

**CHRONIC POVERTY AND LIVELIHOOD STRATEGIES
AMONG ELDERLY WOMEN OF GANZE
CONSTITUENCY**

By:

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Julius Shoboi Mwachunga

**A Research Project Paper Submitted in Partial Fulfillment of the
Requirements for the Award of Master of Arts Degree in
Development Studies**

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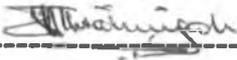


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Declaration

I declare that this paper is my original work and has not been submitted either wholly or in part for the award of any degree to any other university.



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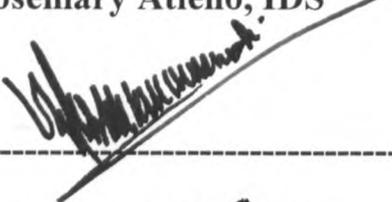
This project paper has been submitted for examination with our approval as university supervisors.



Date

22/11/2011

Prof. Rosemary Atieno, IDS



Date

23/11/2011

Prof. Charles O. Okidi, IDS

Institute for Development Studies

University of Nairobi

P.O. Box 30197,

Nairobi

Dedication

To my father Mwashunga Mtana Bilo and mother Chitsaka Mwashunga Mtana for bringing me to the world and for your passion for knowledge which you graciously passed over on to me.

To my most loving wife Eunice Rehema, my daughters Cute Mupa, Queen Hannah and sons, Prince Munga and Lennox Chigiri for your love, prayers, patience, endurance, and support which kept me going

Lawrence M. Muye and to all the Bewili's,

I thank you all

Glory be to the Lord

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ABSTRACT

This study is about chronic poverty and livelihood strategies among elderly women of Ganze constituency. It identifies the socio-economic characteristics of households containing chronically poor elderly women. It also investigated the livelihood activities undertaken by households containing chronically poor elderly women as well as the individual chronically poor elderly women themselves. The study also investigated the assets portfolio of the households containing chronically poor elderly women and also the economic factors affecting the livelihoods of the chronically poor elderly women. It also sought to understand some of the interventions that can be put in place to enhance the livelihoods of the chronically poor elderly women. The study was guided by two conceptual frameworks: - the Sustainable Livelihoods Framework and the assets-mediating processes-activities framework.

Data collection was done in two stages; the first being data collection through the participatory chronic poverty assessment seminars and the second stage of data collection being through the administration of structured questionnaires to individual chronically poor elderly women from chronically poor households. These households and individual chronically poor elderly women were identified by participants during the participatory chronic poverty assessment seminars based on local perceptions about the various attributes of chronic poverty.

The study findings revealed that the chronically poor elderly women are not a homogeneous group and included the uneducated, the married, widowed, separated among others. The study found out that the chronically poor elderly women undertake all kinds of livelihood activities coming their way so as to raise a livelihood though the most common livelihood activities were gardening in own farms and working in other people's farms as casual laborers. The study findings also revealed that the chronically poor elderly women adapt to a number of livelihood strategies such as skipping meals or going without food for a day, begging, keeping of children out of school or withdrawing them from school. Other livelihood strategies are: eating of edible wild vegetables and tubers, and putting their whole incomes in the purchase of food at the expense of other basic needs. On asset status, the study found out that households containing chronically poor elderly women have low assets status of both productive and household assets.

The study found out that the most preferred intervention for the improvement of the livelihoods of the chronically poor elderly women is through food transfer, provision of shelter and cash transfers in that order.

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CHAPTER ONE

1.0 Introduction

Chronic poverty is a situation where people face deprivation for extended durations or through their entire lives and could be passed from parents to children or from older generation to the young generation (Hulme and Shepherd 2003). Development professionals and scholars have been concerned at the ever increasing proportion of populations moving deeper to chronic poverty. The chronic poor who many studies have concluded that are the majority in many societies often find for means of raising the most basic needs for survival. This project report presents the findings of a study undertaken to understand the livelihood strategies chronically poor elderly women in Ganze Constituency engage for a living.

This Project report is structured in Chapters. Chapter one gives a background of the chronic poor and the livelihood strategies that they pursue. It particularly presents the statement of the problem and highlights the research questions and objectives. Chapter two presents the literature review and conceptual framework. In the literature review, an in-depth review of the key variables-chronic poverty and livelihoods strategies are given. The conceptual framework gives the various components of the framework and how applicable they are to this study. Chapter three presents the methodology. It gives a brief description of the study site; the research design and sampling procedure, data collection methods and how data collected was finally analyzed. Chapter four presents the findings of the characteristics of chronically poor households. Chapter five presents the factors affecting the livelihood activities of chronically poor elderly women. Chapter six presents a summary of the findings, draws conclusions and makes recommendations.

1.1 Background of the Study

At independence in 1963, poverty was identified in Kenya as one of the greatest challenges to national development. Poverty was then perceived as a decline in levels of well-being characterized by slow economic growth or a failure to realize a trickledown effect from the benefits of growth, resulting in unemployment and inequality in income distribution (Kenya, 1965; Kenya, 1974). The poor were therefore seen as comprising the unemployed and those living in an economically exploitative situation. Currently the poor are seen to comprise people earning a monthly income of less than K.Shs. 1,562 in rural areas and K.Shs. 2,913 in the urban areas of the country (Kenya, 2007). The proportion of the poor has continued to grow in numbers in all demographic categories ranging from the young to the old. Kenya's Poverty

Reduction Strategy Paper (PRSP) perceives poverty as inadequacy of incomes and deprivation of basic needs and rights, and lack of access to productive assets as well as social infrastructure and markets (Kenya, 2001). Poverty can be described as pronounced deprivation in wellbeing and is more often than being hungry, lack shelter, clothing, being sick and not cared for or being illiterate and not schooled (Mehta, 2006). It is about vulnerability to adverse events beyond one's control, being treated badly by institutions of state and society, and being voiceless and powerless (CPRC 2004; 2008).

The chronic poor are people (individuals, households, social groups and geographical areas) who are poor for significant periods of their lives, who may pass their poverty onto their children and whom finding exit route from poverty is difficult. The chronically poor are those who experience poverty for extended periods of time or through their entire lives, whose children are also likely to remain poor and who have benefitted least or likely to benefit least from economic growth, national and international development initiatives (Mehta and Shepherd, 2006).

In Kenya, the poor have tended to be clustered into social categories such as the landless, people with disabilities, female headed-households, households headed by people without formal education, pastoralists in drought-prone arid and semi-arid lands or districts, casual labourers, AIDs orphans, street children and beggars, subsistence farmers, urban slum dwellers, and unemployed youth (Kenya, 2001).

The chronic poor are a heterogeneous group whose deprivation can stem from many different factors. The chronic poor include individuals or groups such as those experiencing deprivation because of their stage in the life cycle such as older people, children and widows; those discriminated against because of their social position at the local, regional or national level. Other groups include marginalized castes, ethnic, racial or religious groups, refugees, indigenous people, nomads and pastoralists (Hulme et al., 2001). Further, those with long term or severe health problems and highly challenging disabilities and impairments; people living in remote rural areas, urban ghettos, and regions where prolonged violent conflict and insecurity have occurred are more likely to be chronically poor (Sen, 2006; and May, 2003).

On a study of the determinants of chronic poverty (Bhatta and Sharma, 2006) identify the determinants of chronic poverty in a household to include: human capital (health and education); employment and occupational structure; demographic variables of household size and dependent

population of a household; household wealth and remittances. They further argue that the age and sex of the household head does not have a significant association with chronic poverty particularly when the other household characteristics are accounted for.

In Ganze constituency the proportion of the chronically poor elderly women is not known. However, most elderly women are likely to experience chronic poverty when viewed from the perspective of the causes of chronic poverty. Heslop and Gorman, 2002; and May, (2003) argue that chronic poverty among older people (women included) is associated with an absence of income security, inadequate family or social support and poor health combined with inadequate health care. In Ghana for example, the combination of older women, widowhood and lack of adult children was frequently associated with chronic poverty (Norton et al., 1995).

Chronic poverty can be caused by many factors. Studies done in Uganda about chronic poverty and elderly women highlights the following as causes of chronic poverty among elderly women: declining opportunities for remarriage, loss of their reproductive capacity, abandonment by husbands, loss of inheritance rights on the death of a spouse, illiteracy, and an ever-increasing burden of childcare. They also include those not considered priority for relief efforts, those discriminated against on the basis of gender inequalities, unemployment, being discriminated and neglected as a widow, being landless and having to care for numerous dependent children, especially orphans (Mulindwa, 2006). Though this study was done in rural Uganda, it is likely to be applicable in Ganze constituency since most chronically poor elderly women experience some forms of discrimination and multiple disadvantages as those cited above.

In the last three decades, development researchers have focused on understanding determinants of vulnerability of livelihood sources and intensification of chronic poverty among rural people (Adi, 2008). This has produced much empirical studies of income and activity diversification, documenting why households simultaneously participate in more than one income earning activities (Reardon et al., 1992; Ellis 2000). Ellis, (1998) distinguishes between pull and push factors that necessitate diversification. Pull factors are incentives that afford households the choice to participate in multiple income earning activities because they are attracted by some business opportunities such as to take advantage of forward or backward business integration or to invest their savings from some other rewarding activity. Push factors however, are constraints that leave a household no other choice than to diversify in response to desperate circumstances where income from only one or two activities is insufficient to meet daily needs. For many

chronic poor rural households, diversification may well be conditioned by “push” factors. As land becomes scarce and agricultural productivity declines; and as households face fluctuations in their incomes, having more than one source of income becomes the only imperative to survive (Adi, 2008).

1.2. Statement of the Problem

Chronically poor people have distinct characteristics such as lack of assets and high dependency ratio that may account for their persistent poverty. In many communities, age and gender are factors in the local definition of chronic poverty (Mulindwa, 2006). The chronic poor include individuals or groups experiencing deprivation because of their stage in the life cycle (Hulme et al., 2001). Poor people themselves have classified older people especially widowed women among the poorest (Mulindwa, 2006). He further argues that chronic poverty among elderly women is as a result of declining opportunities for remarriage, loss of reproductive capacity, abandonment by husbands, loss of inheritance on the death of a spouse, illiteracy and an ever increasing burden of childcare.

Ganze constituency is a representative of the semi-arid, resource poor, rural community of Kilifi County. There is low level of precipitation, poor soils, lack of rivers and streams and a very low population density per square kilometer. The area is prone to environmental degradation due to rampant charcoal production and overstocking in excess of the land carrying capacity. Livelihood pursuits outside of agriculture are prevalent among households as a response to unsustainable agriculture (Kenya, 2002). Owing to this fact and the land problem in the area where most people are settling on communally owned land, elderly women in Ganze cannot rely on agriculture as a livelihood strategy. Illiteracy levels are very high where eighty nine per cent have no education a majority of them being elderly women (Kenya, 2005). This situation reduces opportunities for the elderly women to get formal employment. Non-formal employment, which could constitute the other available alternative for chronically poor elderly women to make a living demands that elderly women have the capacity in terms of physical strengths. This capacity is lacking due to their age in the life cycle (Hulme et al., 2001). Reliance on formal and non-formal employment thus becomes unsustainable as a livelihood strategy by elderly women in chronic poverty.

The Geographical Dimension of Well-being in Kenya which gives constituency level profiles of poverty notes that female headed households in rural Kenya are more likely to be poor. The

report shows that in Ganze 57 per cent of female headed households are in extreme poverty. The high prevalence of female headed households the report notes is as a result of divorce, separation and widowhood (Kenya, 2005).

Elderly women in Ganze constituency like in many other rural communities who find themselves divorced; separated or widowed rely on the family as the main source of support. Due to lack of social welfare systems in Kenya, chronically poor elderly women in Ganze constituency rely on their adult children for care and support. In the absence of adult children, those who are widowed become more vulnerable to chronic poverty. Widows and childless women are especially vulnerable in societies where they lack rights of ownership and property is inherited through the male line (Gist and Velkoff, 1997).

Women in Ganze constituency whether widowed or childless have no rights to own and inherit property. In the event of the death of a spouse women are disinherited of all property. Susceptibility of the poor to many diseases including HIV/AIDS and the poor people's inability to timely seek cure have left many chronically poor elderly women in Ganze constituency as care givers to numerous dependent children (Kenya, 2002). Elderly women in chronic poverty are likely to have to provide for themselves as well as provide for the many dependent children under their care, despite the fact that many of the livelihood activities they engage in are unsustainable.

Adi, (2008) broadly defines a livelihood strategy as an activity or a set of activities in which a household engages to make a living which could be in agriculture, non agriculture or cuts across both sectors. While appreciating the argument by Adi, 2008; and Ellis, 1998; 2000) that diversification is not only driven by constraints or "the unrelenting struggle for survival of the poor", and that it can also be determined by incentives, it is important to note that involuntary diversification is mostly associated with the chronically poor due to their poor access to resources and weak stocks of endowments. Since elderly women in chronic poverty in Ganze constituency are likely to have lived and survived in an environment of unsustainable livelihoods' for a long period of time it is therefore imperative to understand the strategy or a combination of strategies they engage in to make and sustain a living. The question this study begs to answer is: Which are the households' livelihood strategies that chronic poor elderly women in Ganze constituency engage in for a living?

1.3. Research Questions

Broad Research Question

The broad research question the study intends to answer is:

Which are the households' livelihood strategies that chronic poor elderly women in Ganze constituency engage in for a living?

Specific Questions

In order to arrive at an answer to the broad question, the following specific questions seek to be answered:

1. What are the characteristics of chronically poor households containing elderly women in Ganze constituency?
2. What activity or a set of activities do the chronically poor elderly women in Ganze Constituency engage in for a living?
3. What are the economic factors affecting the livelihood activities of the chronically poor elderly women in Ganze Constituency?
4. What interventions can be put in place to improve the livelihoods of the chronically poor elderly women in Ganze constituency?

1.4. Objectives of the Study

Broad Research Objective

To find out households' livelihood strategies that chronically poor elderly women in Ganze Constituency engage in for a living.

Specific Objectives

1. To identify the characteristics of the chronically poor households containing elderly women in Ganze Constituency.
2. To identify the activity or a set of activities chronically poor elderly women in Ganze Constituency engage in for a living.
3. To investigate the economic factors affecting the livelihood activities of the chronically poor elderly women in Ganze Constituency.

4. To investigate the interventions that can be put in place to improve the livelihoods of the chronically poor elderly women in Ganze constituency.

1.5. Justification of the Study

The concept of a livelihood strategy has become central to development practice in recent years. Many rural people in general and women in particular are adopting livelihood strategies to enable them to cope with livelihood problems (Brown et al, 2006).

Ganze is a rural constituency with a total adult population (50 years and above) of 14,637. The constituency has a female adult population (50 years and above) of 8,375 (KNBS, 2010). The poverty incidence of the constituency is estimated at 84 per cent, majority of which are women. Chronically poor elderly women in Ganze constituency have had unsustainable livelihoods occasioned by inequalities in assets ownership especially land, diminishing family support systems and declining physical capacity to undertake work (Kenya, 2002). Though the chronically poor elderly women have lived under such challenges, they have always lived to see the next day, year in year out.

Studies done on livelihood strategies (Brown, 2006; Aphane, 2010; Zekeri, 2007; Worku, S. 2007) indicate that most livelihood models focus on the household as the appropriate social group for the investigation of livelihoods. The over emphasis on the household as the appropriate social group for the investigation of livelihoods overlooks the fact that household livelihoods are founded on the aggregation and dynamics of its individual members. It therefore follows that to develop understanding of the pervasive features of rural households in chronic poverty, some account of the intra-household dynamics (e.g. by gender, age or status) is necessary. This study attempts to investigate the livelihood strategies that individual chronically poor elderly women in Ganze constituency have been pursuing so as to live.

The study is justified on the basis that almost no studies of this kind have been made in Ganze constituency. Hence this study attempts to fill such gaps in research by focusing on the livelihood strategies of the chronically poor elderly women with emphasis on the assets they own, and the activities they pursue within the household. The elderly population has not been a target of many development interventions as opposed to other demographic groups such as the youth and children (HelpAge International, 2003). This study will provide an understanding of

the development challenges this demographic group faces and guide its inclusion in the development process so as to help achieve the national and international goals and target for poverty reduction and human development. Finally, findings of this study will contribute to the furtherance of knowledge base to inform policy makers, scholars and development practitioners about poverty reduction interventions for specific demographic groups.

CHAPTER TWO

LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK

2.1 Understanding Chronic Poverty

The chronic poor are people (individuals, households, social groups and geographical areas) who are poor for a significant period of their lives, who may pass their poverty onto their children and for whom finding exit route from poverty is difficult (Mehta and Shepherd, 2006). They further argue that the chronically poor are those who experience poverty for extended period of time or throughout their entire lives; whose children are also likely to remain poor and who have benefitted least from national and development initiatives. Du Toit (2005) posits that research on chronic poverty should focus beyond the money-metric indicators to include a wide range of livelihood components such as human capital, household assets access to services, debts vulnerability; geographical integration, formal and informal networks and health issues.

Du Toit (2005) underscores the relationship behind structural dimensions and chronic poverty and how the former renders people vulnerable to chronic poverty for a long period of time. He argues that poor people are positioned in society and their access to resources and social power relations within which they exist is important in the understanding of chronic poverty. He observes that the chronically poor are characterized by significant asset poverty; households have low access to productive resources, including the resources that would allow for effective household food production. Lack of access to resources he argues is as a result of high level monetization and integration of the poor into broader economy, which makes poor peoples' livelihoods strategies depend on cash economy. The asset poverty and cash dependence become particularly serious when accompanied by low levels of education and the failure of the formal economy to produce sustained unskilled labour and employment opportunities.

Chronic poverty is shaped and likely to be maintained by the interactions between assets nature and social capital and their subjugation to exploitative power relations which render sustained escape from poverty unlikely (Du Toit, 2005).

Chronic poverty can be distinguished from transient poverty. The chronic poor are characterized by lack of assets and high dependency ratio that may account for their persistent poverty. Chronic poverty is a more severe situation than transient poverty. Individuals classified as

chronically poor are likely to reflect long term or permanent deprivation compared to transient poverty, which is more temporary (McKay and Lawson, 2002; Hulme et al., 2001:11).

The characteristics that disadvantage the chronic poor are: human capital, demographic factors, geographic, physical assets, and occupational category. The chronically poor households are headed by people with limited or no schooling, predominantly self employed persons who spend 80 per cent of their incomes on food. The transient poor by contrast are those that have difficulty insuring themselves against the consequences of shocks such as adverse changes. Transient poverty is associated with inability of households to maintain their consumption levels in the face of fluctuations or shocks affecting their incomes or individual circumstances (McKay and Lawson, 2002).

The chronic poor are a heterogeneous group(s) whose deprivation can stem from many different factors including; residing in remote rural areas or zones of conflict and insecurity, experience social discrimination, have been displaced and lack social networks (Hulme et al., 2001:27). Barret, et al., (2005) highlighted the heterogeneity of the poor, distinguishing between different categories of poverty, the variety of structural constraints faced by distinct groups of the poor. They observe that the stock of productive, financial, physical, natural, social and human assets that households and individual control largely determine their structural position in a society. These determine their ability to avoid chronic poverty or to escape from it if they find themselves falling backwards in the face of adverse shocks. This observation is important for this study because understanding the dynamics of assets is fundamental to understanding chronic poverty.

Chronic poverty is linked to geographical areas within a country (Mehta and Shepherd, 2006); Barret et al., 2005). The proportions of the chronic poor in some geographical areas are higher compared to other regions. They argue that chronic poverty is multidimensional and should be scrutinized within the geographical context. They further argue that the chronic poor who suffer long durations and intergenerational transmission of poverty are likely to be significantly higher in those regions which have consistently suffered greater incidence of severe poverty and multidimensional deprivations over many years.

The nature of chronic poverty can be understood in 'positioning terms'. Positions of whichever nature embody focal issues in the socio-economic, political and cultural 'discourse' of society. The fluidity of social experience and interactions as well as we relate in society and our

environment, and their relative determinacy, puts limitations on individual choices and social performance. Available opportunities, limited choices, power, and natural assets endowment position the chronic poor in a precarious state of multidimensional deprivation (Nge'the et al., 2009).

Older people are more vulnerable to chronic poverty. Poor people's response to shocks and their ability to cope with vulnerability and to avoid impoverishment is much dependent on assets, and the possession of or access to liquid assets such as livestock. Chronic poverty is a function of one major or several smaller sequential shocks that are not mitigated by their own efforts or by public action ((McKay and Lawson, 2002). Findings of these studies will help in the identification of shocks and vulnerabilities among the chronically poor women that when not mitigated by own or state efforts are likely to thrust them deeper into chronic poverty.

Place et al., (2003) uses intakes of energy requirements, intake of protein requirements, non-food expenditure per capita and value of assets to identify chronic poverty households in western Kenya. The chronic poor can also be identified using household rankings based on whether, education of household heads, household education, land ownership, livestock ownership, household assets ownership of tools migration, household dependency ratio, receipt of transfer and livelihood diversity index (Bird and Shinyekwa, 2005).

From a conceptual view point, chronic poverty has been approached from three directions: the asset-based approach, the social exclusion and adverse incorporation approach, and the human capabilities approach (Nge'the et al., 2009).

According to the asset-based approach, poverty is associated with low asset bases and low asset productivity. The poor are defined as people who have low asset bases with low asset productivity. Households caught up in the 'poverty trap' are vulnerable, and their responses to shocks can lead to lower quantities and qualities of assets (Siegel and Alwang, 1999). A lack of assets is a predictor of chronic poverty because it causes vulnerability to shocks. An ownership of or an access to material and human assets is a critical determinant of the scope for upward mobility and protection against downwards trajectories and destitution until assets are eroded (Shepherd, 2007).

The asset-based approach uses a broad definition of assets- to include both tangible assets such as land, labour, capital, savings, that is, natural, human, physical, and financial assets and

intangible assets such as social capital, proximity to markets and health and education facilities, and empowerment, i.e. social, location and infrastructure, and political and institutional assets – and a corresponding broad definition of the determinants of welfare, and provides an inter-temporal framework to compare how wealth evolves over time. The key issue is how with a given level of wealth households allocate their assets in response to risk (Siegel and Alwang, 1999). Thus, household assets are the stock of wealth used to generate well-being.

The social exclusion and adverse incorporation approach refers to the process of marginalization and deprivation, which can arise where processes of economic and social transformation render ‘traditional’ systems of welfare and social protection inadequate or obsolete. Social exclusion has therefore been defined as ‘the process through which individuals or groups are wholly or partially excluded from the society in which they live (Bird et al., 2002). Some excluded groups experience chronic poverty because the nature of exclusion is fundamental to their livelihood. Other excluded groups experience multiple exclusions as a result of their status. Stigmatized at the bottom of social hierarchy because of ethnicity, age gender, class, disability, or a combination of such factors, the excluded groups experience multiple reinforcing mechanisms of exclusion (de Haan, 1999). The exclusion from an access to resources, opportunities, information, and connections helps to explain the existence of chronic poverty.

The human capability approach defines poverty as the absence of basic capabilities to function at a minimally acceptable level within a society. Compared to other approaches, this approach provides a more direct analysis of poverty and vulnerability, as it focuses on wellbeing directly, as opposed to income, consumption or assets, which are instruments or proxies of wellbeing. According to this approach, income and commodities are seen as important only in as much as they contribute to people’s capabilities to achieve the lives the people want (their ‘functioning achievements’). Capabilities include not only basic individual ones such as nourishment and health but also more complex social ones, such as taking part in community and achieving self-respect. A capabilities approach therefore blurs the distinction between “means” and “ends” (Nge’the et al., 2009)

2.2 Chronic Poverty in Kenya

In the Kenyan context, chronic poverty has to be viewed from the perspective of vulnerability which most of the operational definitions of chronic poverty excludes. The duration approach for example excludes vulnerability as a relevant factor in the identification of chronically poor

(Hulme and Green, 2005). Similarly, the way poverty has been perceived in Kenya has changed with time from income-based definition to a widespread acceptance of the multidimensional nature of poverty; policy has reflected that change. Nevertheless, there has been slower development in recognizing and responding to the phenomenon of chronic poverty (Nge'the et al., 2009).

Chronic poverty as a distinct manifestation of poverty has not received much attention in Kenya. Existing poverty data can neither serve as a rigorous basis for distinguishing the chronically poor from the transient poor nor allow us to identify groups, households, or individuals who are definitely chronically poor (Nge'the et al., 2009). He further posits that available data on poverty and poverty analyses, however, suggests categories of people who are likely to be mired in chronic poverty. These categories he says include people with disabilities, street families, orphans, subsistence farmers, and households with member living with AIDS.

2.3 Livelihood Strategies

Ellis (1998) defines a livelihood as to encompasses not only the income generating activities pursued by a household and its individuals, but the social institutions, intrahousehold relations, and mechanisms of access to resources through the life cycle. A livelihoods strategy is the combination of assets, activities and other kinds of choices including social and cultural choices that make up the primary occupation of a household (Brown et al., 2006). Livelihood activities are divided into two main groups namely; natural resource and non- natural resource based activities. Natural resource based activities include collection or gathering, food cultivation, non-food cultivation, livestock keeping and pastoralism, and non-farm activities such as brick making, weaving, thatching and so on. Non-natural resources based activities include rural trade such as marketing of farm outputs, inputs and consumer goods, remittances and other transfers such as pension deriving from past formal sector employment (Ellis, 2000:40-41).

The way a household copes with and withstands economic shocks depends on the options available, in terms of capabilities, assets (including both material and social resources) and activities (Alinovi et al., 2010). A livelihood strategy is the way these options are arranged and selected. Comprehending the driving factors of each livelihood strategy is crucial to improve the response mechanism related to poverty. A study done on "livelihoods Strategies and Household Resilience to food insecurity: An Empirical analysis to Kenya" noted that households belonging to different socio-economic groups have different strategies to earn their own living (Alinovi et

al., 2010). The study measured empirically the outcome of different household strategies in terms of household resilience to food insecurity in Kenya so as to understand the structure of the Kenyan households' economy.

In doing this, the study classified households according to their own livelihood strategies as resulting from a cluster analysis. The cluster analysis broke down the Kenyan population into six different livelihood strategy groups, namely: pastoralists, agro-pastoralists, small-holder farmers, large-holder farmers, entrepreneurs and wage-employees. The descriptive characteristics of the livelihood strategy groups are as follows:

Agro-pastoralists (1,398 households): households belonging to this group largely depend on both crop and livestock.

Small-holder farmers (3,790 households): households gaining their own livelihood mainly from farming, owning land less than 2 ha each and these are mainly rural households.

Large-holder farmers (273 households): households gaining their livelihood mainly from farming, owning not less than 2 ha each of farming land and are mainly rural households

Entrepreneurs (2,699 households): households that gain almost 60% of their total income from self-employment activities, mainly commerce

Wage employees (4,255 households): mostly urban households employed in the service sector.

Pastoralists (797 households): mostly rural households whose livelihood is mainly from livestock.

The study shows that communities living in risky environments such as dry lands possess a rich repertoire of responses against climatic hazards. These range from reducing food intake, to gathering forest products (fruit, firewood, medicine and honey), to burning charcoal and selling assets. Other strategies the study show are small trade, handicrafts and migration. Strong social networks of solidarity have also enabled dry land communities to absorb significant amounts of shocks. The study also reports that the government of Kenya through the Arid Land Resource Management (ALRM) and the Ministry of Northern Kenya has been providing adequate food and financial resources to beat famine. The study adds that strategies adopted by pastoralists are more complex and usually do not depend on government intervention. The 'livestock Loan

System' is one such strategy. Other coping strategies used during drought is to reduce pressure on the animals; household members are split up and some move to live temporarily with richer relatives or they engage in opportunistic farming activities.

Another study on the Livelihood Strategies in the rural Kenyan highlands was undertaken in Embu and Vihiga regions of Kenya. The study alludes to the fact that there are several methods that exist in literature used to characterize household livelihood strategies including: grouping households by shares of income earned in different sectors of the rural economy and direct examination of the individual household's assets endowment (Brown et al., 2006). The study notes that the amount of income earned and even the type of activity undertaken by a household is a function of the assets it controls. The study utilized the asset-based approach to identify livelihood strategies and outlines five distinct livelihood strategy groups as follows:

Part-time subsistence small holder/unskilled worker, consisting of a small number farm households. They have one local dairy cow and one small ruminant (sheep/goat). They allocate all their land to annual food crops. Because they are not self sufficient in food production, they supplement their income with low-wage unskilled off-farm work

Mixed small-holders – most of their land holdings are in annual food crops. They farm abit much more than the first group, but with nearly all of it in food crops and just a small fraction of land in forage and cash crop. The total livestock holdings are similar to those of the first group, but they are more likely to have an improved dairy cow. Average employment is unskilled off-farm work

Staple producers have most of their land holdings in annual food crops. They grow more of food and perennial cash crops by virtue of their greater land holdings. They have more livestock on average with improved dairy cattle far more common. They never engage in unskilled off-farm employment, although they do enjoy off-farm earnings from skilled employment.

Off-farm skilled employment- mostly engages in skilled off-farm employment as a source of income. They also keep more small ruminants. They keep improved local breeds of dairy cattle, and farm just over one acre on average in annual food crops. They supplement their farm and skilled off-farm employment with unskilled off- farm employment.

Diversified commercial- These put less emphasis on food crop production-devoting equal land area to perennial fodder production as they do to annual food crop production and putting nearly 70% of their land into perennial cash crop mainly tea and coffee. They have better improved cattle and large herds of small ruminants. They have no household members engaged in unskilled employment and do supplement their on-farm income with some skilled off-farm employment.

Though these studies were undertaken in Kenya, they are rather different with this study since they do not focus on the chronically poor elderly women studied in the context of Ganze constituency. However, the above two studies will undoubtedly be relevant to this study as the livelihood strategy groups outlined will help contextualize the specific strategies that the chronically poor households containing chronically poor elderly women pursue for a living. The asset- based approach that the above studies utilized in the identification of livelihood strategy groups will also be used in this study to help understand which stocks of assets the chronic poor translate into meaningful livelihood strategies which they then pursue for a living.

Livelihood strategies in Ganze constituency predominantly revolve around agriculture. Agriculture therefore is the main source of livelihood and employment to over eighty per cent of the population (Kenya, 2002). Maize is the main food crop cultivated extensively in the constituency. Other crops cultivated are coconuts, cashew nuts, cassava, cowpeas and green grams. Livestock ownership is widespread and compliments the maize cropping system as the basis of rural livelihoods. The main livestock breeds are cattle, goats, and poultry. According to the Kilifi District Development Report (2002), Ganze constituency records a high prevalence of rural urban migration due to a relatively developed tourism sector in other constituencies and high poverty levels (eighty four per cent) prevalent in the constituency (Kenya, 2002:25).

The report adds that the landless households depend on their labor asset for a living. The crop enterprise offers the landless some paid manual work. The landless offer their labor in exchange for an income for on-farm activities including land tilling, sowing, weeding and harvesting. Households staying adjacent to the Arabuko-Sokoke forest have livelihood strategies including; charcoal production and sale, bee keeping, fuel wood harvesting and sale, wild-fruit gathering, pole harvesting for building and for sale, trapping of low species game animals and butterfly rearing. Other Livelihood strategies undertaken by households are: diversified commercial

activities such as running small kiosks offering basic merchandise, running wine (mnazi) pubs and making and selling of makuti for thatching of houses.

2.4 The Elderly Persons in Kenya

Older persons in Kenya are defined as those of age 60 years and above (National Policy on Older Persons and Ageing 2009). The population of persons aged 60 years and above in 2009 was about 3.47 million, representing 11 per cent of the total population (KNBS, 2010).

The National Policy on Older Persons and Ageing (2009) asserts that in the rural areas, older persons are left behind without traditional family support and financial resources. Older women are the majority in rural areas and are the most disadvantaged as they have little or no control over economic resources and are disempowered by traditional practices. Policies and programmes for rural development, food security and agricultural production do not take into account this ageing rural population. In marginal areas and semi-arid lands, which constitute over 80 per cent of the countries land area, nomadic pastoralism is the main source of livelihood for local communities. The policy also observes that harsh environment in these areas necessitates continuous migration in search of better forage and watering facilities for livestock. Older persons are in most cases disadvantaged due to lack of mobility and are therefore in most cases confined to informal settlements with very poor physical and social services and facilities.

In Kenya, the National Policy on Older Persons and Ageing (2009) highlights the main issues to be addressed with regard to the elderly to include among others poverty and sustainable livelihood, harmful traditional cultural practices in the family and community, food security and nutrition, employment and income security, Gender issues, poor health and lack of access to health care services including HIV/AIDs, access to information, education, training and the media, housing and physical amenities, social security and social welfare.

The Policy recognizes that the challenges facing Kenya today is how to create an enabling environment that safeguards the rights and special needs of older persons, men and women alike and recognizes their potential roles and responsibilities in contributing to the development of the country. This includes the implementation of strategies that will address the socio-cultural barriers that have contributed to gender disparities and their inability to realize their full potential. These the policy argues will need to be addressed through broad-based, inclusive and

participatory policy interventions, institutional framework, legal instruments and development initiatives.

2.5 Policies and programmes for older persons in Kenya

Support to older persons in Kenya has been a collaborative effort between the government, private sector, religious, philanthropic, non-governmental organizations and community based groups including development partners (Kenya, 2009). The specific programmes and social security schemes which address the interest of older persons in Kenya include: National Hospital Insurance Fund (NHIF), National Social Security Fund (NSSF), Pensions department, Social Welfare Programmes, Civil Society Organisations, the Family and the Department of Adult Education currently in the Ministry of Education.

Social Protection in Kenya

Social Protection programmes being actions which enhance the capacity and opportunities for the poor (including the old) and vulnerable to improve and sustain their livelihoods and welfare have not been adequately undertaken in Kenya. In Kenya, the draft National Social Protection policy (2009) envisions to provide improved quality of life of all Kenyans through enhancing the ability of the poor and vulnerable to overcome risks and shocks that perpetuate poverty and deprivation. This the policy envisages to accomplish through various instruments for delivering social protection; key among them being: cash transfers, food distribution, direct feeding programmes, food subsidies, social health insurance, and price subsidies. Through these instruments, the Government of Kenya pronounced to implement a variety of social protection interventions focusing on the extreme poor and progressively work towards covering those categorized as poor.

Cash Transfer Programme in Kenya

Cash transfers have been defined as direct transfers of cash to poor individuals and households, which can be either conditional or non-conditional. The programmes are often targeted to specific individuals and groups of people such as older persons, persons with disabilities, orphans, malnourished children, pregnant women, single parents and the landless (HelpAge International, 2009). Copying best practices on cash transfers in countries such as Lesotho and Botswana who have undertaken cash transfer programmes successfully, the Government of Kenya has so far rolled out the first ever cash transfer programme targeting the elderly poor in experimental basis in selected provinces within the country (HelpAge International, 2009).

In June 2009, Kenya announced an allocation of 200 million Kshs (US\$ 2.6 million) to a new poverty-targeted pension, which started in September 2009. The amount budgeted has since increased to Kshs 550 million (US\$ 7.2 million). The pension will be distributed to those over the age of 65 years who are chronically ill, living with a disability or caring for orphans and vulnerable children. Most of the targeted population also happens to be in chronic poverty and it is estimated that about 30,000 people or 3 per cent of the population over 65 years will receive the pension (HelpAge International, 2009).

Despite the government effort to transfer cash to the elderly poor, Sokolovsky, (2000) observes that the greatest challenge that developing countries in Africa have to contend with over the coming decade will be the support of elderly women, especially widows. She further notes that in these countries, typically half or more of women over age 60 are widowed. In Kenya Sokolovsky observes that 48 per cent of women age 60 and over are widowed. She notes that some of these women have no sons or any biological children for that matter. Citing the work of Peil, (1995) Sokolovsky, observes that in Africa there are consistently high levels of co residence and family-based support in both rural and urban areas. She reports that about 80 per cent of older persons over age sixty were receiving help from children, grandchildren or siblings, though with enormous variation in family and decent systems in Africa. Much of the support siblings give to old persons the report notes is more on care giving owing to poor health of the older persons. Though this study was not undertaken in Ganze constituency, it will undoubtedly inform this study in terms of providing an understanding of how family support enhances or depresses livelihoods of the older women in chronic poverty.

2.6 Chronic Poverty, Livelihoods and the Elderly – The link

Chronic poverty denies the poor not only basic necessities but also prevents their effective participation in social processes including development process. Older people, who are among the groups that are chronically poor and historically excluded from the mainstream of social processes, are less likely to be able to claim their rights (HelpAge International, 2003). Together with other marginalized groups, older people suffer from discrimination and perception of dependency. The result is they are not included in consultations or discussions about the allocation of development resources. Gorman and Heslop, (2002) identify three key features of chronic poverty in old age to include: reduced framework of capacity, declining opportunities to employ physical strength and widespread institutional and social exclusion on the basis of gender

and age. They further assert that widowhood, inequitable inheritance laws, and low access to education and health services are factors indicating high risk to chronic poverty among older women.

Many studies of older person's livelihoods demonstrate that older people make significant contributions to the productive and reproductive functions of their households. Older women in particular contribute well into very old age due to their accepted roles in childcare, household maintenance and income generation (Ahenkora, 1999). A study by HelpAge International on the contribution of older women and men in Mozambique summarizes a wide range of activities that older women engage in to support themselves and their families. These include: Agricultural activities such as working in the shambas; casual labour (working in neighbor's shamba for food or money, working on shambas for the blind people and paid by NGOs); income generating activities such as brewing and sale of traditional beer, making handicraft(pottery) in exchange for basic products, washing other peoples cloths in exchange for food, petty trading of cashew nuts and tobacco; traditional medicine such as traditional healers and traditional nurses; community mobilization such as mutual support-working on each other's shambas and shelters and involvement in community and church based activities (HelpAge International, 2002). The study also notes that older women's support of household members includes: sale of resources to generate income, using savings or other resources to pay school fees, childcare, guarding property, domestic work, growing/tending fruit and vegetables and caring for dependent family members.

Chronic poverty is thus a critical risk factor for older women, since their opportunities for re-marriage are very small, and the loss of their reproductive capacity means the loss of a major 'function' in the eyes of the society. Abandonment by husbands, and loss of inheritance rights on the death of a spouse are also risk factors for thrusting older women into chronic poverty (Beales, S. 2000).

2.7 Conceptual Framework

This study will be guided by two frameworks: (a) the Sustainable Livelihood Framework (SLF) as adopted by DFID (1999) from Scoones (1998); and (b) the assets-mediating processes-activities framework (Ellis, 2000).

The Sustainable Livelihoods Framework

The Sustainable Livelihoods Framework considers a livelihood to comprise of the capabilities, assets (including both material and social resources) and activities required for a means of living (Ellis 2000). A livelihood is sustainable when it can cope with and recover from stresses and shocks and maintain or enhance its capabilities and assets both now and in the future, while not undermining the natural resource base. The framework presents the main factors that affect people's livelihoods, and typical relationships between these. It can be used in both planning new development activities and assessing the contribution to livelihood sustainability made by existing activities (DFID, 1999). In particular, the framework provides a checklist of important livelihoods issues and sketches out the way these link to each other; draws attention to core influences and processes; and emphasizes the multiple interactions between the various factors which affect livelihoods. The framework is centered on people. It is a powerful tool for identifying key drivers of poverty, the factors that push people into poverty and the potential interrupters or factors that provide pathways out of poverty (Ludi and Slater, 2008). The SLF can be used to capture the many factors that influence people's livelihood choices and when used with participatory methods, can help to identify priorities for action based on the aspirations and interests of the poor – women and men-by reflecting their perceptions of poverty and well-being.

In using the livelihoods framework, cross-sectional linkages are taken into account during the analysis of the livelihood strategies of elderly women. The framework has several aspects. These includes the concept of: people's vulnerabilities or susceptibilities to stresses and shocks such as vagaries of climate, conflict, and crime; people's assets or capital (natural, human, physical, financial and social); the policies, institutions, processes (PIP) and organizations which affect people (formal, informal at different levels); the outcomes, that people are looking for (which may be to increase the capitals, to reduce vulnerabilities, or others); the livelihood strategies people adopt to achieve these (which are affected by the PIP environment, and vulnerabilities); the opportunities which people have to address the outcomes..

The vulnerability context particularly affects the elderly women as it frames the external environment in which elderly women exist. The livelihoods of elderly women and the wider availability of assets are fundamentally affected by critical trends as well as shocks and seasonality-over which they have limited or no control. The factors that make up the vulnerability context (shocks, trends and seasonality) are important because they have a direct

impact upon people's asset status and the options that are open to them in pursuit of beneficial outcomes (DFID 1999). Different components of the vulnerability context affect different people in different ways. Shocks (natural, human health, economic, conflict, crop/livestock health shocks) may have a more adverse effect on the chronically poor elderly women than other demographic groups. Elderly women are most likely to experience health related problems, susceptible to natural shocks and prone to conflict which impair their reproductive capacities and compromise on their livelihoods.

The asset portfolio encompasses physical capital, human capital, natural capital, social capital and financial capital. The livelihood approach seeks to gain an accurate and realistic understanding of people's strengths (assets or capital endowments) and how they endeavor to convert these into positive livelihood outcomes. The approach is founded on a belief that people require a range of assets (human, natural, financial, physical, and social) to achieve positive livelihood outcomes. It further observes that no single category of assets on its own is sufficient to yield all the many and varied livelihood outcomes that people seek. Those with more assets tend to have a greater range of options and an ability to switch between multiple strategies to secure their livelihoods. This observation can particularly be true for the chronically poor elderly women whose access to any given category of assets tend to be limited. This situation may require them to seek ways of nurturing and combining what assets they do have in innovative ways to ensure survival.

Transforming Structures and Processes are the institutions, organizations, policies and legislation that shape livelihoods. They operate at all levels, from the household to the international arena, and in all spheres, from the most private to the most public (DFID 1999). The state not only provides services but also offers safety nets, changes policies and limits freedoms that can have positive or adverse effects on livelihood systems. Similarly, formal civil-society organizations can provide enabling conditions or constrain opportunities for households. Informal civil society consists of the web of networks to which individuals and households belong. These networks can have positive or negative influences on the livelihood strategies that people pursue (Frankenberger et al, 1999). The way at which the state, civil -society organizations, informal civil society and the private sector formulate, interprets the policies and implement legislation have an effect on the chronically poor elderly women's pursuit of given livelihoods. The

transforming processes and institutions will either constrain or offer support for improvements of elderly women's livelihoods.

Livelihood Strategies denote the range and combination of activities and choices that people make/undertake in order to achieve their livelihood goals. The sustainable livelihoods approach seeks to develop understanding of the (factors which promote choice and flexibility) and mitigate the constraints or negative influences (DFID, 1999). The expansion of choice and value is important because it provides people with opportunities for self determination and the flexibility to adapt over time. It is most likely to improve people's access to assets-the building blocks for livelihood strategies- and to make the structure and process that 'transform' these into livelihood outcomes more responsive to their needs. Different livelihood activities have different requirements, but the general principle is that those who are amply endowed with assets are more likely to be able to make positive livelihood choices. That is, they will be choosing from a range of options in order to maximize their achievement of positive livelihood outcomes, rather than being forced into any given strategy because it is their only option.

Livelihood outcomes are the achievements or the outputs of livelihood strategies (DFID, 1999). They are important because they help us to understand: the output of the current configuration of factors within the livelihoods framework; what motivates people to behave as they do; what their priorities are; and how they are likely to respond to new opportunities. Livelihood outcomes are used to determine whether or not households are successful in pursuing their livelihood strategies (Frankenberger et al, 1999). This he argues can be done by looking at a number of outcome measures that capture need or well-being satisfaction. He further observes that nutritional status is the best indicator for overall livelihood security since it captures multiple dimensions, such as access to food, health care, and education. Other livelihood outcomes that should be measured include sustained access to food, education, health, habitat, social network participation, physical safety, environmental protection and life skills capacities. This observation will help this study to determine whether pursuit of particular livelihood strategies by the chronically poor elderly women leads to the realization of specific livelihood outcomes. This will then form the basis for the understanding of possible interventions to improve the livelihoods of the chronically poor elderly women in Ganze constituency.

The Asset-Mediating Processes- Activities framework

The assets-mediating processes-activities framework (Ellis, 2000) is a framework used for the analysis of rural livelihoods. The framework borrows heavily from works by researchers concerned with poverty reduction, sustainability and livelihood strategies such as Moser, (1998); Scoones, (1998); Reardon and Vosti, (1995) among others.

The framework regards (i) the asset status of poor individuals or households as fundamental to understanding the options open to them, the strategies they adopt for survival, and their vulnerability to adverse trends and events (ii) it stresses on the need to raise the asset status of the poor, or enabling existing assets that are idle or under-employed to be used productively (iii) it seeks to identify what the poor have rather than what they do not have and to strengthen people's own initiatives solution rather than substitute for, block or undermine them (iv) it provides a systematic way of describing and understanding current livelihood strategies (v) it explores the options for reducing poverty and addresses the issue of sustainability (vi) the framework recognizes the rural household as the main social unit to which the framework is applied (vii) it is useful as a guide to micro policies concerned with poverty reduction in rural areas. The term micro policies in this context refer to interventions that affect livelihood options and strategies at sectoral and local levels. Micro policies may arise from governments, NGOs, or from rural people themselves in participatory interaction with any or several other parties.

The starting point of the framework is the assets owned, controlled, claimed or accessed by the household. The framework considers these as the basic building blocks upon which households are able to undertake production, engage in labor markets, and participate in reciprocal exchange with other households. Ellis, (2000) identifies five asset categories of natural capital, human capital, physical capital, financial capital and social capital. The framework recognizes that the translation of a set of assets into a livelihood strategy composed of a portfolio of income earning activities is mediated by a great number of contextual social, economic and policy considerations. The framework draws a distinction between social relations, institutions and organizations, on one hand, and trends and shock factors, on the other hand. The former category consists of social factors that are predominantly endogenous to the social norms and structures of which households are part, while the latter category consists predominantly of the exogenous factors of economic trends and policies, and unforeseen shocks with major consequences on livelihood viability. Shocks can be individual as well as social in scope. Loss of access to rights

to land, accidents, sudden illness, death, and abandonment are all shocks with immediate effect on the livelihood viability of the individuals and households to whom they occur.

The asset status of households, mediated by social factors and exogenous trends or shocks, result in the adoption and adaptation over time of livelihood strategies. Livelihood strategies are dynamic; they respond to changing pressure and opportunities and they adapt accordingly. Livelihood strategies are composed of activities that generate the means of household survival. The categories and sub-categories that are potential components of a livelihood strategy are divided between natural resource and non-natural resource based activities. Livelihood strategies are classified into three broad types of agricultural intensification or extensification; livelihood diversification and migration (Scoones, (1998) in Ellis, 2000).

Finally, the framework points in a provisional way to the indicators of the outcomes of livelihood strategies. Livelihood strategy outcome are in two aspects of livelihood security or environmental sustainability. Livelihood security contains some combination of attributes related to income level, income stability, reduction in adverse seasonal effects, and reduction in the overall risk profile of the income portfolio. This in turn leads to people becoming less vulnerable or more vulnerable in terms of their capability to manage adverse trends or cope with shocks. Environmental sustainability refers to changes in the resilience and stability of resources such as soils, water, rangeland, forests and biodiversity. Environments may improve, stabilize or degrade.

The assets-mediating processes-activities framework identifies five categories of livelihood assets, which include: natural, physical, human, financial, and social capital (Ellis, 2000). The study attempts to investigate ownership, control, claim and access of these assets by households with an aim to understanding their effect in production. It also attempts to know how households translate assets they own and control into which income earning activities. The mediating processes of social relations, institutions and organizations are particularly important in this study. An analysis of how social factors mediate people's access to resources and activities will be undertaken. An evaluation of the social context of rural livelihoods will be undertaken as well to generate information that could be relevant both to the social capital status of individuals and households as well as to the constraints and opportunities represented by local level customs, rules and organizations.

The study also adopts the three typologies of livelihood strategies derived from income earning activities generated from a household's asset portfolio. These strategies were then decompressed to discern various activities and see how the chronically poor elderly women combine or individually engage them for a living. Finally, it is these livelihood strategies that we inject the component of chronic poverty to see what effect they have on elderly women from the perspective of livelihood strategy outcome.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Site Selection

Ganze Constituency is located in Kilifi County, Coast province of Kenya. It has an area of 2,938.6.3 square kilometers. The Constituency has a population of 132,688 and a low population density of 45 people per square kilometer (KNBS, 2010). It is the poorest constituency in Kenya with a poverty incidence of 84 per cent (Kenya, 2005). The area is poorly endowed in terms of resources being a semi arid area, with annual average rainfall of 350-700mm. The people of Ganze practice mixed agriculture growing crops and keeping of livestock at a subsistence level. The main economic activities in Ganze constituency are small scale agriculture and livestock keeping in the very arid areas of the constituency. These activities provide a major source of income, employment and livelihoods to the local community. Diversified commercial activities are mainly concentrated in the small trading centers while charcoal production and hunting of low species game meat forms the minor economic activities.

3.2 Research Design

The study employed both qualitative and quantitative research designs. Data was collected into two stages. The first stage was the collection of data through participatory chronic poverty assessment seminars and the second stage was through the use of structured questionnaires administered to individual chronically poor elderly women (Appendix 1).

Why Participatory Chronic Poverty Assessment Seminars

Participatory Chronic poverty Assessment Seminars have successfully been used in chronic poverty studies as a tool to identify the chronically poor, to provide information particularly (i) about the perceptions and attitudes of chronic poor people (ii) build chronic poor people's capacity to analyze and solve their problems (iii) engage a range of stakeholders in the research process so as to stimulate local activities for chronic poverty alleviation and (iv) to ensure that chronic poverty reduction strategies reflect the priority needs of poor people.

Two seminars were held for participants where participatory methodologies including Chronic Poverty Characteristics and Wealth Ranking and Household Mapping Exercise, and Activity, Resource and Benefit Analysis were used to source for information that will lead to the identification by participants of households perceived to be chronically poor. A list of

households with chronically poor elderly women was generated by participants from these seminars.

Selection and Mobilization of Participants for the Participatory Chronic Poverty Seminars

Chiefs from sampled locations were used to select and mobilize participants for the participatory chronic poverty seminars. The researcher individually called the chiefs and even visited them in their respective location offices and invited them to a briefing session at a common venue at Ganze trading centre where the researcher explained the research objectives to them. Issues not clear to the chief were clarified at this forum and the researcher then asked the chief to select five participants each from one's location drawn from any of the following organized groups: Representatives from women groups; representatives from the Kilifi Older Persons Association; representatives from Location Relief Food Committee; representatives from religious organizations; opinion leaders including teachers, retired civil servants and religious people and representatives from interest groups and civil society organizations and NGOs.

The chiefs were given a duration of one week to select the participants for the seminars. The researcher made a follow-up visit in each sampled location to verify with the chiefs on whether intended participants have been identified. Invitation letters were sent to participants through respective chiefs. Phone call follow-ups were made to confirm the reception of the letters and their attendance to the seminars. Each chief was asked to mobilize five participants to attend the seminars. A total of thirty three participants attended the seminars with the first seminar attracting sixteen participants while the second seminar having seventeen participants.

During the seminars, the following issues were addressed: Perceptions about the concept of chronic poverty; the characteristics of households containing chronically poor elderly women; identification of households containing chronically poor elderly women; livelihood strategies used by chronically poor elderly women and interventions that can be put in place to improve the livelihoods of the chronically poor elderly women in Ganze constituency.

3.3 Samplings Procedure

The Participatory Chronic Poverty Assessment Seminars were used to assist in getting the required sample size to be interviewed. The following steps were undertaken to arrive at the desired sample size: Chiefs mobilized participants to attend the seminars using given criteria; participants gave the characteristics of the chronically poor elderly women; using these characteristics participants then generated a list of all households that contain chronically poor elderly women.

The researcher with the assistance of village elders and assistant chiefs pinned and assigned numbers on the doors of listed households containing chronically poor elderly women. By use of systematic random sampling technique, the researcher picked at random a respondent and thereafter interviewed progressively every tenth household in the sampling frame until 50 chronically poor elderly women were interviewed.

Sampling of Locations

Administrative divisions of the constituency were used as the basis to sample out the locations. The divisions of the wider constituency are Jaribuni, Vitengeni, Ganze and Bamba, with a total number of sixteen locations. Names of all locations from each division were obtained from respective Divisional Officers. A total of six locations were sampled using a simple random sampling technique. The simple random sampling technique ensured that the locations sampled are well spread and cover a diverse area since the constituency is large and poverty incidence so high and widespread across all locations. The six locations sampled were Dida, Sokoke, Ganze, Palakumi, Bamba and Bandari. Table 1, below shows the distribution of the respondents in all the six locations sampled.

Location of Residence	%	Total (N)
Dida	20	10
Palakumi	14	7
Sokoke	20	10
Ganze	12	6
Bamba	10	5
Bandari	24	12
Total	100	50

Source, Field Data, 2010

Table 1 above, indicate that overall, 50 respondents took part in the survey. The percentage distribution of the respondents in the six locations indicates that Dida and Sokoke locations had each 20 per cent of the respondents. Palakumi and Ganze had 14 per cent and 12 per cent respectively. Similarly, 24 per cent of the respondents are found in Bandari with Bamba accounting for 10 per cent.

3.4 Training of Research Assistant for Data Collection

A research assistant was recruited in order to help in data collection during the participatory chronic poverty assessment seminars. The research assistant was a diploma holder with specialization in community development and social work and had experience in community

facilitation and mobilization enhanced with experience of working with the local community. The research assistant was trained for two days on facilitation skills and basic concepts of chronic poverty. The research assistant helped in preparation of seminars' halls and rapporteuring during the seminars discussions. The researcher facilitated all the seminars.

3.5 Participatory Chronic Poverty Assessment Seminars

This was the first stage of data collection. There were two participatory chronic poverty assessment seminars held on the 24th and 25th may, 2010 at Ganze PEFA church. The first seminar constituted of participants from Dida, Ganze and Bamba locations. All the participants selected attended the seminars. The second seminar constituted of participants from Sokoke, Palakumi and Bandari locations. In terms of gender representation, more men than women attended. The seminars started at 10:15 am and ended at 5:45 pm.

The researcher facilitated all the sessions while the research assistant took notes and was the main rappotouer in both seminars. Participants were given a chance to discuss among themselves and contribute information concerning research objectives. The seminars began with participants introducing themselves and getting familiarized to each other as a way of setting them free to participate actively. In between sessions participants were put into groups of fives to discuss given topics freely and later present in plenary. The aim of the plenary was to enrich the presentation given and to iron out different opinions that might arise during presentation. The researcher asked the participants to list all chronically poor households based on agreed characteristics during the seminars.

3.6 Second Stage of Data collection

In the second stage of data collection, structured questionnaires with both open and closed-ended questions were used to collect data from chronically poor elderly women identified from the lists of the chronically poor households. This the researcher undertook with the help of village elders and assistant chiefs who assigned numbers to listed households containing chronically poor elderly women and directed the researcher to physical locations of identified households. The village elders or assistant chiefs introduced the researcher to the respondents. After introduction the researcher interviewed the respondent while the village elder or assistant chief sat closely listening and at times helping the researcher to clarify to the elderly women issues they seemed not to understand well. A total of 50 individual chronically poor elderly women from chronically poor households were interviewed. The researcher filled the questionnaire as respondent

responds to questions. Observations that could not be captured by the questionnaire were noted down and photographs were taken of the chronically poor elderly women capturing them, their houses, basic assets they owned or the food they ate.

3.7 Data Analysis Methods

Both qualitative and quantitative methods will be used in analyzing data. Quantitative data gathered by structured questionnaire administered to individual chronically poor elderly women from chronically poor households will be edited and coded. The coded information will then be keyed in the computer using the Statistical Package for Social Science (SPSS). This data will then be analyzed by selecting different variables such as household size, cohort of elderly; activities undertaken then run frequencies and cross tabulations. Background characteristic of location of residence, age, marital status, education attainment, and cohort groups of the elderly will be cross tabulated with different variables so as to assess the relationship between chronic poverty and livelihood strategies among the elderly women of Ganze constituency.

Quantitative data will be analyzed using descriptive statistics where frequency tables will be run showing frequencies and percentages. Frequency distribution tables and pie charts will be drawn to present different variables as observed in the study. Qualitative information gathered mainly through Participatory chronic poverty assessment seminars, Focus Group Discussion and field notes will be organized into different sub-themes and will be used to reinforce the quantitative information. Secondary data will be used to cross examine the findings while observation data will be incorporated in the rest of the appropriate sections.

3.8 Challenges Faced During Data Collection

Geographical Distances

The researcher had to cover very long distances to find respondents. Due to the sampling method employed, and the fact that people live in villages in Ganze, a respondent would be found in one village and the 10th respondent in the next village sometimes over 10 kilometers away. Owing to the fact that most of these areas are only serviced by footpaths, bodaboda (motorcycle) had to be used to access respondents. In places not accessible by a motorcycle the researcher had to cover the distances on foot, sometimes about 5-6 kilometers.

Modes of Transport

Ganze constituency is served with a marrum road network connecting the main trading centers and only usable during dry season. The inner parts of the constituency where the research mostly concentrated on are serviced by foot paths not accessible by a vehicle. The use of bodaboda (motorcycle) became inevitable though very risky and at one time the researcher was felled and sustained minor injuries. This forced him to postpone going to the field for a week as he nursed the injuries sustained. The rest period cost the researcher time which had not been foreseen and therefore not budgeted for.

Respondents Expectations

Most of the respondents were eager to know how they would benefit from the research. They expected a token at the end of the interview session. Village elders and at times assistant chiefs who accompanied the researcher had to explain to them that the researcher was a student and had no money to give. However, in situations where the researcher found a very disparate situation he offered a token at least to help the elderly woman get food for that day.

Weather Condition

The research coming at a time the region receives high rainfall (May- June), the weather condition was not very friendly for fieldwork. It rained almost daily and rendered some areas impassable. This made the researcher unable to access respondents from those areas as planned and had to organize a different day to meet them. This somehow slowed down the completion of the fieldwork.

Absence of Selected Respondents

Some respondent were not at home on the day the researcher visited them. Some were reported to have attended burial/funeral ceremonies in distant places while others had gone to find paid work in other people's farms far away from their homes. The researcher then had to re-organize the interview for a different day, again delaying completion of the interview.

3.9 Operational Definitions

Chronic Poverty is a sub-category of poverty that is multi-dimensional and crucially long-term.

The Elderly

Being old can occur at different chronological ages, determined by the prevalent socio-cultural milieu, or even by the specific context of sub-groups within society. For purposes of this study, 61 years has been taken as the age when both men and women are eligible for pension. The age categories which will be used in this study are: Near old age (50-60 years); Old age (61-70 years); late old age (71-80 years); Frail old age (80+)

Livelihoods comprise the capabilities, assets and activities require for a means of living.

Livelihoods strategy is the combination of assets, activities and other kinds of choices including social and cultural choices that make up the primary occupation of a household.

CHAPTER FOUR

CHARACTERISTICS OF CHRONICALLY POOR HOUSEHOLDS

4.1 Introduction

This Section presents the views of the respondents on attributes of household poverty. It also covers the views of participants in the participatory chronic poverty assessment seminars and field notes gathered, and general observations made by the researcher while in the field. All respondents interviewed were taken from sampled households classified by participants in the participatory chronic poverty assessment seminars as chronically poor. It also analyses the social characteristics of the chronically poor households in the six location of Ganze constituency. The study considered other variables that could capture the households' welfare such as assets dynamics, education levels of households, access to basic needs and social networks as money metric assessment of poverty based on households' consumption has been inadequate in explaining households' levels of poverty. The unit of analysis in this study is the individual chronically poor elderly woman in a chronically poor household.

4.2 Findings from the Participatory Chronic Poverty Assessment Seminars

Chronic poverty is perceived differently by different people including the poor themselves. The study investigated how poor people perceived of chronic poverty and the chronically poor. Participatory chronic poverty assessment seminars were undertaken so as to understand how the poor people perceived of chronic poverty and the chronically poor. Participants in the seminars viewed chronically poor as those people who own nothing, those who do not have access to the very basic needs such as food and shelter, those suffering from a terminal disease or poor health, those without parents or own children, and those who spend most of their time working for others for very little pay and less of their time working on their own farms. The participants in the participatory chronic poverty assessment seminars also viewed households' poverty as a condition where a household could not generate enough income to meet its basic needs, low household asset level, and inability of households to afford education for children.

The views of the chronically poor and the participants in the participatory chronic poverty assessment seminars on households' poverty were consistent with multidimensional nature of poverty. The participants in the participatory chronic poverty assessment seminars identified the chronically poor as persons who own nothing locally referred to as (*Mtsoi-singular; plural-Atsoi*). Participants noted that households and individuals that have limited assets were poor. The

participants observed that most assets owned by the chronically poor are generally household assets such as beds, shelter, clothes and utensils and not productive assets.

The participants observed that the chronically poor are people who lack food and shelter and could also be suffering from a terminal disease. The participants noted that the chronic poor struggle to raise their basic needs and are not bothered by how the next day shall be like; they neither have parents nor children; are people in desperation with very low levels of income. Participants also noted that chronic poor people spend most of their time working for others and less of their time working on their own farms.

On the causes of poverty the participatory chronic poverty assessment seminars perceived widowhood as one of the main causes of chronic poverty among the poor elderly women. The seminars noted that married women were likely to benefit from the income earned by their spouses contrary to widows who lacked support from their relatives or spouses who had died earlier. Laziness and destitution were also cited as major causes of poverty and chronic poverty. Other causes the participants observed were illiteracy, poor assets endowment including lack of ownership of land and discriminatory inheritance practices.

Participants in the participatory chronic poverty assessment seminars noted that the chronically poor elderly women who are widowed were encouraged to marry a 'young woman'. The seminars observed that the practice was culturally acceptable and widowed elderly women with young 'wives' expected them to assist with the day to day domestic activities and to also work to enhance the family income.

On the identification of the chronic poor, participants in the participatory chronic poverty assessment seminars noted that chronically poor persons are people who own nothing (Mtsowi); they are people who lack food and shelter and could also be suffering from a terminal disease. The seminars observed that the chronic poor are persons who struggle only to raise their daily bread and are not bothered by what they will have as food for the next day. They are people with neither parents nor children and are highly desperate. The widowed and the elderly the seminars noted were highly vulnerable to chronic poverty. The participants in the seminars also noted that the chronic poor are low income earners who spend most of their time working for others and less of that time working on their own farms.

With regard to the households of the chronic poor the participants noted that most of the households containing the chronically poor elderly women could not afford most of the basic needs. Many of the chronically poor households were only concerned with the day's meal and not bothered by what the future holds for them. The seminars noted that many chronically poor households favored to have dinner than any other meals of the day. The seminars indicated that many times chronically poor households went without food and had to resort to consuming wild vegetables locally known as *Vongonya and mutsunga*.

In terms of activities they undertake, most chronically poor are serial beggars; sometimes begging for the same food item from different people and households so as to accumulate for the days to come. They also seek some casual work to do in return for food or some money to aid them buy food. Such jobs include, weed clearing in other peoples farms, splitting firewood, and domestic work. It was also noted that others hunt low species game animals such as the dick-dick for food and for sale.

On livelihood and coping strategies the participants noted that most chronic poor entirely depend on relatives, adult children and family support for their survival. Participants said that dependency on relief food supplies from the government and NGOs such as World Vision and Plan International was a popular coping strategy by the chronically poor elderly women. This was confirmed by representatives from the location relief food committees who had attended the seminars. The participants also noted that special criteria had been developed where the chronically poor elderly women were given relief supplies. Other coping and livelihood strategies pursued by the chronic poor are skipping of meals, taking dependent children out of school in favour of paid wage, and gathering of edible wild vegetables, fruits and root tubers.

The participants understood household poverty in terms of lack of income, low household assets level, inability to meet basic needs and poor health. However, both respondents and participants in the participatory chronic poverty assessment seminars were unable to conceptualize poverty in terms of voicelessness, powerlessness and lack of entitlement. This was because they viewed poverty at households' level rather than households' interaction with other segments of the community, and wider society.

4.3 Social Characteristics of the Chronically Poor Households

Age

The composition of households' by age is one significant factor that influences household response and attitude to prevailing opportunities. Young people are more likely to be adventurers and risk takers. Older people like in this case are likely to be conservative and risk averse. Age structure determines access to resources and kinds of livelihood activities. Young people are energetic and could do most jobs that require physical strength, while old people are less energetic and do jobs that require less energy. In this regard, the study investigated how age can influence chronic poverty among elderly women.

Table 2 summarizes the age characteristic of elderly women from chronically poor households in Ganze constituency. From the findings, 20 per cent of the respondents were between 50-60 years old, while 18 per cent of the respondents were above 80 years old. Another 36 percent of the chronically poor elderly women interviewed were between the age of 61-70 years old and those aged 71-80 years old were 26 percent. The minimum age was 51 years while the maximum age was 101 years. While those aged between 50-60 years could be considered to be near old age, those aged between 71-80 years are at late old age and those above 80 are in frail old age. The categorization of the elderly women into these age groups was to ascertain the particular livelihood activities that different age categories undertake and the livelihood strategies adopted by each age category. Those aged 50-60 years being physically stronger than those in late old age and the frail old age and are engaged in activities requiring physical energy while the frail old depend mostly on family support for their survival. From the findings, it is very important to note that the late old age and the frail old age constitute a 44 per cent of the chronically poor elderly women interviewed who are mostly likely to rely on other livelihood strategies than those involving active physical strength which could be more associated with those in the near old age.

Age	%	Total (N)
50-60 Years	20	10
61-70 years	36	18
71-80 Years	26	13
80+	18	9
Total	100	50

Source, Field Data, 2010

Marital Status

An individual's marital status influences the diversification of one's livelihoods strategies. Marital status can point the individual's vulnerability and capability. Individuals that have spouses are likely to diversify their income and livelihood sources. The study investigated how marital status of an individual chronically poor elderly woman affects adoption of given livelihoods strategies.

Table 3.0 Marital status of chronically poor elderly women		
Status	%	Total (N)
Married	12	6
Single	2	1
Widowed	82	41
Separated	4	2
Total	100	50

Source, Field Data, 2010

From Table 3 above, 82 per cent were widowed, 12 per cent married while 4 per cent and 2 per cent were separated and single respectively. The high percentage of the chronically poor elderly women who are widowed can be attributed to the fact that women have a higher longevity than their men counterparts and that their husband could have died a lot earlier than them.

Hickey and Bracking, (2005) observed that widows may suffer chronic poverty due to ways in which adult female personhood is constituted as dependency on male to access resources. Widowhood in this situation becomes negative status defined as loss of relation to the male-headed household. The findings of this study are in line with this view since women do not own productive resources in Ganze constituency. Resources such as land and livestock are a male preserve and women entirely depend on their male spouses to access and use them. Women will co-own such assets as long as they have a surviving spouse and this explains why they are encouraged to re-marry or be inherited after the death of a spouse or marry a 'young wife' so as to maintain the relation.

Education attainment

Education is a key determinant of the quality of life a person and their household are likely to live. It has been stated in various literature that educating a woman is educating a whole nation. This stems from the basic assumption that the woman is the home maker. Studies have shown that the level of education one attains has a strong bearing on their health behaviors and attitudes.

It is established that the higher the level of education the more likely one is going to lead a life of good health informed by rational decision and a positive outlook towards life.

The analysis presented here reflects the education attainment of chronically poor elderly women in the six study locations. Overall the data show that majority (94 per cent) of the chronically poor elderly women have never attended any formal schooling and that only 2 per cent completed primary school.

The data shows similar trends in educational attainment where in all locations, majority (80 per cent and more) of the women never went to any formal school. Small area variations are noted in Ganze and Bamba where 16.7 per cent and 20 per cent of the women have ever attended primary school but not completed and or either completed primary school respectively. In all age categories, more than 90 per cent of all women have never gone to any formal schooling.

Marital status of an individual is a key ingredient in the study of chronic poverty. It determines the access and use of resources in societies particularly with patriarchal family arrangements. Educational attainment of either or both of the spouses can influence the livelihood strategies of households. The data presented here shows that 12 per cent and 78 per cent of those who are married and widowed respectively never had primary education. Overall, over 94 per cent from all the marital groups interviewed did not have any formal schooling with 2 per cent and 4 per cent having not completed nor have completed primary school respectively.

Table 4.0 Education attainment of the chronically poor elderly women				
Percent distribution of chronically poor elderly women by background characteristics				
Background characteristics	Never went to school	Primary not completed	Primary Completed	Total
	%	%	%	N
Location				
Dida	100	-	-	10
Palakumi	100	-	-	7
Soko	90	10	-	9
Ganze	83.3	16.7	-	5
Bamba	80	-	20	4

Bandari	100	-	-	12
Age				
50-60	90	-	10	10
61-70	94.4	5.6	-	18
71-80	92.3	7.7	-	13
81+	100	-	-	9
Total	94	4	2	50

Note: Total includes all 50 households sampled during the interview.

Marital Status				
Married	12	-	-	12
Single	2	2	-	2
Widowed	78	-	4	82
Separated	2	2	-	4
Total	94	2	4	100

Note: Total includes all 50 households sampled during the interview.

Source, Field Data, 2010

Adult household composition

Information on key aspects of the household including the number of adults who are economically productive is an important indicator of the social welfare of that household holding other factors constant. Longitudinal household studies have established that households with large compositions are generally poor compared to households with relatively small composition, and similarly households headed by women are likely to be more poor than those headed by men (KDHS 2008/9). The key assumption is that economic resources are more limited in large households than in small households due to increased competition of limited resources by the large group of household members. Again the afro-cultural disposition that bequest men with the responsibility of being bread winners and are highly patriarchal, greatly reduces the opportunities for women in many economic endeavors'.

The study sought to find number of adults in each interviewed household. This is an important indicator as it signifies the level of support the elderly poor women receive from adults who stay with them depending on their occupation or the level of burden these poor women have to put up with just in case these adults are themselves dependents' for one reason or the other.

Overall the data in Table 5 below show that 62 Per cent of chronically poor elderly women stay on their own with no adult (18+ yrs) staying with them in the household. 26 per cent of them have at least two adults staying with the. 8 per cent of chronically poor elderly women have their households composed of at least three adults. Less than 5 per cent of the households have at least four or more than four adult members within the household.

The data also show that the mean size of adults in chronically poor household is 2.28 persons. There however exist area differentials where Ganze has a higher mean size of 3.3 adult persons per household while in Sokoke the mean household size of adults is only 1.4 persons. This is important findings as the presence of many or few adults within a household brings into play the coping strategies of chronically poor elderly women.

Table 5.0 Adult household composition							
Percent distribution of adult household composition ,mean size of adult household composition by area of residence (location)							
Number of adults	Dida	Palakumi	Sokoke	Ganze	Bamba	Bandari	Total
	%	%	%	%	%	%	%
1	50	42.9	100	33.3	80	58.3	62
2	50	28.6	-	16.7	20	33.3	26
3	-	14.3	-	33.3	-	8.3	8
4	-	-	-	16.7	-	-	2
5	-	14.3	-	-	-	-	2
Total	100	100	100	100	100	100	100
Mean Household size of adults 18yrs+	2.2	2.7	1.4	3.3	2.0	2.4	2.28
Number of Households Interviewed	10	7	10	6	5	12	50
Note: Table is based on de-jure adult household members							

Source: Field data, 2010

Household composition of Adult children working

Adult children have always been regarded as security in old age. It is therefore, presumed that having adult children in old age is a livelihoods strategy by older people. Adult children who are

working, either in formal employment or non-formal employment have always been considered to contribute to enhanced household disposable income. The number of adult children who are working in a household containing chronically poor elderly women is thus crucial in this study. This study investigated the number of adult children in a household containing chronically poor elderly women who are working.

Table 6.0 shows that 16 per cent of the households containing chronically poor elderly women have one adult child who is working while a paltry 4 per cent of the households had two adult children who were working. From the findings above, 80 per cent of the households interviewed had no adult children working. From these findings, most chronically poor households never had any adult children working.

No. of children	%	Total (N)
One	16	8
Two	4	2
None	80	40
Total	100	50

Source, Field Data, 2010

Household average income of adult children working

The households' income earning opportunities are among the variables indicators that have been used to study chronic poverty. Adult children in a household play a significant role in defining the overall disposable income per given household. From the study, Table 7.0 shows that 50 per cent of the elderly women interviewed had no adult child and a further 42 per cent could not tell the average income their adult children earned. From the field notes, many of the elderly women never bothered to know how much money their adult children earned in as much as they could get food and all other basic needs from them. In addition to not knowing how much their adult children earned, chronically poor elderly women particularly those at late old age did not know what their adult children were doing to earn a living.

From the findings, 6 per cent of the chronically poor elderly women said that their adult children earned between Kshs.50/= to Kshs. 70/= per day while 2 per cent reported that their adult children earned between Kshs. 70/= to Kshs. 100/= per day. According to literature, and going by income as an indicator of chronic poverty, anyone earning less than a dollar a day is considered to be poor. From the findings, approximately 8 per cent of the adult children of the

chronically poor elderly women have income not exceeding kshs. 100/=. This therefore means almost all of their adult children are poor and the situation is likely to be the same of their households.

Average income	%	Total (N)
1500 – 2000	6	3
2001 – 3000	2	1
Can't tell	42	21
Not applicable	50	25
Total	100	50

Source, Field Data, 2010

Dependants household Composition

The number of dependants in a household is a crucial factor in the discussion about chronic poverty. Studies have shown that elderly women have been care providers for their own children, grandchildren, great grandchildren and even their older parents and orphans. Elderly women have had to work even in late old age to support their dependants a situation which further depresses them to chronic poverty. Mulindwa, (2006) in a survey on chronic poverty among elderly women in Uganda observes that, women in every society are looked at as care providers to most importantly their family members. These findings indicate that the caring role of women does not wane even during old age and most women reported the burden of caring for orphans. He further observes that the caring role strains their meager resources and keeps them chronically poor. This study investigated the number of dependants in a household containing chronically poor elderly women in a bid to understand the contribution chronically poor elderly women provide as care providers to the dependants.

The findings in Table 8.0 indicate that 16 per cent of the respondents have 1-6 own children who are in school and still depend on the elderly women for support. Those who said they had no dependant in this category were 84 per cent. Those who had one child still in school were 8 percent while those with two, three, five and six own children still in school accounted for 2 per cent each. Similarly the findings show that chronically poor elderly women still provide for their children who are out of school. These could either be those who are not yet of age to join school, those who dropped out of school and those who just completed schooling and are out there searching for jobs. The findings show that 20 per cent of the respondents were care providers for their own children who were out of school. The study found out that 14 per cent of the

respondents were still taking care of one child who was out of school, while 6 per cent had two children who were out of school whom they were still taking care of. The percentage of those who never had any dependants in this category stood at 80 per cent.

In view of the fact that chronically poor elderly women provide care and support to grandchildren and orphans, the study findings reveal that 36 per cent of the respondents were care givers to grandchildren who were still schooling. In particular, the study shows that 18 percent had two grandchildren still in school and another 4 per cent indicating that they have six grandchildren while 4 per cent reported to be have four grandchildren still in school. The findings also reveal that 10 per cent have one to eleven grand children still schooling accounting for 2 per cent each with one, three, five, eight and eleven grandchildren. Respondents who had no grandchildren in this category were 64 per cent. The findings of the study further indicated that chronically poor elderly women provide for care and support for their grand children who are not in school. Those chronically poor elderly women caring for a single grandchild who is not in school accounted for 6 per cent while 4 per cent of the elderly women have three grandchildren who were not schooling. At 2 per cent were elderly women with two, four, five, and six grandchildren who they were taking care of. Similarly, 82 per cent of the respondents have no grandchildren who they take care of and who are out of school.

Table 8.0 Percentage distribution of dependants household composition

Own children in school		
Number of dependants	%	Total (N)
1	8	4
2	2	1
3	2	1
5	2	1
6	2	1
None	84	42
Total	100	50
Own children not in school		
Number of dependants	%	Total (N)
1	14	7
2	6	3
None	80	40
Total	100	50
Grand children in school		
Number of dependants	%	Total (N)
1	2	1
2	18	9
3	2	1

4	4	2
5	2	1
6	4	2
8	2	1
11	2	1
None	64	32
Total	100	50
Grand children not in school		
Number of dependants	%	Total (N)
1	6	3
2	2	1
3	4	2
4	2	1
5	2	1
6	2	1
None	82	41
Total	100	50

Source, Field Data, 2010

Household contribution to the upkeep of dependants

The contribution by households to the care and upkeep of dependants is a key factor in the understanding of chronic poverty. Household contribution to the upkeep and care of dependants depresses its resource base and its capacity to effectively provide for the needs of its members. A household with many dependants for example will have to provide for them in terms of their healthcare and education. The study investigated the extent of contribution to the upkeep and care of dependants.

A cross tabulation of age by contribution to the care and upkeep of dependants shows that overall, 34 per cent of the respondents said their contribution to the care and upkeep of dependants is of greater extent while 8 per cent indicated that their contribution to the care and upkeep of dependants is of great extent. The findings also revealed that 18 per cent and 10 per cent respectively said that their contribution to care and upkeep of dependants was of low extent and very low extent respectively.

More particularly the findings indicated that 10 per cent and 16 percent of those aged 50-60 years and 61-70 years contributed at a greater extent while 8 per cent of those aged 71-80 years reported of having contributed to a great extent in the care and upkeep of dependants. None of those in the age of 80 years and above reported to have contributed either at a greater extent or great extent to the care and upkeep of dependants. The findings further showed that 2 per cent and 4 per cent of the respondents aged 50-60 years contributed at low extent and very low extent

respectively, with 4 per cent not contributing at all to the care and upkeep of the dependants. From the findings, 4 per cent and 6 per cent of those in the age category of 61-70 years indicated that they had contributed at a great and lower extent respectively with those contributing at very low extent and those not contributing at all accounting for 2 per cent and 8 per cent respectively. Another 4 per cent and 2 percent of those aged 71-80 years indicated to have contributed at greater and low extent respectively while those contributing at very low extent and those not contributing anything at all accounting for 10 percent. Though the frail old (80+) indicated not to have contributed at greater and great extent, the findings show that their contribution at low and very low extent accounted for 6 per cent and 4 per cent respectively. In this age category, those who reported not to have contributed anything at all accounted for 8 per cent. Variations can however be observed from the findings where there is 16 percent at the age category of 61-70 years contributing at a greater extent while the frail old (80+) not making any contribution.

Table 9.0 Age of respondent by contribution to upkeep of dependants cross tabulation

Age of Respondent	Extent of contribution to upkeep of dependants					Total (N)
	Greater extent	Great extent	Low extent	Very low extent	N/A	
50 -60 Years	5	-	2	1	2	10
% of Total	10	-	4	2	4	20
61- 70 Years	8	2	3	1	4	18
% of Total	16	4	6	2	8	36
71 - 80 Years	4	2	1	1	5	13
% of Total	8	4	2	2	10	26
80+	-	-	3	2	4	9
% of Total	-	-	6	4	8	18
Total (N)	17	4	9	5	15	50
% of Total	34	8	18	10	30	100

Source, Field Data, 2010

4.4 Indicators of chronic poverty among the elderly women

Food intake

Food is a universal human right and a basic need. One way of determining the extent of poverty in a society is to know the average food intake per household. During the participatory chronic poverty assessment seminars participants noted that most chronically poor households go without food for over four times in a week. This study, investigated whether respondents had gone without food and if so how many times? Cross tabulating the two variables gives the following findings

Gone Without Food	Number of Times/Month							Total (N)
	Once	Twice	Thrice	Four Times	Five Times	Over Five Times	None	
Yes	1	4	5	4	2	30	-	46
% of Total	2	8	10	8	4	60	-	92
No	-	-	-	-	-	-	4	4
% of Total	-	-	-	-	-	-	8	8
Total (N)	1	4	5	4	2	30	4	50
% Of Total	2	8	10	8	4	60	8	100

Source, Field Data, 2010

From the findings, overall, 92 per cent of the respondents reported to have gone without food, while 8 per cent said they had never gone without food. The data shows that 60 per cent have gone without food for over five times in a month while 10 per cent reported to have gone without food for over three times in a month. Furthermore, 8 percent said they had gone without food for two times and four times respectively with those reporting to have gone without food only once and for five times accounting for 2 per cent and 4 per cent respectively. Food availability and intake by the chronically poor elderly women is a challenge. Though a bigger percentage of the women had often gone without food, there are quite a number of livelihood strategies that they employ to survive.

The main strategy used by the elderly to survive has been on the reliance of relief food. Ganze constituency has been a beneficiary of relief supplies from the government and also from Non-Governmental Organization. From the field notes, it was noted that the age of the recipients of the relief food supplies had been put at 64 years and therefore excluding those who are chronically poor but were under this age category. As noted earlier on in this report, the natural environment has been very helpful in aiding the chronically poor elderly women. Gathering of wild vegetables and edible root tubers has been some of the strategies that the chronically poor elderly women on for survival. It is equally important to appreciate that family support has been one of the main strategies used by chronically elderly women to survive.

Cross tabulations of the background characteristics of age, marital status and location of residence with food intake by the chronically poor elderly women show some variation. The data from Table 11 shows that 32 per cent and 18 per cent respectively of those aged 61-70 years and

50-60 years reported to have gone without food with as few as 4 per cent and 2 per cent in the age categories above saying that they have never gone without food. Among the late old age (71-80 years) and the frail old (80+) have 24 per cent and 16 per cent respectively reporting to have gone without food. On a general scale, higher percentages are shown in all age categories to have gone without food, and this serves to confirm the earlier statement that more and more elderly women in Ganze constituency often go without food.

Table 11.0 Age of Respondent by Gone without food cross tabulation

Age of Respondent	Have you ever gone without food		
	Yes	No	Total (N)
50 -60 Years	9	1	10
% of Total	18	2	20
61 -70 Years	16	2	18
% of Total	32	4	36
71 - 80 Years	12	1	13
% of Total	24	2	26
80+	9	-	9
% of Total	18	-	18
Total (N)	46	4	50
% of Total	92	8	100

Source, Field Data, 2010

Cross tabulation of marital status by food intake show that 12 per cent and 76 per cent of the chronically poor elderly women who are married and widowed respectively have gone without food, while 4 per cent of those who are separated have gone without food. Another 6 per cent of the chronically poor elderly women who are widowed and 2 per cent of the singles reported not to have gone without food. From this finding, being married does not guarantee one the opportunity of always getting food. This could be because the spouse is both elderly and dependent on probably adult children or relatives for support and in case the support is not forthcoming both are vulnerable to loss of food. The other explanation for this scenario is that the spouse could be both elderly and lack the physical strength to undertake manual jobs such as working in people's farms for a wage. Finally, though relief supplies are often available among the chronically poor elderly women in Ganze as earlier on noted, such supplies could be too far away where the elderly people cannot reach them because of reduced capacity for mobility either due to some illness or old age or both.

Table 12.0 Marital Status by Gone without food cross tabulation

Marital Status	Have you ever gone without food		
	Yes	No	Total (N)
Married	6	-	6
% of Total	12	-	12
Single	-	1	1
% of Total	-	2	2
Widowed	38	3	41
% of Total	76	6	82
Separated	2	-	2
% of Total	4	-	4
Total (N)	46	4	50
% of Total	92	8	100

Source, Field Data, 2010

Location of residence of respondent can determine whether the chronically poor elderly women can access food or not. A majority of the locations of the constituency are accessible by road during the dry season. This therefore means the chronically poor elderly women can be reached for such relief supplies either from the government or from the NGOs. The situation however, changes when it rains as most places cannot be reached by road. This puts the chronically poor elderly women at a challenge since accessing relief supplies becomes hard due to impassability of most roads in the constituency. Noting that most of the constituency is essentially rural, elderly women who are still physically able and could work to raise some income to buy food cannot do so as most casual jobs are found in trading centre's which happen to be far away from where most chronically poor elderly women live denying them of some essential income which they could use to buy food. The geography of the constituency combined with some environmental factors has certain areas with some rainfall patterns enough to sustain a crop up to maturity level while other areas do not have such. Ganze location, for example has a rainfall pattern that enables farmers sustain at least one crop for the whole season. With such environmental patterns, chronically poor elderly women of Ganze location are more likely to plant at least the early maturing maize varieties and get a good harvest as compared to other areas. This therefore suggests that they are also more likely to get food than those not in the location.

Location of residence	Have you ever gone without food		
	Yes	No	Total (N)
Dida	9	1	10
% of Total	18	2	20
Palakumi	6	1	7
% of Total	12	2	14
Sokoke	10	-	10
% of Total	20	-	20
Ganze	4	2	6
% of Total	8	4	12
Bamba	5	-	5
% of Total	10	-	10
Bandari	12	-	12
% of Total	24	-	24
Total (N)	46	4	50
% of Total	92	8	100

Source, Field Data, 2010

From Table 13.0 above, 24 per cent of chronically poor elderly women of Bandari location and 20 per cent of them in Sokoke reported going without food while Dida, Bamba Ganze and Palakumi had 18 percent, 10 per cent, 8 per cent and 6 percent respectively of the chronically poor elderly women going without food. Dida and Palakumi locations also had 2 per cent respectively of the elderly women reporting having never gone without food, a case also reported in Ganze where 4 per cent said they have never gone without food. In addition to the reasons discussed above with regard to other locations being more likely to access food than others, the proximity of Ganze and Dida locations – with each being about 25 kilometers away from Kilifi town where most relief food supplies come from, could be a pointer as to why chronically poor elderly women in these locations are more likely to get food.

Household Social Capital

Household social capital refers to social networks that households engage in to safeguard their livelihoods and vulnerabilities. It may also refer to nature of social protection available to households during hardships. From the study findings in Table 14 below, 22 per cent of the respondents belonged to a social group while 78 per cent did not belong to any social group. A cross tabulation of the various age categories with membership to a social group show that 8 per cent of those in age category of 50-60 years belonged to a social group while 12 percent never belonged to any social association. The study findings also show that 8 per cent and 6 percent in the age categories of 61-70 years and 71-80 years belonged to a social association while 28 per cent and 20 per cent respectively of the respondents in these age categories indicated that they do

not belong to any social association. Furthermore, the findings revealed that none of the respondents in the age category of 80+ belonged to any social association and were not aware of the existence of the social groups while 18 per cent of the respondents admitted to be aware of the existence of social groups but never belonged to any.

From the field notes gathered, it was noted that many chronically poor elderly women actually wished to join such groups or association and were inhibited by either lack of physical strength to do so as some association such as those undertaking shamba work require one to be physically active in order to be meaningfully involved. For those associations which are investment oriented required their member to have some money to join which most chronically poor elderly women lacked. It therefore, follows that chronically poor elderly women will continue to be excluded from such associations or groups unless an association that fully understands this demographic group with all its dynamics is created to meaningfully intervene to enhance their livelihoods.

Table 14.0 Age of respondent by membership to a social group cross tabulation

Age of Respondent	Membership to a Social group		
	Yes	No	Total (N)
50 – 60 Years	4	6	10
% of Total	8	12	20
61 – 70 Years	4	14	18
% of Total	8	28	36
71 – 80 Years	3	10	13
% of Total	6	20	26
80+	-	9	9
% of Total	-	18	18
Total (N)	11	39	50
% of Total	22	78	100

Source, Field Data, 2010

Social associations and livelihood enhancement

Social associations and groups have been regarded as important agents for enhancement of livelihoods especially during times of hardships where they work to cushion the member from vulnerabilities and shocks. While many social associations cater for social needs of their members such as paying of hospital bills, paying of school fees, assisting in wedding arrangements or during funerals some associations embrace economic orientations with a bias on investment.

This study investigated whether chronically poor elderly women regard such associations to have an effect on the enhancement of their livelihoods. Findings from Table 15 indicate that overall, 2

per cent of the respondents strongly agree that the associations have enhanced their livelihoods while 18 percent saying that they are uncertain. Another 2 percent strongly disagree that social associations work to enhance the livelihoods of the chronically poor elderly women and 78 per cent found the question not relevant to them since they were not members of any association.

Table 15.0 Percentage distribution of how association with group works to enhance livelihood

Response type	%	Total (N)
Strongly agree	2	1
Uncertain	18	9
Strongly disagree	2	1
Not applicable	78	39
Total	100	50

Source, Field Data, 2010

CHAPTER FIVE

ECONOMIC FACTORS AFFECTING THE LIVELIHOODS OF CHRONICALLY POOR ELDERLY WOMEN

5.1 Introduction

Researches done on poverty and chronic poverty have made use of economic factors to understand the dynamics of the two concepts. A popular approach to measuring poverty is grounded in utility theory and empirically based on individual and household consumption or income measures (Ng'ethe and Omosa (Eds), 2009). This study investigated the economic characteristics of the chronically poor households containing chronic poor elderly women. In particular this chapter investigated individual and household consumption on food and non-food items, the kind of assets owned by the chronically poor elderly women, the livelihood activities of the chronically poor elderly women and the length of time they have been engaged in these activities.

5.2 Average Daily Individual Expenditure

Studies on poverty have largely used consumption rather than income as the most appropriate measure of well-being (Nge'the et al, 2009). According to KNBS, consumption is generally preferred as a measure of well-being because, unlike income, it is not affected by short-term fluctuations (KNBS, 2007). It is further argued that ranking of well-being based on consumption tends to be more stable for households whose income fluctuates from one year to the next or even within the year, such as households dependent on agricultural production. Besides, consumption data is easier to solicit compared to data on people's income. Most people have difficulties reporting on incomes accurately due to the seasonal nature of their employment or out of choice (Nge'the, 2009). The United Nations Development Programme (UNDP) indicates that households that spend less than 2 USD a day are classified as poor while those spending 1 USD a day are considered to be in abject poverty (UNDP, 2002).

This study investigated the daily average expenditure of individual chronically poor elderly women. From the findings in Table 16 below, only 4 per cent of the respondents reported to have an expenditure of above Kshs. 300 per day while 42 per cent said their daily expenditure was below Kshs. 50. Furthermore, 32 per cent indicated to have a daily expenditure of above Kshs. 50 but not more than Kshs. 100 while 12 per cent of the respondents said that their average

daily expenditure was between Kshs. 101-150. The respondents who indicated to have an average daily expenditure of above Kshs. 151 but less than Kshs. 200 accounted for 10 per cent.

Table 16.0 Percentage distribution of daily expenditure by an individual chronically poor elderly woman

Average daily expenditure/Kshs.	%	Total (N)
Less than Kshs. 50	42	21
51-100	32	16
101-150	12	6
151-200	10	5
Above 300	4	2
Total	100	50

Source, Field Data, 2010

5.3 Household Monthly Expenditure on Specified Items

Studies on household expenditure have narrowed down to mainly two components of consumption namely: food and non-food expenditure. Food consumption comprises food derived from purchase, own production, own stock, and gifts or other sources. The KNBS 2005/2006 Kenya Integrated Household Budget Survey (KIHBS) classified food items into cereals, bread, roots and tubers, poultry, meat, fish and sea foods, dairy products and eggs, vegetable oil and animal fats, fruits, vegetables, non-alcoholic beverages and alcoholic beverages among many others. Non-food consumption in the KIHBS study focused on basic expenditure such as personal care, medical care, transport and communication, domestic services, personal goods and recreation, and clothing. Non-food items included: education, medication, tobacco, water, cooking and lighting fuel, household operation and personal care among others (Nge'the et al., 2009).

This study investigated the household consumption among the two main components of consumption of food and non-food expenditure. For the purposes of this study, all the food items were put in a general category of food while specific non-food items were individually listed so that the researcher would be able to tell at a glance which of the two components do the chronically poor households spend most of their income on and how much do they spend for each component. Findings from Table 17 below show that 68 per cent of the respondents have a monthly food expenditure of above Kshs. 4000 while 30 per cent reported to be having a monthly food expenditure of less than Kshs.4000 and another 2 per cent could not estimate their monthly expenditure on food.

On non-food items, 46 per cent of the respondents have a monthly water expenditure of less than Kshs. 1000 with 2 per cent saying they rarely spend on water and another 56 per cent reporting not to be spending anything at all on water. Ganze constituency like many other semi arid areas that receives very little rainfall has many water pans where people get water from. This therefore means that they will spend less on the commodity as it is freely available from the water pans. During field work, the researcher observed that Ganze constituency have many water pans that have been built by NGOs operating in the area.

On clothes, 96 per cent said they rarely spend on clothes with another 2 per cent indicating that they spend on clothes once in a while. This could be as a result of the fact that clothes are not daily consumables and that one could survive with a pair of clothing for so long and would possibly get another one after the old ones are torn.

Similarly, 76 per cent indicated to be visiting the local dispensaries once in a while with 2 per cent of the respondents saying that they spend less than Kshs. 1000 on healthcare and another 3 per cent and 8 per cent saying they rarely spend on healthcare or could not estimate their monthly expenditure on healthcare respectively. From observation made by the researcher while on the field and the field notes gathered, Ganze constituency is served by 4 public dispensaries and a few private clinics all located in the divisional headquarters. Access to such facilities posed a challenge to the elderly women since the health care centers were far away from where the elderly women lived and reduced mobility had also compromised the situation. Mobile clinics provided by NGOs and Churches were frequent in the area and these gave hope to the elderly since they went closer to where the elderly women lived.

Other non-food items that the study investigated were such as expenditure on education, fuel/kerosene, and tobacco/alcohol consumption. Findings from Table 18 show that 50 per cent of the respondents spend less than Kshs. 1000 on education with another 6 percent and 4 per cent of the respondents spending less than Kshs. 2000 and Kshs. 3000 per month respectively. An additional 38 per cent never had any monthly expenditure on education with 2 per cent saying they spend once a while on education. On consumption of tobacco/alcohol, 68 per cent reported to be spending less than Kshs. 1000 per month while 2 per cent indicated to be spending once in a while and 30 per cent said the household never spends anything at all on tobacco or alcohol. The findings also show that 70 per cent of the respondents have a monthly expenditure on kerosene of less than Kshs. 1000 while 8 per cent and 4 per cent have a monthly kerosene

expenditure of less than Kshs. 2000 and Kshs. 3000 respectively. Another 18 per cent of the respondents indicated not to be using kerosene at all. From field observation and notes, most households in Ganze constituency utilize wood fuel for lighting and also for cooking and kerosene is only used for lighting small kerosene lamps at night.

Table 17.0 Percentage distribution of household monthly expenditure on specified consumption items

Food		
Amount in Kshs/Month	%	Total (N)
Less than 1000	2	1
1001-2000	12	6
2001-3000	10	5
3001-4000	6	3
4001-5000	34	17
5001-6000	12	6
6001-above	22	11
Can't tell	2	1
Total	100	50
Kerosene/Fuel		
Amount in Kshs/Month	%	Total (N)
Less than 1000	70	35
1001-2000	8	4
Once in a while	4	2
Can't tell	16	8
N/A	2	1
Total	100	50
Water		
Amount in Kshs/Month	%	Total (N)
Less than 1000	46	23
Once in a while	2	1
Can't tell	52	26
Total	100	50
Alcohol/Tobacco		
Amount in Kshs/month	%	Total (N)
Less than 1000	68	34
Once in a while	2	1
Can't tell	30	15
Total	100	50
School Fees		
Amount in Kshs/Month	%	Total (N)
Less than 1000	50	25
1001-2000	6	3
2001-3000	4	2
Once in a while	2	1
Can't tell	38	19

Total	100	50
Clothes		
Amount in Kshs/Month	%	Total (N)
Once in a while	98	49
Can't tell	2	1
Total	100	50
Health Care		
Amount in Kshs/Month	%	Total (N)
Less than 1000	2	1
Once in a while	84	42
Can't tell	14	7
Total	100	50

Source, Field Data, 2010

5.4 Ownership of Assets

Ownership of assets is a significant factor in the understanding of chronic poverty. Poor people are deprived of assets. Assets are classified as physical, social, human and environmental (Nayaran et al., 2000). Research on chronic poverty should go beyond income and expenditure to explore a wide range of livelihood components including human capital, household assets, access to services and formal networks and health issues (Du Toit, 2005).

This study investigated the kind of assets owned by the chronically poor elderly women of Ganze constituency. Findings from Table 18 below reveal that most elderly women own household assets than productive assets. Looking at cash crops as productive assets, The findings indicate that 10 per cent of the respondents own coconut palms while 34 per cent own cashew nut trees and another 26 per cent owning mango trees. With regard to ownership of livestock as productive assets, 8 per cent and 18 per cent of the respondents own cows and goats respectively with another 40 per cent owning chicken.

Land is recognized as a key factor of production and therefore, its ownership is crucial in the studies of asset ownership by the chronically poor. This study also investigated land ownership by the chronically poor elderly women of Ganze constituency. Findings from Table 18 below show that 16 per cent of the chronically poor elderly women own land. Land among the Mijikenda (a community where the sample was drawn from) is communally owned and its ownership is also patriarchal. Women therefore, have access to land and make use of it only at the pleasure of their spouses. This means that few chronically poor elderly women in Ganze constituency are likely to make use of land as a productive asset to enhance their livelihoods. From the field notes, it was noted that a majority of the chronically poor elderly women never

had farm implements such as Jembes, Pangas or Machetes. It was also observed that the chronically poor elderly women could also not afford to plough their land by the use of cattle drawn ploughs or tractors since it was expensive.

On household assets, the findings show that 50 per cent and 72 per cent of the respondents did own neither a stool nor a chair respectively. Another 32 per cent never owned jerry cans for storing water and 88 percent never owning a table. However, only 8 per cent of the respondents never owned a bed, while those who never owned any utensils accounting for 16 per cent. From the findings, 90 per cent never had any stored food stuff with those saying they have food crops in their farms accounting for 88 per cent.

The study on ownership of assets should explore beyond just ownership into real numbers of given assets. From the field notes and observation made by the researcher, most chronically poor elderly women owned either a stool or two or one chair. Because water is one of the household essential commodity, and noting that it is a scarce resource in Ganze constituency, jerry cans for storing water were either two or three in almost every household containing chronically poor elderly women.

Most household never had tables or radios and for the few that had a table, it was one with only one respondent owning one small radio. Most of the beds owned by the chronically poor elderly women in Ganze constituency were the traditional type with no mat or mattress on top. The beds in most of the cases observed were covered either with rags of torn clothes or old gunny bags.

On the productive assets, most chronically poor elderly women who reported to have coconut palms, cashew nut trees or mango trees had either one or two to show. A similar case was observed for those who reported to own livestock such as cows, goats and chicken. Though a bigger percentage of the respondents reported to have food crops in the farms, the researcher observed that most of the farms were too small to be able to produce enough food to sustain the household a whole year round even with a bumper harvest. The researcher observed that the chronically poor elderly women had small gardens behind their houses which had maize crops that they took care of and eventually harvested.

Table 18.0 Percentage distribution of assets owned by chronically poor elderly women

Kind of asset owned		
	Stool	
Response type	%	Total (N)
Yes	50	25
No	50	25
Total	100	50
	Jerry cans	
Response type	%	Total (N)
Yes	68	34
No	32	16
Total	100	50
	Tables	
Response type	%	Total (N)
Yes	12	6
No	88	44
Total	100	50
	Chairs	
Response type	%	Total (N)
Yes	28	14
No	72	36
Total	100	50
	Beds	
Response type	%	Total (N)
Yes	92	46
No	8	4
Total	100	50
	Cows	
Response type	%	Total (N)
Yes	8	4
No	92	46
Total	100	50
	Goats	
Response type	%	Total (N)
Yes	18	9
No	82	41
Total	100	50
	Chicken	
Response type	%	Total (N)
Yes	40	20
No	60	30
Total	100	50
	Utensils	
Response type	%	Total (N)
Yes	84	42
No	16	8

Total	100	50
	Stored food stuff	
Response type	%	Total (N)
Yes	10	5
No	90	45
Total	100	50
	Food crops in the farm	
Response type	%	Total (N)
Yes	88	44
No	12	6
Total	100	50
	Coconut trees	
Response type	%	Total (N)
Yes	10	5
No	90	45
Total	100	50
	Cashew nut trees	
Response type	%	Total (N)
Yes	34	17
No	66	33
Total	100	50
	Mango trees	
Response type	%	Total (N)
Yes	26	13
No	74	37
Total	100	50
	Land	
Response type	%	Total (N)
Yes	16	8
No	84	42
Total	100	50

Source, Field Data, 2010

5.5 Houses owned by chronically poor elderly women

The knowledge of whether or not chronically poor elderly women own house is significant in the understanding of chronic poverty. The other aspect worth investigating is the type of house owned by chronically poor elderly women. This study investigates type and ownership of houses by the chronically poor elderly women. It also sort to understand in whose house do chronically poor elderly women stay should they not own houses. The findings in Table 19 indicate that 80 per cent of the chronically poor elderly women own their own houses while a paltry 20 per cent indicated that they do not own a house. During the participatory chronic poverty assessment seminars, participants indicated that most chronically poor elderly women never owned houses.

The findings of this study however, are contrary to what participants in the seminars indicated. From the field notes, it was observed that the issue is not whether or not the chronically poor elderly women owned houses but the type of house that they owned. From observation, many chronically poor elderly women owned houses of very low quality, often made up of very low quality materials and grass thatched. The study also revealed that those who never had houses of their own were either accommodated in their child's house or in a relative's house.

Table 19.0 Percentage distribution of house ownership by chronically poor women

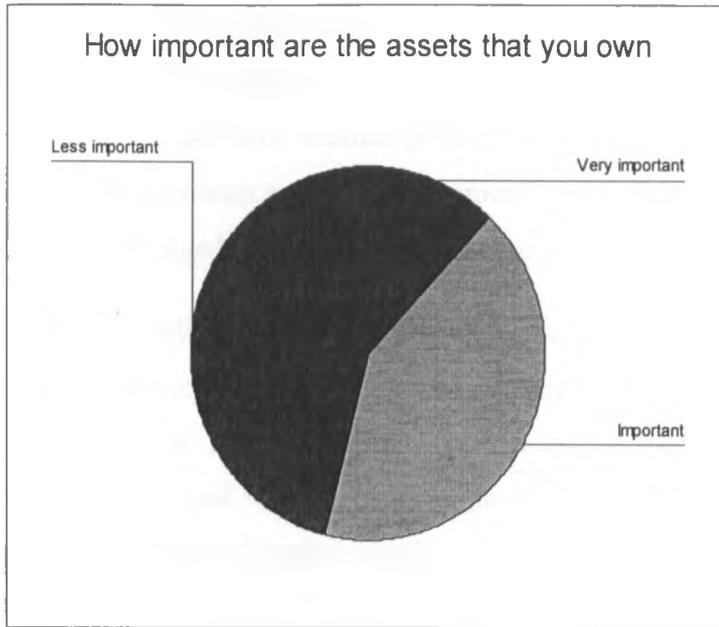
House Ownership	%	Total (N)
Yes	80	40
No	20	10
Total	100	50

Source, Field Data, 2010

5.6 Asset importance on Livelihood Enhancement

Assets have been described as stocks of capital that can be utilized directly, or indirectly, to generate the means of survival of the individual or household or to sustain its material well-being at different levels above survival (Ellis, 2000). He further argues that livelihood enhancement through assets require the translation of the set of assets into a livelihood strategy composed of a portfolio of income earning activities mediated by a number of contextual social, economic and policy considerations. This study investigated how important were the assets owned by chronically poor elderly women in the enhancement of their livelihoods. The findings of the study are given in the figure below.

Figure 1: How important are the assets that you own



Source, Field Data, 2010

The findings in Figure 1 above show that 12 per cent of the respondents thought that the assets they owned were very important in the enhancement of their livelihoods while 42 per cent indicated that they were important. Another 46 per cent of the respondents interviewed said that the assets they owned were less important in the enhancement of their livelihoods.

5.7 Livelihood activities of chronically poor elderly women

Poverty is multi-dimensional deprivation, leading to hard living, begging and hunger, or under-nutrition or both. The poor people live in many different situations and, if and when they have work, the work is insecure, casual and extremely low paying (Nge'the et al, 2009). This study investigated the livelihood activities of the chronically poor elderly women. Findings from the study reveal that, the most common livelihood activities undertaken by elderly women in Ganze constituency are begging, casual laboring, gardening in own farm, baby care, gathering and sell of fuel wood, livestock keeping, producing of charcoal for sale and butterfly keeping for sale.

Findings from Table 20 indicate that 2 per cent of the respondents have been engaged in begging for over 10 years and another 2 per cent having been engaged for 20 years. Those indicating that they had begged for over 20 years account for another 2 per cent. Casual laboring had 10 percent engaged in the activity for almost 15 years while those who have been engaged in the activity for almost 20 years accounting for 10 per cent and another 32 per cent having been casual laborers

for over 20 years. Gardening in own farm was found to be the most common activity for the chronically poor elderly women with 8 per cent having undertaken the activity for over 10 years and another 70 per cent having undertaken the activity for over 20 years. Those who were not engaged in this activity were 22 per cent. Collection and sell of fuel wood was seen to require physical strength and thus less common among the chronically poor elderly women. This activity had 2 per cent of the women engaged and 98 percent not engaged.

From the field notes, it was established that gathering of fuel wood for sale required one to have a license from the forest department which most elderly women found it difficult to get as they had to travel to Kilifi town for it. Elderly women reported that in the likely event that one is found by forest guards gathering fuel wood and not in possession of the license, they would be arrested and fined or be prosecuted and finally jailed.

Baby care had 2 per cent of the respondents having been engaged for less than 5 years with another 4 per cent and 2 per cent having undertaken the activity for over 10 years and over 20 years respectively. From the field notes', keeping of livestock was viewed to require heavy capital to enable one undertake the activity often lacking among many chronically poor elderly women. In respect of this fact, the findings show that 2 percent of the respondents had undertaken the activity for less than 5 years with another 2 per cent saying they have kept livestock for not more than ten years. Those who were not undertaking the activity accounted for 96 per cent.

From observation, the researcher also noted that the respondents who were undertaking the activity had only one cow which was a local breed and produced no milk which could either be sold or consumed by the chronically poor elderly women. From observation, it was noted that production of charcoal for sale was an activity undertaken by elderly women who were in their early old age of 50-60 years. According to findings in Table 20 below, 6 percent of the respondents had undertaken the activity for not more than 15 years while 94 per cent indicating that they have never been engaged in the activity.

Table 20.0 Percentage distribution of livelihood activities of elderly women

Begging		
Time engaged in activity/Years	%	Total (N)
11-15 years	2	1
16-20 years	2	1
Over 20 years	2	1
N/A	94	47
Total	100	50

Casual Labouring		
Time engaged in activity/Years	%	Total (N)
11-15 years	10	5
16-20 years	10	5
Over 20 years	32	16
N/A	24	48
Total	100	50

Gardening in own farm		
Time engaged in activity/Years	%	Total (N)
11-15 years	4	2
16-20 years	4	2
Over 20 years	70	35
N/A	22	11
Total	100	50

Baby Care		
Time engaged in activity/Years	%	Total (N)
Less than 5 years	2	1
11-15 years	4	2
16-20 years	2	1
Over 20 years	2	1
N/A	90	45
Total	100	50

Producing charcoal for sale		
Time engaged in activity/Years	%	Total (N)
11-15 years	6	3
N/A	94	47
Total	100	50

Livestock Keeping		
Time engaged in activity/Years	%	Total (N)
Less than 5 years	2	1
6-10 years	2	1
N/A	96	48
Total	100	50

Source, Field Data, 2010

5.8 Livelihood activities' effect on welfare of the chronically poor

The study investigated whether or not livelihood activities pursued by the chronically poor elderly women had had an effect on their general welfare. Findings in Table 21 below show that 40 per cent of the respondents agree that the livelihood activities they have been pursuing have had an effect on their general welfare. Respondents who said that they strongly agree that the livelihood activities they have been pursuing have had an effect on their general welfare accounted for 6 per cent while respondents who were uncertain of whether the livelihood activities have had or not had an effect on their general welfare accounting for 36 per cent. A further 6 per cent and 2 per cent disagreed and strongly disagreed respectively that the livelihood activities they have been engaged in had had an effect of their general welfare.

Table 21.0 Percentage distribution of livelihood activities' effect on older persons welfare

Response on effect on welfare	%	Total (N)
Strongly agree	6	3
Agree	40	20
Uncertain	36	18
Disagree	6	3
Strongly disagree	2	1
Not Applicable	10	5
Total	100	50

Source, Field Data, 2010

5.9 Respondents intervention type on livelihood enhancement

Livelihood improvement is crucial for the survival of the chronically poor elderly women. This study investigated the possible interventions that could be put in place to improve on the livelihoods of the chronically poor elderly women, viewed from the perspective of the chronically poor themselves.

Findings from Table 22 below show that 86 per cent of the respondents interviewed perceived food transfers as the best intervention for livelihood improvement. Another 82 per cent said that building houses for the chronically poor elderly women was a better intervention while 30 per cent thought that giving of cash transfers to the chronically poor elderly women would help improve their livelihoods. The findings also reveal that 30 per cent of the respondents interviewed would have their livelihoods improved if they would be given clothes while 16 per cent felt that educating their dependants would improve their livelihoods. Similarly 16 per cent of the respondents interviewed said that provision of free medical care to the chronically poor

elderly women would significantly improve on the livelihoods of the chronically poor elderly women. Those who thought that when given dairy animals and be provided with basic household furniture such as beds could improve their livelihoods accounted for 14 per cent and 10 per cent respectively. A further 8 per cent and 6 per cent indicated that giving them basic household items and buying them land respectively could significantly improve on their livelihoods while those who thought that provision of piped water could improve on their livelihoods accounted for 4 per cent.

Table 22.0 Percentage distribution of preferred intervention to improve livelihoods of elderly women

Preferred Intervention		
	Buying land	
Response type	%	Total (N)
Yes	6	3
No	90	45
Not Sure	2	1
Do not know	2	1
Total	100	50
Build House		
	%	Total (N)
Yes	82	41
No	14	7
Not Sure	2	1
Do not know	2	1
Total	100	50
Give Food		
	%	Total (N)
Yes	86	43
No	10	5
Not Sure	2	1
Do not know	2	1
Total	100	50
Give Cash		
	%	Total (N)
Yes	30	15
No	66	33
Not Sure	2	1
Do not know	2	1
Total	100	50
Educate Dependants		
	%	Total (N)
Yes	16	8
No	80	40
Not Sure	2	1

Do not know	2	1
Total	100	50
Provide medical care		
Response type	%	Total (N)
Yes	16	8
No	80	40
Not Sure	2	1
Do not know	2	1
Total	100	50
Provide piped water		
Response type	%	Total (N)
Yes	4	2
No	92	46
Not Sure	2	1
Do not know	2	1
Total	100	50
Buy Clothes		
Response type	%	Total (N)
Yes	30	15
No	66	33
Not Sure	2	1
Do not know	2	1
Total	100	50
Provide Basic household Items		
Response type	%	Total (N)
Yes	8	4
No	88	44
Not Sure	2	1
Do not know	2	1
Total	100	50
Give Dairy Cows		
Response type	%	Total (N)
Yes	14	7
No	82	41
Not Sure	2	1
Do not Know	2	1
Total	100	50

Source, Field Data, 2010

CHAPTER SIX

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

6.1 Introduction

The study investigated the livelihood strategies that chronically poor elderly women in Ganze constituency engage in for a living. In order to understand the strategies, this study particularly investigated the characteristics of the chronically poor households, activities undertaken by the chronically poor elderly women, economic factors affecting the livelihood activities of the chronically poor elderly women and interventions that can be put in place to improve on their livelihoods. This chapter presents the summary of findings, draws conclusions from the findings and gives policy recommendations.

6.2 Summary of Findings

Social characteristics of a household are important in the understanding of the livelihoods pursued by that household. Marital status of an individual influences the kind of livelihood strategies open to them or their households. Married women it was established are more likely to benefit from the income earned by their spouses contrary to widows who lack support from their relatives or spouses who might have died earlier on. Widowhood was perceived to be the main cause of chronic poverty among the elderly women of Ganze constituency. Widowhood was perceived to be a negative status resulting in the loss of relation to the male-headed household and assets.

Education is crucially important in determining the quality of life a person and their household are likely to live. The higher the level of education the more likely one is going to lead a life of good health informed by rational decision and a positive outlook towards life. The study reveals that chronically poor elderly women in Ganze constituency never had any formal schooling. They are also likely not to take their children and other young dependants to school and would let their children go to towns in search for casual jobs such as house helps or houseboys in houses of the rich to supplement household income.

The study undertook to find out dependant household composition in households containing chronically poor elderly women. Findings reveal that a big percentage of the chronically poor elderly women have dependent children. The children often help with domestic duties and at times undertake casual jobs (underpaid in most cases) to supplement the household income.

Remittances from adult sons and daughters who left their children with their older parents and went to towns in search of jobs have become important livelihood strategy for the chronically poor elderly women.

Food is a basic need and access to food is a universal human right. Findings reveal that often, chronically poor elderly women go without food, sometimes for more than six times in a month. Access to food and its intake is a real challenge to the chronically poor elderly women. Reliance on relief food was found to be the main livelihood strategy by the chronically poor elderly women. Age is a crucial factor in the access of relief food with those who are 64 years and above benefitting. In cases where poor elderly women could not access food, skipping of meals became the best livelihood strategy at their disposal. Gathering of edible wild vegetables (*mutunga and Vongonya*) and tubers also became an option.

Measuring of daily household and individual expenditure or consumption rather than income is the best way to determine well-being in its many dynamics. The study found out that a majority of the respondents had a daily expenditure on food of less than Kshs. 300. Households containing chronically poor elderly women spend most of their income on food and food related items rather than on non- food items. Many households draw water from water pans and have minimal expenditure on water. On the non- food items, the chronically poor elderly women rarely spend their income on clothes and health care. The study found out that mobile clinics giving basic health care services were frequent in the constituency. Such initiatives the study found out were provided by the Non-Governmental organization (NGOs).

A household social capital determines the type of livelihood activities that the household engages in. It defines some of the livelihood strategies open to the household and its members. Social groups or associations are known to cushion its membership from shocks and vulnerabilities. Membership to a social association or group is a livelihood strategy by itself. Findings show that a majority of the chronically poor elderly women are not members of such groups and association and therefore more likely not to benefit from such social networks or associations.

Family support is the oldest form of social support to the chronically poor elderly women and continues to play a significant role in the care and upkeep of the elderly persons and their dependants. In order to understand how family support works as a livelihood strategy, the study investigated ownership of shelter (house) by chronically poor elderly women. Findings reveal

that most respondents never own shelter and were accommodated in either a relative's house or in their children's house. The study also find out that family support extended to provide for the dependants of chronically poor elderly women especially when they were in frail old age (above 80 years) and could not work to provide for themselves or for their dependants.

Ownership, access, claims and control of assets by an individual or a household is crucially important in determining the individual or household livelihood security. Findings show that chronically poor elderly women have limited assets. Most elderly women own more of household assets than productive assets and never utilized household assets for income generation or generally for production which would in turn have changed them to productive assets. Exploring into the real number of the assets owned the study found out that those who owned cash crops such as coconut palms, mango trees and cashew nut trees had only one or two trees to show.

On the activities chronically poor elderly women undertake to raise a living; findings reveal that households containing chronically poor elderly women engage in all kinds of activities (natural based or non-natural based). They undertake food cultivation in own farms, work in other people's farms, tend to people's livestock, produce charcoal for sale, make ballast for sale and others engage in formal as well as in informal employment. The study found out that the most common activities undertaken are food cultivation in their own small farms and working in peoples farms for a wage (*Kurimira vipande*).

On what the chronically poor elderly women thought could be done to improve on their livelihoods, the study found out that most of the chronically poor elderly women viewed food transfer, building houses for them and giving them cash transfers (in that order) as the best intervention. Many of the respondents thought that educating their dependants, providing them with free medical care or giving them piped water and helping them set up an income generating activity would sustainably improve their livelihoods.

6.3 Conclusion

The chronically poor elderly women in Ganze constituency are not a homogenous group. They include, among others, the uneducated, the married, single, widowed, and separated and were of varying age categories. The study concludes that households containing the chronically poor elderly women are unable to meet certain minimum level of consumption rate at which the basic

needs such as food and education are fulfilled. Most of the chronically poor elderly women lacked productive assets and had very limited household assets.

From the findings, the study concludes that households containing chronically poor elderly women have many young dependants and few adults (18 years and above) who could work to provide for the household. The study concludes that majority of the chronically poor elderly women are still engaged in active work even at late old age. Most of the chronically poor elderly women have small gardens just behind their houses where they mainly grow maize and vegetables. They also work in other people's farms for a wage. The elderly women undertake any kind of job that will provide them with an income such as making and selling of charcoal and baby care. From the study findings, households containing chronically poor elderly women spend almost all their income on food and regard food as the most important basic need.

The study concludes that a majority of the chronically poor elderly women are not members of any social group or association. They therefore do not benefit from such social networks. However, for those few who are members of such association agree or are uncertain of whether such groups enhance their livelihoods.

From the study findings most chronically poor elderly women have developed some livelihood strategies which they employ to derive some living just above survival. These livelihood strategies are begging, skipping of meals or going without food the whole day, eating of edible wild vegetables and tubers and keeping of children out of school. Other livelihood strategies are reliance on family support or support from relatives and well wishers, reliance on relief food and use of traditional medicine in place of conventional medicine in the cure of simple ailments. A cultural practice of older women 'marrying young women' so as to be aided in domestic chores as well as for livelihood support was also seen to be one of the livelihood strategies used by the chronically poor elderly women for survival. In conclusion the study findings revealed a thin line between livelihood strategies and activities pursued by the chronically poor elderly women for livelihood support.

6.4 Recommendations

Age is a factor in a person's ability to escape from or remain in poverty. Available data indicates that in Kenya poverty tends to decrease with age, except for those over 65 years (Nge'the et al,

2009). The following recommendations should be considered in order to reduce poverty among the chronically poor elderly women of Ganze constituency.

The government, civil society organizations and the NGOs should work together to enhance the social protection interventions that the government have started rolling out to chronically poor elderly people. In particular, the government should work to extend the cash transfer programme to include the elderly women who are young than 64 years; the cut off age set by the government for one to benefit from the programme, but are highly deprived and are in chronic poverty. A criteria should be participatory developed by the chronically poor and development agents to ensure that none of the chronically poor (age not withstanding) are left out of the cash transfer programme.

The government together with the civil society organizations and NGOs should also consider giving the chronically poor elderly women food transfers since their struggle is to put food on the table for survival. The relief food rations given out indiscriminately should be directed in a more focused way to benefit the chronically poor elderly women. A clear relief food distribution policy should be put in place and implemented to have the chronically poor benefit from it. Alongside this policy, the government should work to encourage family support systems as they guarantee continued support for the chronically poor elderly women since this is the only way that discourages perpetual dependence on the state.

The government should also come up with special social protection schemes to target households containing the chronically poor elderly women. These schemes should have the objective of assisting households to accumulate productive and household assets. These schemes should be grounded on implementable government social protection policies that should not only help to enhance consumption but also to raise the productive asset levels.

There is also need by the government to develop a legal framework to address gender equity and enhance women's claim, ownership, access and control over resources. It is equally important to create awareness among the community with regard to retrogressive cultural practices that inhibit women from inheriting property after the death of a spouse in a bid to stamp them out. In its place, culturally agreed structures should be put in place to enhance the protection and management of such property for the benefit of the entire household.

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Appendix 1

Draft Instrument - Individual Questionnaire to Interviewees

My name is **Mwahunga Julius**. I'm a Graduate Student at the Institute for Development Studies of the University of Nairobi. I'm conducting a survey on Chronic Poverty and Livelihood Strategies among Elderly Women of Ganze Constituency. I will be glad if you could spare some of your time to respond to a few questions that I will ask you. I wish to assure you that the information gathered here is for academic purposes only and will be treated with utmost confidentiality. May I thank you in advance for your time and cooperation.

SECTION ONE

Background Information

1. Location of Residence.....

2. Age of Respondent

1- (50-60) 2- (61-70) 3-(71-80) 4- (Over 80)

3. Marital status

1- Married 2-Single 3-Divorced 4-widowed 5- Separated

Others (Specify).....

4. Educational Background

1- Never Schooled 2- Primary Completed 3- Primary not completed

4- Secondary completed 5- Secondary not completed 6-Tertiary 7-University

Others (specify).....

SECTION TWO

Household Information

5. How many adults stay in this household? (18 years and above)

1-None 2- One 3- Two 4- Three 5- Four 6- five 7- Six 8- Seven 9- Eight

10- Nine 11- Ten and above

Others (specify).....

6. What economic activities are they engaged in?

1- Idling 2-Gardening 3- ~~Harvesting~~ Harvesting various merchandise 4- Selling Mnazi

5- Working in people's farms 6- Producing Charcoal for sale 7- Making Makuti for

Sale 8- Working as baby sitters 9- Watchman 10- Motorcycle Rider (Bodaboda)

11- Formally employed 12- Informally employed (Jua Kali)

Others (Specify).....

7. Indicate number of children under the age of 30 years living in this household

Children under 30 years living in the house	Number
1. Under five years	
2. Six – Twelve years	
3. Thirteen – seventeen Years	
4. Eighteen – Twenty five years	
5. Twenty six – Thirty years	

8. How many of your children are working?

- 1- One 2- Two 3- Three 4- Four 5- Five 6- Above five

9. What is their average income in Kshs/ Month?

- 1- (1,500- 2,000) 2-(2,001- 3,000) 3- (3,001- 4,000) 4- (4,001- 5,000)

- 5- (Above 5,000) 6- Can't Tell

10. What aspect of your livelihood have the children enhanced?

- 1-Provision of food 2- Provision of clothes 3- Pay for rent

- 4- Enhanced expenditure 5- Education for siblings 7- Provision of healthcare.

Others

(Specify).....

11. Have you ever gone without food in any day?

1- Yes 2- No

12. If yes, how many times in a month have you gone without food?

1- Once 2- Twice 3- Thrice 4- Four times 5- Five times 6- Over five times

13. In the table below, indicate the number of dependants that you have

Dependant Type	Number
1. Own children in school	
2. Own children not in school	
3. Grand Children in School	
4. Grand children not in school	
5. Older parents	
Other Dependants (specify)	

14. Who takes care of these dependants?

1- Self 2- Well-wishers 3- Relatives

Others

(specify).....

15. To what extent do you contribute to the upkeep of the dependants?

1- Greater extent 2- Great extent 2-Low extent 4-Very low extent

16. What is your contribution in the care and upkeep of the dependants?

1- Give food 2- Give clothes 3- Provide Shelter 4- Provide for healthcare

Others

(specify).....

17. (a). Do you own this house?

1- Yes 2- No

(b) If No, where do you stay?

1- Childs house 2- Given Shelter by well wishers 3- In a relative's house 4- In a rented House

5- Institutionalized

(c) If in a rented house, who pays the rent for the house?

1- Self 2- Children 3-Relatives 4- Well wishers 5- Employer 6- Spouse 7- Grand children

Others

(Specify).....

(d) How much in Kshs is the rent for the house

1- (Less than 500) 2- (501-1,000) 3- (1,001- 1,500) 4- (1,501- 2,000) 5- (2,001 – 2,500)

6- (2,501- 3,000) 7- (Above 3,000)

SECTION THREE: LIVELIHOOD ACTIVITIES AND ASSETS

A. Information on livelihood Activities

18. In the table below, please indicate the activities that you undertake to earn your living and the length of time you have been engaged.

Livelihood Activity	Length of time undertaken in years
1- Begging	
2- Casual laboring/gardening in people's farms	
3- Gathering of wild fruits and tubers	
4- Gardening in own farm	
5- Baby care	
6- Selling Vegetables	
7- Hawking fish/ Selling Omena	
8-Collection and sell of fuel wood	
9- Weaving	
10- Livestock keeping	
11- Fetching water for others	
12- Making makuti for sell	
13- Brewing and selling of alcohol	
14- Making and selling of Charcoal	
15- Renting land/house	
Others(Specify)	

19. Of the activities mentioned in 18 above, which particular activity/ies do you engage in most?

.....
.....

20. The livelihood activities stated above have had an effect on my general well-being?

1-Strongly agree 2- Agree 3- Uncertain 4- Disagree 5- Strongly disagree

21. What is your average daily expenditure in Kshs?

1-(Less than 50) 2- (51-100) 3-(101- 150) 4- (151- 200) 5- (201- 250)

6- (251- 300) 7- (Above 300)

22. In the table below, please estimate how much money in Kshs. your household spends on the following items per month?

Expenditure item in a household	Estimate in Kshs/ month
1-Food items	
2-Water	
3- Clothes	
4-Alcohol/ Tobacco	
5-Paying school fees	
6-Rent	
7- Fuels	
8- Healthcare	
Others (specify)	

B. Information on livelihood Assets

23. Do you own any of the following assets?

1- Stools 2- Jerry cans 3- Tables 4- Chairs 5- Television 6- Radio 7- Cupboards 8- Beds 9- Mats

10- Mattresses 11- Utensils 12- Stored foodstuff 13- Coconut palms 14- Cashew nut trees

15- Mango trees 16- Food crops in the shamba 17- Cows 18- Goats 19- Chicken 20- Own land

21- Sewing machine 22- Bicycle 23- Money in cash 24. Money in Bank 25- Rental houses

Others(Specify).....
.....

24. How important are the assets that you own in enhancing your livelihood?

1- Very important 2- Important 3- Less important 4- Not important

25. (a) Are you a member of any social group?

1- Yes 2- No

26. What activities does the group engage in?

1- Shamba work 2- Help building shelter 3- Give food 4- Give household item 5- Investment

Others
(Specify).....

27. My association with the group has worked to enhance my livelihood

1-Strongly agree 2- Agree 3- Uncertain 4- Disagree 5- Strongly disagree

28. What in your opinion, should be done to enhance the livelihood of the elderly women in Ganze Constituency?

.....
.....

THANK YOU

APPENDIX II

1. Welcome and Warm up

Participants attending the seminars will be informed what time the seminars shall begin. A welcome note shall be pinned on the door of the seminar venue to welcome participants. Participants who will arrive early will be asked to help organize the hall ready for the day's activity.

2. Participants expectations and fears of the seminar

Participants will be given cards on arrival to write their expectations and fears. These they will then pin them on the wall or board. They will also be asked to write down what they hope to learn and contribute. Each participant will then write ones name in this card.

3. Research Objectives

Research objectives will be explained by the researcher to the participants and seek support from them to help in the achievement of the objectives. The researcher will also briefly define and explain to the participants the concept of chronic poverty.

4. Introduction of the participants- The 'mingling game'

In order for participants to introduce themselves they will be asked to play the mingling game where they will be asked to abruptly pair with someone they had never met before. Pairs will then be given about five minutes to share among themselves relevant information including name, where one comes from, what they do amongst other relevant information. Each participant will then be asked to introduce ones partner in the most interesting way possible.

5. Group Time Line

Participants will be given A4 size paper and asked to draw ones journey of life and in it capturing important ups and downs faced. They will then be given 3 minutes each to present ones journey of life. Participants will be asked to cluster common issues featuring in the journeys of lives and reflect on the objectives of the seminar.

6. Ground Rules and Team Tasks

Participants will be asked to set up rules to be followed at all times during the course of the seminar and to voluntarily pick tasks and responsibilities for the seminar. These include; time keeping, Hall Arrangement, Energizer, group leader, and one to make the recap before the start of a new session.

7. Chronic Poverty Characteristics and Wealth Ranking

In three groups, participants will be asked to write what they feel are the characteristics of chronic poverty and the chronically poor. They will then be given cards to write what the rich have and what the poor have. The cards will then be sorted out to identify the similarities and differences. A discussion will be held to clarify key indicators defining the chronically poor in Ganze constituency.

8. Household Mapping Exercise

Participants will be put in three groups according to the location they come from. They will then be given a list containing names of all the households found in each location. Participants will be asked to identify and write down in A4 paper names of chronically poor households that contain elderly women. A discussion will then follow to clarify those households by members from other groups, should they happen to know them.

9. Activity, Resource and Benefit Analysis

Participants will be put into three groups and will be given the following questions to respond to in a flip chart.

- (i) List down the characteristics of chronically poor households containing chronically poor elderly women
- (ii) What activities do the chronically poor elderly women in chronically poor households undertake for a living?
- (iii) List down the economic factors shaping the livelihood activities of the chronically poor elderly women in Ganze constituency.

(iv) What do you think can be done to improve the livelihoods of the chronically poor elderly women in Ganze constituency?

Each group will then have a group secretary who will present their responses at the plenary. A brief plenary discussion will then follow to clarify any issues raised.

10. Listing of chronically poor households in Ganze Constituency

After listing all chronically poor households, participants will be provided with cards to stick up on the identified houses for further in-depth research.

11. Review of the day's activities by researcher and research assistant.

12. Vote of thanks by researcher

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