.

Social participation of the elderly will also to some extent be determined by social economic characteristics of the elderly people. Elderly people in high social class will engage more in social activities than elderly people from low social class.

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CHAPTER THREE: RESEARCH METHODOLOGY

3.0 Introduction

This chapter covers the research design that the researcher used in the study. It also covers information on the target population, description of the sample, instruments, and data collection procedures. The data analysis and presentation of the same and ethical considerations are also covered in the section.

3.1 Research Site

The research was carried out in two sub locations (Mlondo and Marumange) of Werugha location which is one of the five locations in Wundanyi division. There are four sub locations in the location (Mlondo , Saghasa , Marumage , and Werugha sub location). Purposive sampling was used to select Mlondo and Marumange sub locations out of the four sub locations in the location. Mlondo sub location has a population of 1,585 while Marumange sub location has 933 people. The total population in Werugha Location is 8, 730, out of which 4,311 are male and 4,419 female. All the six villages in the two sub locations were covered by the research. Werugha location lies in the high agricultural potential area of Wundanyi division but the high population density in the area offers little opportunity for expanding crop hectare although there is potential for increasing output per unit area of land.

Research Design

The research design is defined by Chandran (2004) as "an arrangement of conditions for collection and analysis of data in a way that combines their relationship with the purpose of the research to the economy of procedures". Chandran also notes that social research which focuses on research in human contexts is classified into: observational, descriptive, exploratory and experimental research designs.

The descriptive research design was used in this study. The researcher sought to describe the existing conditions and attitudes through observation and interpretation techniques (Chandran, 2004). This research design according to Chandran, 2004, is appropriate to

describe and portray characteristics of an event, situation, and a group of people, community or a population which enables the researcher to acquire complete and possibly accurate information.

3.2 Study Samples and Sampling Procedures

The snowballing sampling was the most appropriate non probability sampling method adopted in this study. Williams, Tutty and Grinnell, (1995) noted that when the likelihood of the population selection is not actually known non-probability is the most suitable method. It includes quota, purposive and convenience sampling methods. The total population and distribution of elderly people within the location is not known. The researcher started with a few available village elders from the two locations who helped in identifying other elderly (over 61 years) villagers for interview. This process continued until no more new cases were recommended. Purposive sampling was also adopted in selection of 6 key study informants.

3.3 Data Collection Procedures

The researcher used well structured in-depth interview questionnaires, observation and •I focus group discussions. The questionnaire was selected as it is less expensive to administer while focus group discussions allowed the researcher to get additional information in greater depth. The researcher also used observation as she interviewed the interviewees.

3.4 Research Instruments

Questionnaire and In-depth interviews were the key research instruments for data collection in this study. Questionnaire A indicated as Appendix A was designed to collect data from the elderly respondents and interview guide B which is indicated as Appendix B collected data from 6 study key respondents who included village elders (2), social workers (1), church clergy (1), and local chiefs (2)

A pre-test of the questionnaire was done with 10 elderly respondents from the neighbouring location. Pre-testing was also done to determine the clarity and ability to produce consistent and reliable data. It was important to pre-test carefully as pre-testing

done carelessly without considering all aspects such as identifying a group with similar characteristics to the target, may turn out to be an internal validity threat to the whole research.

3.5 Data Analysis and Interpretation

Quantitative data was analyzed using the Statistical Package for Social Science (SPSS) because it incorporates all the most popular analytical procedures for use in social sciences, business research, health sciences and physical sciences. SPSS was appropriate as it used data from the survey to generate descriptive statistics namely" frequencies, percentages. Qualitative data was analyzed using themes that originated from responses and then integrate them with findings from quantitative data, trend and pattern analysis were also used. The researcher used the salient themes categorized from personal interviews. Graphical presentation such as tables, graphs, and charts were used to present the statistical data.

3.6 Ethical Considerations

The researcher conducted the study in-keeping with the appropriate ethical considerations. Mugenda & Mugenda (2003) suggest that" since researchers are people genuinely concerned about other peoples' quality of life, they must be people of integrity who will not undertake research for personal gain or research that will have a negative effect on others". Other reasons they add, for being completely ethical, is that there are laws which prohibit unethical behavior and researchers could be faced with extremely humiliating situations if such laws are ignored.

The researcher therefore ensured that she did not misuse her privileges by abusing the trust of the respondents or any other negative use of power. The researcher also protected the respondents by keeping information confidential. In cases where clients were not concerned about confidentiality, their consent was sought before revealing any information.

Anonymity was maintained in cases where the researcher needed to disclose information by protecting the identity and privacy of the respondent.

The researcher avoided asking embarrassing questions, express shock or disgust while collecting data, using threatening statements or compel respondents to say something that they don't believe in or cause them fear or anxiety.

Voluntary and Informed Consent was sought by the researcher before interviewing the respondent. This was done by disclosing to the respondent the real purpose of the study and therefore giving them the opportunity to consent or decline participation.

CHAPTER FOUR: DATA ANALYSIS AND INTERPRETATION

4.0 Introduction

The main purpose of this study was to assess the residual and social networks of active aged in Kenya a case of Werugha Location. Snowballing method of sampling was used to identify 120 respondents in the location. Data from the field was checked for completeness, errors and analyzed using Statistical Package for Social Sciences (SPSS). The findings have been presented using proportion mean scores and frequency distributions. Information is further presented in form of tables. The findings are presented on objectives basis as follows;

4.1 Socioeconomic Characteristics of the Aged People

The first objective was to assess the socio-economic status of aged people. This section dealt with respondents' socio-economic and demographic information. The social economic characteristics of the elderly ultimately determine the nature of social networks. The following subsections present the indicators of the socio economic characteristics of the elderly and how they affect their social networks.

4.1.1 Respondents Gender

According to Health Education Authority report, (1999) Men are more active than women as they get older, and they are better able to maintain their ability to carry out everyday tasks .This section explored on the gender characteristics of the respondents in the study. Results are as presented in the figure 4.1.

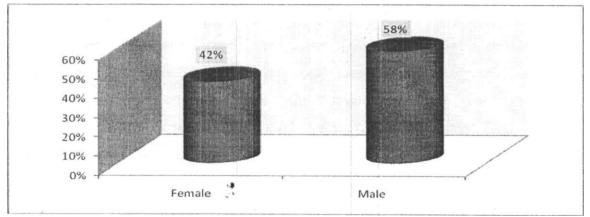


Figure 4.1. Distribution of Respondents by Gender

Results of the study indicated that majority (58%) of respondents in the study were males whereas females only comprised of 42% of the respondents. Although literature indicates that female live longer than the male counterparts, this study captured more men than females. This could be attributed to the fact that males are viewed as community spokesmen and therefore through snowballing method (willingness to participate in the study) male respondents would refer the researcher to their males' counterparts. The other reason is the fact a good number of the men aged in early 60s had spouses younger than 60 and were those not eligible for the study.

4.1.2 Respondent Age

The study respondents were over age of 61 years. This section of the study sought to describe the age distribution of the respondents. Results are as presented in figure 4.2.

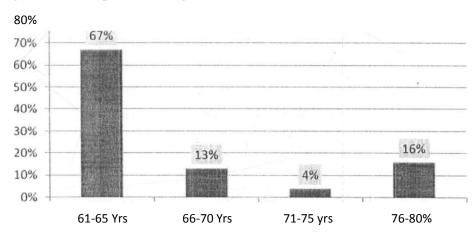


Figure 4.2: Respondents Age distribution

Results revealed that more than fifty percent of the respondents were between 61-70 years of ages. In this case 67% of the respondents were between the age 61-65 years, 16% were 76-80 years and 13 percent were between age 66-70 years. Only a few (4%) of the respondents were between 71-75 years. Although people of 60 years and older is the fastest growing age group, age between 60-70 years is described as active elderly age, the changing social trends made elderly people socially more active and so more visible in corporate world or more in direct social participation (WHO 2007). In

this case it can be concluded that majority of the respondents in the study remained active between ages of 61-66 and that this significantly reduced as people get into their 70s due to deteriorating physical energy, memory, social perception of old age leading to isolation in role allocation by young people.

4.1.3 Respondents Level of Education

Education is an important factor in the economic development for the elderly people. Respondents were asked to indicate their level of education. Results are as indicated in figure 4.3.

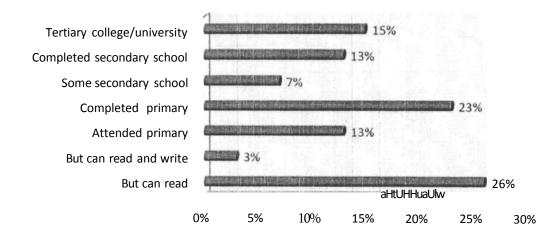


Figure 4.3 Respondents Level of Education

The study results revealed that most (27%) of the respondents indicated that they have never attended school but would read only, 23 percent of the respondents had completed primary school, 15 percent had attained tertiary college/University while 13 percent of the respondents had completed secondary schools. It is evident from the findings that elderly people are characterized by low education levels as shown by high degree of illiteracy implying that they could only be employed in unskilled labour which has a bearing on their economic status in old age and the kind of support networks. Literacy also affects the productivity of the elderly people in the society. It is evident that in most developing countries, lafge numbers of persons are reaching old age with minimal literacy and numerical skills. This limits their capacity to participate and earn a decent livelihood, particularly within the changing technical environment. Thus without adequate educational and technical background, older persons increasingly experience alienation associated with loneliness and marginalization (GoK 2008). It can be concluded that large literacy gap exists between the elderly and young people ultimately adversely affecting the social living. This means that elderly people were more likely to be socially excluded in most of social activities that require for high literacy.

4.1.4 Respondents Marital Status

Family is a basic social unit and the elderly social network originates from their family. Therefore this section of the study sought to establish the marital status of the respondents. Results are as indicated in table 4.1.

	Distribution		Means	
	Frequency	Percent		
Married .	84	70	0.7	
Widowed/widower	34	28.3	0.2833	
Non response	2	1.7	0.0166	
Total	120	100.0		

Table 4.1: Respondents Distribution By Marital Status

Results indicated that majority (70%) o^{*} the respondents were married whereas 28 percent of the respondents were widows/widowers. Respondents were further asked to describe the nature of their marriage. Most (98%) of the marriages were monogamous while a few (2%) were polygamous. Although polygamous marriages are common in many African societies, respondents' in this study preferred monogamous type of marriages. The study further indicates that family disintegration is high among the households as children individually set up their lives, and the elderly left to fend for themselves. In situations where the elderly are widowed, they instead prefer to remarry especially if their children and society fail to take enough care. Papalia et-al (2002) notes that older people who feel close to their brothers or sisters express a sense of peace with life and with themselves, whereas those who are estranged from their siblings often

feel upset, as if they had failed to live up to expectations. Ultimately, the changes in modern families settings marital status of the elderly is significant factor in describing the social network of an elderly person in a community

4.1.5 Employment Status

Respondents were asked whether they were formally employed or not. Findings are as presented in the figure **4.4**.

Figure 4.4: Respondents Previous Employment Status

Nevertaeen employeecl	•••	•· • ^ O
Informal employment		y <
Formal employment		

O.l 0.2 0.3 0.-4 0.5

Results indicated that Majority (49%) of the respondents had never been employed while 33% percent of the respondents were in informal employment. It can be observed that most of the elderly people in the study were engaged either in farming or small businesses. The onset of old age and specifically retirement brings along a reduction in incomes so many respondents seek to adjust to this change by taking up informal employment. Reduction in incomes among the elderly persons leads to dependence of elderly people on either community or their family. Most often the elderly persons are seen as a burden in the society and this drastically diminishes their esteem which in effect affects their social networks.

This observation can further be explained as noted by Government of Kenya.(2008) that Older persons, beyond the 60 years, are discriminated against within the labor-force categorises them as being outside the economically active population. They are therefore denied employment opportunities in the formal sector of the economy. Employers consider them as workers who are unproductive, less ambitious, untrainable, resistant to change and unable to cope with the changing technical environment.

4.1.6: Respondents Retirement

Results also indicated that none of the respondents acknowledging formal employment were still in employment. This shows that respondents in the study had retired. Respondents were asked to indicate period in years since they retired. Results are presented in the figure 4.5.

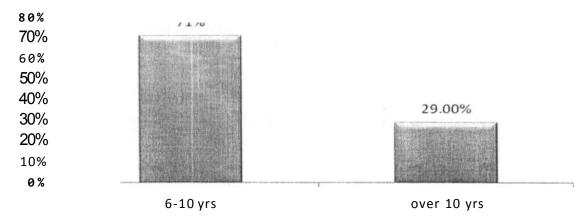


Figure 4.5: Period in Years since Retirement

Results indicated that majority of the respondents had 6-10 years since retirement. In addition, 30 percent of the respondents had over 10 years since retirement as shown in the figure 4.5. It can be interpreted to mean that elderly people in the study have wider experience adapting to change of employment status. The number of years since retirement would mean that formally employed respondents would have either invested or utilized all of their retirement benefits and this would consequently positively or negatively affected their cash flows. Retirement marks the beginning of introduction to residual roles of the elderly people in the community. Elderly people who were formally employed may assume community leadership. Such elderly people may assume community group leadership and therefore may be more socially active that their counterparts with less education.

4.2 Extent to Which Elderly People Take Up Active Roles in the Community

This was the second objective of the study aimed at establishing the extent to which elderly people take up active roles in the community. Extended family has always been a pillar of support for the elderly people especially in rural areas. Traditionally elderly people were assigned specialized roles in the society such as performing spiritual roles, child minding and socialisation of the young ones as well as arbitration in cases at the community level. The breakdown of the extended family has stripped the elder off his traditional status as a source of security.

4.2.1 Frequency of Children's Visit

This section of the study sought to establish the frequency of visitation of elderly by their children. The study results are as indicate in table 4.2.

Children frequent to			F	c •	• • •	
their home	Daily	Weekend	Monthly	Yearly	sits by four Impromptu	Whenever there is a need
Most frequent child	14.2	1.7	17.5	21.7	23.3	20.0
Moderate Frequent child	19.2		5.8	16.7	28.3	21.7
frequent child	19.2		15.0	19.2	22.5	15.0
Not frequent child	15.8	2.5	18.3	11.7	19.2	13.3

Table 4.2: Frequency of Visitations by Children

The study results revealed that most of the respondents were visited impromptu this was followed by unplanned visits based on need, and followed by visitation on yearly basis. However, although respondents were not visited on weekends some respondents acknowledged daily visits by theft- children. Further discussion revealed that this was especially so in the cases where children were not too far away. It can be concluded that

children play little in visiting their parents, this could spell low social support of elderly person by their immediate family. This affects the physical and psychological health of the elderly since little attention and care given to them. Ocharo (2009) also observed that the emerging trend in Kenya in so far as the interaction between the old and the young as young adult Kenyan are seen to be very busy to find quality time to interact with their aged, parents and grandparents except during special occasions such as Christmas, funeral ceremonies and other social functions which makes it a must for the two groups to meet and interact. Niccum (1999) further notes that older people who are socially isolated are likely to suffer emotional, behavioral and physical disorders including anxiety, panic attacks, eating disorders, addictions, substance abuse, violent behavior and overall disease. This trend is of great concerns as value initially attached to elderly people gradually fades and ultimately translating into low support for the elderly in the society.

4.3 Residual and Institutionalized Social Networks for Support of the Aged People.

The third objective of the study sought to establish the residual social networks for support of the elderly people. The greatest concern today in regard to ageing in Kenya is the types of social networks the aged have. There is no denying the fact that older citizens in Kenya today are experiencing a low level of contact with family, friends, neighbors, community and social sources (GoK, 2008). The following sections present sub variables under these objectives.

4.3.1: Membership to Community Organization or Groups

Membership to community organization is a crucial indication of participation in social development by elderly people. It further indicates the mutual acceptance of elderly people's contribution in the socio economic development of the larger society. This part of the study sought to establish involvement/ participation of elderly people in the community and community based groups. Results were as presented in table 4.3.

	Distribution					
	Frequency	Percent				
No	80	66.7				
Yes	38	31.7				
Non response	2	1.7				
Total	120	100.0				

Table 4.3: Active Member to Organization/group

Table 4.2 shows that only a minority (32%) of the respondents were active members of organizations /groups. Majority (67%) of the respondents were not members of any of community organization. Key informants further affirmed that the elderly people were not active members of groups due to perception of society towards them. Further probe into capacity of elderly people, respondents indicated that respondents took up different roles which include; chair ladies/men to organizations, committee members, vice chairmen, and as members to the organizations. Elderly people also undertook different responsibilities in these organizations including; organizing meeting, keeping books of accounts, training, planning and participating in business activities. Results indicated that elderly people's participation in socio economic development was low. This could to some extent be explained by low social economic characteristics of the elderly evident from previous section of the analysis which locks the elderly out from participation in community organizations whose membership and maintenance have financial implications for elderly people. This scenario can theoretically be explained by both activity and engagement theory. Respondent's failure to join any social group can be explained by disengagement theory whose proponents (Cumming and Henry: 1961) argue that disengagement is a universal condition of aging because aging people inevitably withdraw from social roles because of their declining physical functioning finally leading to death. On the other hand activity theory by Neugarten, Havighurst and Tobin (1968) the theory proposes that one's roles as an adult are major sources of satisfaction. In this case then, aging should be seen as a shift from one set of roles to

another. This case elderly people social involvement may gradually reduce as elderly people pave way for younger generation in the societal development.

4.3.2 Ownership of Property

This section of the study sought to describe the social economic status of elderly people. Respondents were asked to indicate property in their possession. Results as indicated in table **4.4**.

Property Ownership	Y	es	No		
	Freq	%	Freq	%	
Land	118	98.3	2	1.7	
Rental houses	20	16.7	90	75.0	
Livestock	56	46.7	64	53.3	
Bicycle	24	20.0	86	71.7	
Radio	67	55.8	41	34.2	

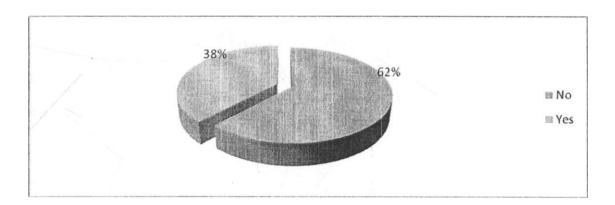
 Table 4.4: Respondents Property Ownership

From the results tabulated in table 4.4 the study found that most of the respondents (98%) had land ,56% of the respondents had radios , 47% livestock . On the other hand 20 percent of the respondents had bicycles and 17 percent had rental houses. It can be had basic properties concluded that most of elderly for their survival. Land is a factor of production meaning that the elderly people will directly engage in farming for their own food needs as well as income earning through subsistence farming, however, the elderly with auxiliary properties for income generation for example rental houses have better social security. This would facilitate more social participation of these elderly in social activities and therefore improve their social safety networking abilities. Bicycle ownership would mean that the elderly can compensate for their reduced energy and mobility for social networking with peers and in society at large. increase their Although the radio provides passive social networking it is an indicator of elderly people's access to information and keeps them updated on their surrounding hence affecting their social networks.

4.3.3 Income Generating Activities for the Respondents

Although Papalia et al (2002) points out that most people aged 65 year and above are healthy and active, mentally alert, have opportunities for use of their time after retirement elderly people are faced with challenges of a declining physical abilities, a deteriorations in intelligence and memory. This translates to diminished incomes for the elderly people and as result this part of the study sought to establish income generating activities available to respondents in the study. Results are as shown in the figure 4.6.

Figure 4.6: Respondents Source of Incomc



Results indicated that most (62%) of the respondents in the study did not have income generating activities while 38% of the respondents acknowledged having income generating activities as shown by figure 4.6. Respondents with income generating activities were asked to identify some of these activities. The Activities identified were agricultural based and they included; subsistence farming, dairy farming, poultry farming other sources of income identified included rental income, pension income and business income. The fact that small businesses were not popular among the elderly can be a function of their low educational levels and limited technical skills. It can also be a pointer to the lack of adequate -preparation for retirement by both government and individuals where opportunities such as training in business skills could be a vital part.

Ocharo (2009) notes that an elderly person finding himself or herself in either side of the development in adult life highly depends on the social networks around one and how the networks are addressing the welfare of the aged in totality. Diminishing or inadequate financial resources as a result of low incomes presents a serious problems. Specifically, Silverstone and Hyman (1978) cites the importance of financial security for the elderly and how financial problems of the aged affect every aspect of their lives , physical, social and emotional.

4.3.4: Family status (age, occupation and economic status)

Number of children			Economic Status					
children			Indep	endent	Dependent		Sometin /indeper	nes Dependent ndent
	Freq	%	Freq	%	Freq	%	Freq	%
2-3 Children	22	17	3	3			10	8
4-5 Children	24	20	13	11			11	9
6-7 Children	62	51	23	19	7	6	32	27
8-9 Children	11	9					11	9
Total	119	98	39	33	7	6	64	53

 Table 4.5: Family Size and Economic Status

Table 4.5 results indicated that most of the families (51%) in the study had between 6-7 children this was followed by 20% of the respondents who acknowledged 4-5 children in the family. The study observed that all the respondents household had at least two children. The family size and economic status results indicated that more than half of the respondents (51%) had between 6-7 children in their family, 20% had 4-5 children whereas 17% had between 2 and 3 children. The study established that a large proportion of children (53%) in tlje family were both dependent and independent (not fully dependent). The most affected families were those with children between 4 and 9. On the other hand although 33% of the respondents of the children were independent, majority of these children were in families with 6-7 children. Key informants further noted that disintegration of families as a result of rural urban migration and economic hardships have pushed children away from the elderly leaving them unattended. There were instances where the elderly parents are faced with the challenge of supporting their dependent children as well as grand children. As a result, the elderly people remain burdened by their children, taking on caring roles with reduced ability to do so, both economically, and physically and further exacerbating their economic challenges. All this means that the elderly fail to prioritize their personal care and social life, and social networking and instead begin to engage in economic activities which include farming for income for survival.

4.4 Social Safety Networks available for Elderly People in the Community in Werugha Location

This was the last objective of the study and it sought to describe the social safety networks available for the elderly people in the community. Traditional family and community structures included in-built support and welfare systems that catered for all members of society. The role of older persons traditionally included leadership, guidance and advice. In return, they were assured of total support for their needs from the family and community. Today this is changing due to the current socio-economic and cultural situation characterized by increased individualism, urbanization and industrial advancement (GoK 2008). From psycho-social point of view, social isolation occurs in cases where there is a low level of contact between an individual and his/her family, friends, neighbors, community and social sources, which can be caused by geographic, physical, economic, personal and social barriers eventually leading to low or no role assigned to the isolated by those who isolate (Ocharo, 2009). He further notes that physical presence of another individual(s) is stimulus enough to elicit from the other meaningful mental or physical interaction or both. The following were the sub variables under the objective.

4.4.1 Meeting of Basic Needs by Respondents

Researcher aimed at establishing the basic needs of elderly people are met. Results were as indicated in the table 4.65 below.

		Ν	Percent
Food	by self	108	90.0
	by other	12	10.0
	Total	120	100.0
Clothing	by self	105	87.5
	by other	15	12.5
	Total	120	100.0
Medical support	by self	70	58
	by other	50	41.7
Shelter	Total	120	100.0
Shelter	by self	108	90.0
	by other	12	10.0
	Total	120	100.0
Moral support	by self	53	44.2
	by other	67	55.8
	Total	120	100.0
Household support	by self	79	65.8
	by other	41	34.2
	Total	120	100.0
Financial support	by self	52	43.3
	by other	68	56.6
	Total	120	100.0

Table 4.6: Elderly People's Basic Needs provision

Results established that an overwhelming majority of the respondents met the following needs by themselves, food (90%), clothing (88%) and shelter (90%). However, slightly over half of the respondents in the study provided the following by themselves; medical support (58%) and household support (66%). Study further observed that the respondents were helped by others in provision of moral and financial support, 56% and 57% respectively. In addition the study informants observed that although the elderly people could meet their basic needs-^{$\frac{4}{9}$} which was supplied in plenty by their farms, the medical, moral, household and financial support were hard for elderly to provide for

themselves and are helped by others for example family and community members. This means that the social safety network of the elderly was under threat considering that previous analysis indicated family disintegration and children dependence on the elderly people. Though the family and community remain the most effective and important institutions in caring for older persons, their effectiveness is under pressure (GOK, 2008). As in this scenario elderly people's social safety network is not guaranteed especially from the observed trend in family disintegration and poor socio economic status of the elderly people. This of significant implications to Kenyan policy on welfare of elderly, future policies must focus on the establishment of welfare program to compensate for the reduced social safety system as a result of disintegrated family structure.

4.4.2 Existence of Standardized Way of Support

Further enquiry into existence of standardized way of support among the elderly established that only a small proportion of the respondents (35%) acknowledged existence of a standardized way of support. Results are as presented in figure 4.7.

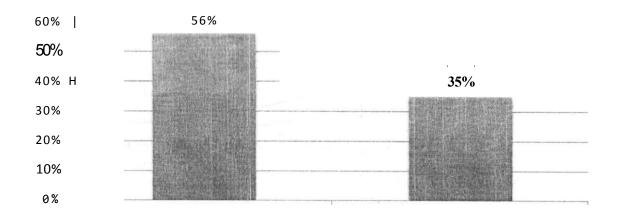


Figure 4.7: Existence of Standardized Way of Support

4.4.3. Nature of standardized Support

Respondents acknowledging existence of a standardized way of support were further asked to give details of the standardized support. Results were as presented in the table

	Ν	Nature of responsibility						
	Stable/contin	uous	Dependent with ability					
	Freq	%	Freq	%				
Food	35	29.2	6	5.0				
Clothing	35	29.2	6	5.0				
Medical support	17	14.2	24	20.0				
Shelter	37	30.8	2	1.7				
Moral support	23	19.2	18	15.0				
Household support	27	22.5	12	10.0				
Financial support	13	10.8	28	23.3				

 Table 4.7: Nature of Standardized Support

Results revealed that the nature of standardized support received by the respondents was stable and continuous they included food (29%),clothing (29%), shelter (31%) and household support (23%) however, the study also found medical support (24%) financial support (28%) moral support (18%) and household support (12%) were dependent on ability of the provider they included. A few of the study respondents acknowledged standardized support by their care givers. This meant that most of the elderly people lacked standardized arrangement of their support, and are therefore highly vulnerable to weak social safety networks available .

4.4.4 Respondents Satisfaction with the Level of Support Received

Respondents were asked to indicate the level of satisfaction with support received either from their family, friends or community at large. Results are as presented in tabled **4.8**.

	Satisfaction with support received						
	Very satisfied		Somehow satisfied		Not at all satisfied		
	Freq	%	Freq	%	Freq	%	
Food	34	28.3	59	49.2	16	13.3	
Clothing	40	33.3	57	47.5	16	13.3	
Medical support	36	30.0	56	46.7	23	19.2	
Shelter	37	31	56	46.7	16	13.3	
Moral support	33	27.5	70	58.3	12	10.0	
Household support	23	19.2	63	52.5	27	22.5	
Financial support	7	5.8	73	60.8	35	29.2	

 Table 4.8: Satisfaction with Support Received

The study results indicated that more than 50% of the respondents were somehow satisfied with financial support (60%), moral support (58%) and household support (53%) others included food(49%), medical support and shelter each 47%. , however , respondents were very satisfied with clothing (40%). It can be observed that most of the respondents were somehow satisfied with support received. The results illustrate dissatisfaction of elderly with the level support given to them which is an indicator of weak social safety network system of elderly person in the wider society. Dissatisfaction with financial support indicates that immediate social institutions of the respondents did not meet the financial needs of the respondents .

4.4.5 Respondent's Weekly schedule

Respondents were asked to describe their typical weekly routines indicating the activities under each section of the day. Study results are as presented in table 4.9.

			Respondents weekly schedule							
			Farming or economic activities		Resting/ house hold		Group's activities		es	
Day	Day session	Freq	%	Freq	%	Freq	%	Freq	%	
Mon	Morning	62	52	54	45					
MOI	Mid day	27	23	80	67	10	8			
	Evening	20	17	93	78	8	7			
T	Morning	74	62	45	38					
Tues	Mid day	62	52	41	34	9	8			
	Evening	69	58	47	39					
Weds	Morning	52	43	51	42	14	12			
weus	Mid day	54	45	45	38	9	8	7	6	
	Evening	42	35	63	53	9	8			
TI	Morning	38	32	58	48	17	14			
Thurs	Mid day	39	33	68	57	8	7			
	Evening	28	23	78	65	6	5			
Fri	Morning	40	33	73	61	2	2			
rll	Mid day	47 ۶	39	61	51	7	6			
	Evening	12	10	83	69	4	3	16	13	

Table 4.9: Respondents Weekly Activities.

	Morning	30	25	86	72				
Sat	Mid day	19	16	94	78	4	2		
	Evening	15	13	68	57			32	27
	Morning	12	10	40	33			60	50
Sun	Mid day	7	6	73	61			34	28
	Evening	6	5	92	77	8	7	5	4

The study results revealed most of the elderly time was spent either sleeping or carrying out household activities. The results suggest that activities in the morning decreases as the week grew, on the other hand the social activities also increased, morning hours were observed to be busy hours for the elderly while midmorning and evening hours were characterized with less activities as observed among respondents as indicated by table 4.8. Respondents' group activities was characteristic in two days (12% morning on Wednesday and 14% morning and Thursdays) However, on overall group activities were minimal among elderly as compared to other activities most of which were farming and other economic activities (for example Shop keeping). The study further observed that most of the respondents attended church (on average 41%) where most of them were only members. While it can be observed that a typical day for the elderly was spent resting, respondents' mornings were characterized by activities such as farming. This would be explained by the fact that elderly received little financial support for basic needs from their families and the community necessitating their active involvement in these activities for their upkeep. It was also further evident that their low socio economic characteristics limited most of the elderly's social activities (group activities) and therefore free time would also be utilized either sleeping or doing household chores. This observation on low social participation were similar to those of Silverstone and Hyman (1978) who noted that the patterns of living, of working, of communicating, of socializing, built up over all the earlier stages of their lives, often breakdown completely and are

harder to maintain as the social world of the elderly becomes smaller and more confined. The study also found that spiritual well being was much prioritized by a vast majority of respondents. This could be explained by the influence of their families or people living with them or perhaps due to lack of anything better to do. It can also be explained by the fact that some churches provided some form of material and moral support to the elderly and therefore this resulted to attracting most of these respondents.

4.4.6 Satisfaction with Weekly Schedule

After a review of the respondent's schedule of activities, respondents were asked whether they were comfortable with their weekly schedule. Results are as presented in the figure 4.8.

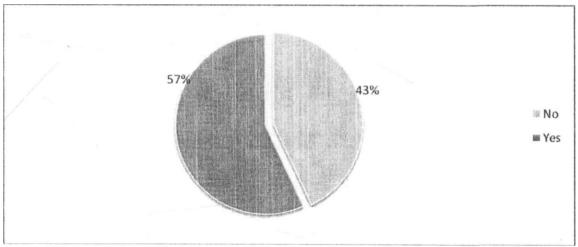


Figure 4.8: Respondents Satisfaction with Schedule

Results presented in figure 4.8 indicated that majority (57%) of the respondents were comfortable with their weekly schedule, this was closely followed by 43% of the respondents who indicated discontent with their weekly schedule. Unsatisfied respondents were asked to identify the reason why they were not satisfied the major reasons were that respondents did not have time to rest as they had to work through out for a living, do not get time to engage in community activity and ill health. It can be concluded that elderly people were/nore willing to participate in their social life but this was somehow impossible as some of them were more engaged in survival activities.

This is to say that the there is a very close link between socio economic status of the elderly and their social life status.

4.4.7 Awareness of Institution for Elderly in the Community

This section of the study sought respondent's opinion on institutions and recommendation into institutionalization of elderly. Majority of the respondents (93%) indicated that they were not aware of any institution for the elderly in their community. These results were further confirmed by the key informants who shared similar observation. Respondents were further asked to indicate their opinion on institutionalization of the elderly. Results were as revealed in figure 4.9

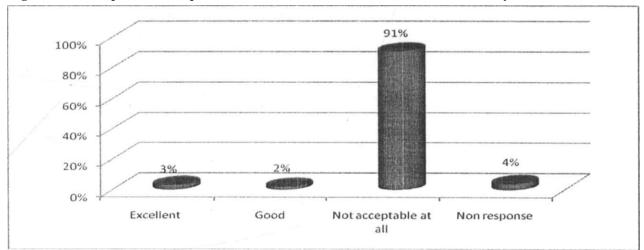


Figure 4.9: Respondents Opinion on the Institutionalization of the Elderly

Results revealed that 91 percent of the respondents indicated that institutionalization of the elderly was not at all acceptable, 3 percent of the respondents indicated that institutionalization was an excellent idea whereas 2 percent noted that it was a good idea. Key informants noted that the only institution for the elderly was 'Nyumba Ya Wazee' in Mombasa hundreds of kilometers away from study area. Respondents were further asked whether they would recommend institutionalization of elderly in the community and majority (83%) of the respondents objected to institutionalization as indicated in the table 4.9. Most common reasons for objection were; that caring for the elderly should be left to the family and community, elderly people are not happy away

from home, and that homes may not meet the needs of elderly. Respondents' objection of the institutionalization of elderly was emphasized by elderly people that they have a role to play within the society and that institutionalization would only inhibit them from performing this role. Although this objection can be interpreted from cultural perspectives the determination by the elderly people to be an active integral component within the society can be observed from the study.

4.5 Challenges Faced by Elderly Person

Respondents were asked were asked to identify challenges they faced in their daily life. Among the challenges listed by the respondents, the following were the most widely shared challenges:- lack of money, ill health, lack of friends in the community, lack of social programs for the elderly, minimal support from the community and high expectation in the community. This was in agreement with key informants who further noted that rural urban migration had greatly affected elderly as children take less care of their elderly parents.

CHAPTER FIVE: SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This chapter presents a summary of the study findings from the analyzed data. The chapter also presents conclusion, recommendations and areas for further research. The study was guided by the following research questions.

- 1. What are social economic characteristics of the aged people in Werugha Location
- 2. What are the residual and institutionalized social networks available for aged people and their implications?
- 3. To what extent do elderly people remain in active roles in Werugha Location?
- 4. What are available social safety systems supporting the elderly persons in Werugha Location?

5.1 Summary of Findings

The following were major findings that emerged from the data analysis. Their themes are guided by research questions.

5.1.1 Social economic Characteristics of the Aged People

Although literature indicates that females live longer than their male counterparts, the study findings revealed that majority (58%) of the respondents in the study were males whereas females only comprised of 42% of the respondents. Respondents in the study were married (70%) while only 28% of the respondents were either widowed or widowers. The nature of marriage was monogamous as confirmed by an overwhelming 90% of the respondents. It was also observed that more than fifty percent of the respondents were between 61-70 years of ages, as 67% of the respondents were between the ages 61-65 years. Finding revealed that the elderly persons in the study had low education levels. This was evident as most of the respondents indicated that they have never attended school but woujd read only , 23 percent of the respondents had completed primary school, 15 percent had attained tertiary college/University. It was

found out that most (49%) of elderly person had never been employed while 33% percent of the respondents were in informal employment as a result most of them engaged in either farming or in small businesses. This could be explained that the onset of old age and specifically retirement brought along a reduction in income as the respondents economically adjust from formal to informal employment. The study further indicated that most of those formally employed had between 6-10 years since retirement.

5.1.2 Extent to which do Elderly People Remain in Active Roles

The study findings revealed that most of the elderly people were visited impromptu this was followed by unplanned visits based on need, and followed by visitation on yearly basis. Although respondents were not visited on weekends some respondents acknowledged daily visits by their children, especially in cases where children were not too far away from the parents. Findings observed that visits by children were low and this could spell low social support of elderly person by their immediate family. This affects the physical and psychological health of the elderly since little attention and care given to them. Ocharo (2009) also observed that the emerging trend in Kenya in so far as the interaction between the old and the young as young adult Kenyan are seen to be very busy to find quality time to interact with their aged parents and grandparents except during special occasions such us Christmas, funeral ceremonies and other social functions which makes it a must for the two groups to meet and interact.

5.1.3 Residual and Institutionalized Social Networks Available for Aged People

Study revealed that most (67%) of the elderly were not members of any community organisations. It was further affirmed by Key informants that the elderly people were not active members of groups due to perception of society towards them. Further probe into capacity of elderly people respondents indicated that respondents took up different roles which include; chair ladies to organizations, committee members, chairmen, vice chairmen, and as members to the organizations. Elderly people also undertook different responsibilities in these organizations including; organizing meeting, treasurer, training, planning and participation in business activities.

It was observed that most of the respondents had low socioeconomic characteristics. (98%) had land, 56% of the respondents had radios, 47% livestock. On the other hand 20 percent of the respondents had bicycle and 17 percent had rental houses. It can be concluded that most of elderly people had basic properties for their survival. It was also found out that most (62%) of the respondents in the study did not have income generating activities while 38% of the respondents acknowledged having income generating activities . Respondents with income generating activities were asked to identify some of these activities. The Activities identified were agricultural based and they included; subsistence farming, dairy farming, poultry farming other activities such as rental income, pension income and business income.

Elderly person's family size and economic status indicated that more than half of the respondents (51 %) had between 6-7 children in their family, 20% 4-5 children whereas 17% had between 2 and 3 children. The study established that a large proportion of children (53%) in the family were sometimes dependent and independent (not fully self supporting). The most affected families were those with children between 4-9. Key informants observed that disintegration of families as results of rural urban migration and economic hardships have pushed children away from the elderly leaving them unattended. There were instances where the elderly parents are faced with the challenge of supporting their dependent children as well as grand children. As a result elderly people remain burdened by their children, taking on caring roles with reduced ability to do so, both economically, and physically and further exacerbating their economic challenges.

5.1.4 Available Social Safety Systems Supporting the Elderly Persons

Study observed that an overwhelming majority of the elderly people met the following needs by themselves, food (90%), cfothing (88%) and shelter (90%). It was also observed that, slightly over half of the respondents in the study provided by themselves; medical

support (58%) and household support (66%). However, elderly people in the study were helped by others in provision of moral and financial support, 56% and 57% respectively.

Results revealed that the nature of support provided to elderly people was stable and continuous. Such support include; food, clothing, shelter and household support however, the study also found out that the following needs were dependent on ability of the provider, such support included; medical support, financial support, moral support and household support. A few of the study respondents acknowledged standardized support by their care givers. This meant that most of the elderly people lacked standardized arrangement of their support, elderly people are therefore highly vulnerable to weak social safety available. Study results indicated that more than half of the respondents were somehow satisfied with financial support, moral support and household support. On the other hand, elderly people in the study were very satisfied with clothing (40%). It can be observed that most of the respondents were somehow satisfied with support received.

Findings revealed that most of the elderly's time was spent either sleeping or carrying out household activities. The results suggest that activities in the morning decreases as the week grew, on the other hand the social activities also increased, morning hours were observed to be busy hours of the elderly while midmorning and evening hours were characterized with less activities as observed among respondents group activities were characteristic in two days (12% morning on Wednesday and 14% morning and Thursdays) However, on overall group activities were minimal among elderly as compared to other activities most of which was farming and other economic activities (for example Shop keeping). The study further observed that most of the respondents attended church (on average 41%) where most of them were only members.

Majority (57%) of the elderly people were comfortable with their weekly schedule, this was closely followed by 43% of the respondents who indicated discontent with their weekly schedule. Unsatisfied respondents noted that they did not have time to rest as they had to work through out for a living, did not get time to engage in community activity and ill health. Study also observed that elderly people were against institutionalization of

the elderly. It was also noted that such institution were far away located. It was also observed that elderly people could not recommend institutionalization of elderly people in the community. Most common reasons for objection were; that caring for the elderly should be left to the family and community, elderly people are not happy away from home, and that homes may not meet the needs of elderly. The study finally found out that elderly people faced a wide range of challenges, These include; lack of money, ill health, lack of friends in the community, lack of social programs for the elderly, minimal support from the community and high expectation in the community.

5.2. Conclusions

Based o the study objectives it can be concluded that elderly people had low socio economic status ,low levels of education, reduced energy as result of aging contributing to low employability. It can also be concluded that social activities among the elderly are limited due to low incomes which are a function of low productivity (from farming and business) and reduced incomes at retirement.

The interactions between the aged and the young have become minimal due to the emerging trends of modern living in Kenya where the young adults are seen to be too busy to find quality time to interact with their aged parents and grandparents except on impromptu cases or during special occasions.

Elderly people's participation in socio economic development is low. This could be to some extent explained by low social economic characteristics of the elderly and this may have contributed to locking the elderly out from participation in community organizations whose membership and maintenance have physical and financial implications for elderly people.

Social safety networks and support of the elderly are under threat considering family disintegration unreliable support from children and children's dependence on the elderly.

The immediate social support institutions of the elderly are no longer efficiently meeting the needs of the elderly leading to dissatisfaction among the elderly. As the social participation of the elderly in community activities reduces, the church remains most available social support system among elderly people with the family remaining the preferred support system.

5.3 Recommendations

The following were the recommendation resulting from the study conclusions;

There is an urgent need for empowerment programs targeting elderly people to ensure that they remain active and fully contributing to the economic development of the country.

It is also important that the government supports organizations working directly with the elderly so that they can better meet the needs of the elderly.

The government should fast track the implementation policy on aging to ensure that the welfare of the elderly and their needs are met. The newly established cash transfer programme which has been operating on a pilot basis needs to be scaled up to cover more elderly people to cushion them against some of the challenges that they raised in this study. With the current trends of rural urban migration the government and nongovernmental organizations should consider establishment and creation of awareness on the benefits of care and support of the elderly by the family and thereby demystifying institutionalization of elderly in the community.

5.4 Recommendation for Further Studies

This study focused on residual and social networks of active aged in one location therefore there is a need for similar studies to be undertaken in other locations so as to give a general view of residual social networks in Kenya. Altogether, future studies should focus on the efficiency of the institutionalized support systems such as the cash transfer programme in dealing with the social challenges of the active elderly in Kenya. Au presentation on "*The AU Policy Framework and Plan for Action on Ageing,* September 2004, Accra-Ghana.

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APPENDIX A: Elderly People Questionnaire

SOCIAL DEMOGRAPHIC INFORMATION

1. Respondent Code No:

2. Gender of the respondents

Male Female [] [] 3. What age bracket best describes you? 60-65-Years [] 66-70 Years [] 71-75 Years [] 76-80 Years [] 4. What is the level of your education? Never attended school a) but can read only [,] b) but can read and write[] f] Attended primary school [] Completed primary [] never completed primary school [Jsecondary school [] Completed secondary [] Tertiary college/university 5. Which of the following best describes your situation? Married [] Divorced [] single [] widowed/widower [] b) If married: polygamy [J monogamy [] 6. Were you formally employed? Yes - [] No []

Informally employed? : specify

b) If yes how long have you been in this job?

 Less than five years []
 6-10 Years []
 Over 10 years []

 c.)If no how long since you retired

 Less than five years []
 6-10 Years []
 Over 10 years []

8. a) Presently are you an active member of any organization / group?Yes [] No []

b) If yes in what capacity

specify

9. What roles and responsibilities do you play,

10.Do you own any of the following?

Land [] rental houses [] livestock [] bicycle [f radio []

Any other? Specify

11 .Do you have any income generating activity? Yes. NO

Which one specify?

12. Tell me about your family, (their age, occupation and economic status?)

Child age	Occupation	Economic status	
		Dependent	Independent

13. How often do the children visit you?

Children	Frequency of visits					
	Daily	Weekend	Monthly	Yearly	Impromptu	Whenever^ I have a need

14. How are the following basic needs met

Nature of needs			
	By self	By other	Specify if by other
Food			
Clothing			
Medical support			
Shelter			
Moral support			
Household support			
Financial support			
Others specify			

15. a) Is there any standardized / agreed way of support?

Yes NO

b) If yes which one best describes this arrangement?

Nature of Standardized /agreed support	Nature of Responsibility		
	Stable/continuous	Dependent with ability	
Food			
Clothing			
Medical support			
Shelter			
Moral support			
Household support			
Financial support			
Others specify			

16. How satisfied are you with the nature of support you get from your children?

Nature of support	Very satisfied	Somehow satisfied	Not at all satisfied
Food			
Clothing			
Medical support			
Shelter			
Moral support			
Household support			
L	i	•	<u> </u>

Financial support		
Others specify		

17. What activities do you engage in during the week (Weekly activity schedule)

Day of the week		Time of day	lay	
	Morning	Mid day	Evening	
Monday				
Tuesday				
Wednesday				
Thursday				
' Friday				
Saturday				
Sunday				

18. Are you comfortable with the weekly routine

Yes [[,No I]

i' r - specify ?

19. What are challenges to social networking of the aged in this community?

20. a)Are you aware of any institutions for the elderly in this community?

Aware [] Not at all aware []

b.)What is your opinion of these institutions

Excellent [] Good f ^rst [] Not at all acceptable []

21. Would you recommend institution.. </br>

Yes [] No []

Explain your answer ?

22. a) Apart from your income and children, name any other organization that supports you

b) What is the nature of support do you receive from these organizations

23. Suggest ways that GoK, and other institutions can support you

Appendix B: Interview schedule. Key informants

- 1. Respondent Code number:
- 2. Gender Male [] Female []
- 3. How long have you been in this area

0-5 yrs [] 6-10 yrs [] 11-15 yrs [J 16-20 yrs [] Over 20 yrs [J

4. How would you describe the social welfare of elderly persons in this community

5. How does this community support the elderly persons

- 6. Do you think that family is playing crucial role in supporting elderly explain your answer?
- 7. How would you describe the social economic status of elderly person in this area

8. Who do you think bears the bulk of the economic burden of elderly people in this community?

 Self
 []
 Family members
 |]
 State
 []

Other specify

9. List the institutions you know taking caring for elderly in this area?

Name of the institutions in the area	Nature of care given

10. Do you think that such institutions are important for survival of elderly of this community? Explain your answer

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