

**FACTORS INFLUENCING THE PLACEMENT OF OLD PERSONS IN
HOMES FOR THE AGED IN KENYA: A CASE OF SAGANA HOME FOR
THE AGED IN KIRINYAGA EAST SUBCOUNTY: KIRINYAGA COUNTY**

BY

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DECLARATION

I declare that this research project is my original work and has not been presented to any institution of higher learning for the award of Diploma or Degree.

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This research project has been submitted for examination with my approval as University supervisor.

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DEDICATION

I dedicate this work to my sons Robert and Michael for their understanding when I had to be away in class and could not attend to them. Their encouragement that I soldier on kept me going and gave me the strength to complete this work.

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ABBREVIATIONS

AHCA	American Health Care Association
ADL	Activities of Daily Living
LTC	Long term Care
SPSS	Statistical Program for Social Statistics
USA	United States of America

ABSTRACT

As population in Kenya increases the utilization of homes for the old is an area of concern. In Kenya the number of older persons, 60 years and above has risen dramatically, from a modest number of 270,000 in 1949 to 1.9 million in 2009. The demographic shift towards increased older persons in society has been accompanied by rapid urbanization, shifting attitudes within communities and population movements. In particular, the increased movement of younger persons from rural to urban areas in search of employment has led to major changes in family structures, resulting in the breakdown of the extended family support systems to older persons in society with its in-built traditional social protection systems. On the other hand rural urban migration has also created a segment of older persons in urban areas who face peculiar challenges. Therefore this study investigated the factors influencing placement of old persons in homes of the aged in Kenya. The study was carried out in Sagana home for the aged in Kirinyaga East in Kirinyaga County. The study focused on; health, family structure, access to caregivers and income of the old persons and how they influenced placement of old persons in homes for the aged. The study employed a descriptive survey research design. The target population under study was all the 109 people who are in Sagana home for the aged including the old persons, the social workers and the committee members. The study was conducted on the entire population. Data was collected by use of structured interview. The data was analysed quantitatively and qualitatively and presented using frequencies, and regression analysis. Statistical Package for Social Sciences (SPSS) version 21 was used to aid in generating a summary of results which were represented in form of charts and tables. The study found out that 50% of the members of Sagana home for the aged said that old person were placed in the home due to disability. The study found that old peoples' health explained 25% of the placement of old persons in home for the aged, income explained 1.3%, access to caregivers 2.9% and family structure explained 14.6% of placement of old persons in homes for the aged. The researcher recommends that there should be a policy to facilitate allocation of funding to homes for the aged since the homes are taking care of the elderly disabled with no support from the government.

CHAPTER ONE

INTRODUCTION

1.1 Background to the study

The world United Nations World Population Prospected in 2010 that in about five years' time, the number of people aged 65 or older will outnumber children under age 5. This is due to falling fertility rates and remarkable increases in life expectancy. The number of people aged 65 or older is projected to grow from an estimated 524 million in 2010 to nearly 1.5 billion in 2050, with most of the increase in developing countries. This pace has not been the same in increasing health care, homes for the aged and especially for those who have social security at retirement. The number of old people has been growing rapidly over time. This has led to an increase of the social service needs of the elderly and their caregivers. An older person is defined as someone who is sixty five years of age or older. Moreover, Erber (2005) categorizes the specific age categories of older persons as follows: Young-old (ages 65-74), Old-Old (ages 75-84) and Oldest-Old (ages 85 and over).

There is no specific biological factor that describes older adulthood as beginning at the age of sixty five, rather the majority of people define aging based on when one might begin to receive Social Security benefits especially in the developed states (Erber, 2005)

The Baby Boomer generation is defined as persons born between the years 1946 to 1964. This generation of individuals is believed to have reached the age of sixty five in 2010 (Coming crisis, 2003). Currently, the World population is made up of approximately 12 percent of elderly persons. By the year 2030, approximately 20 percent of the world's population are expected to be over the age of sixty-five (Erber, 2005; Spira, 2006). The aging of the population is important to social work because approximately one in five people will be potentially seeking community and social services as they progress into their later years (Erber, 2005).

The United States has approximately 33,000 assisted living facilities which provide care for 800,000 to 1.2 million older persons (Sloane et al, 2007).

Assisted living facilities are considered as an alternative care option for those that are not ready to enter a nursing home (Cutchin, Owen & Chang, 2003). Assisted living facilities are also known as adult foster care homes, residential care facilities, board and care homes and congregate housing (Quinn et al, 1999). These living facilities provide a home-like environment while providing for basic needs such as food, shelter and 24-hour oversight (NCAL, 2003).

In Kenya the number of older persons, 60 years and above has risen dramatically, from 270,000 according to the first National Population Census Report in 1949 to 1.9 million during the 2009 Kenya Population and Housing Census. This is against the background of a total population rise from 5.4 million in 1949 to 38.6 million in 2009. Projections show that by the year 2020 there will be a rise of the total population to 43.1 million with that of older persons rising from 1.9 to 2.6 million (Republic of Kenya, 2012). Therefore, this is an indication that the need for special care for the old is increasing over time and is expected to become higher as the quality of life in Kenya improves as well as the population for the elderly. Gitonga (2013) pointed out that as the quality of life improves, more people in Kenya are able to afford nursing services for their elderly which includes placement in homes. Due to globalization, children are frequently moving abroad hence leaving their elderly parents with no one to care for them and the option they have is to placing them in homes for the old. Kenya vision 2030 in the social pillar has a flagship project of the vulnerable groups of which category the old belong. Therefore this study assessed the factors influencing the placement of older persons in homes for the old.

1.2 Statement of the problem

The American Health Care Association report (AHCA) (2006) estimated that there are approximately 16,000 nursing homes in operation with 1.7 million beds. Approximately 12 percent of nursing home residents are between the ages of 65 and 74. The study also found out that, as one advances in age, the likelihood of nursing home residency increases to 45 percent for those over the age of 85. Currently, the average age to enter a nursing home is 79 years old (AAHSA, 2008).

In Kenya, according to Gitonga (2013) few people can afford the high cost of being cared for in a nursing home. In addition, the traditional African society expected that

the elderly to be cared for by their children and therefore most retired to their villages as they grew older. However, as the quality of life improves more people are now able to afford a retirement plan in a home for the elderly. This has been accepted in the modern society as a way of giving the old personal space.. The increased children movement in search of employment and education in cities and abroad has left the elderly with no one to care for them and hence needing to be placed in a home for the elderly. Therefore this study intends to assess the factors that influence the placement of old persons in homes for the old.

Unfortunately older people fear nursing home placement, since nursing homes are thought to be synonymous with death, dying, retreat from society and culture as well as isolation from friends and family (Longoria, 2007). While short-term stays in nursing homes are more common, the idea of nursing home placement is still one of the last choices that elders want to make (Andel, Hyer & Slack, 2007). While nursing homes generally carry a negative connotation, they maintain an important role in aging in the society. Nursing homes are a part of the continuum of care for ill, frail and disabled older people (McGinnish, 2005).

The amount of services available to the elderly as well as access to services has been discussed as one of the major concerns of a rapidly aging population (Scharlach, Simon & DalSanto, 2002). However, most of these studies have concentrated on the developed countries. The studies have pointed out on the factors among whites, and African-Americans and little has been done on Africans and developing countries. Therefore this study investigated the factors influencing placement of old persons in homes for the aged in Kenya. The study focused on Sagana home for the aged in Kirinyaga west,.

1.3 Purpose of the study

The purpose of this study was to assess the factors that influence the placement of old persons in homes for the aged, a case of Sagana home for the aged.

1.4 Objectives of the study

The study was guided by the following research objectives

2. To assess the influence of old persons' health on placement of old persons in homes for the aged.
3. To establish the influence of old persons family structure on placement of old persons in homes for the aged.
4. To assess the influence of old persons income on placement of old persons in homes for the aged,
5. To determine the influence of old persons access to caregivers on placement in homes for the aged.

1.5 Research Questions

The study addressed the following research questions:

1. How does old persons' health influence placement of old persons in homes for the aged?
2. To what extent does family structure influence placement of old persons in homes for the aged?
3. In what ways does income influence placement of old persons in homes for the aged?
4. How does access to caregivers influence placement of old persons in homes for the aged?

1.6 Significance of the study

The study provided basic information that can be used to guide policy formulation on issues concerning the old and mostly on the homes for the aged. The information would also be of use to social workers on the issues that influence the old to seek placement in the home for the aged and would provide information for outreach programmes.

1.7 Scope of the study

This study focused on Sagana home for the aged old in Sagana town Kirinyaga West Sub County.

1.8 Limitation of the study

The study was carried out in Sagana home for the aged to generalization of the findings. The old persons were unwilling to divulge information on health and family but the researcher sought additional information from the records of the social workers. Time and resources were inadequate but the researcher was economical in bringing out the intentions of the study.

1.9 Delimitation of the study

The research was conducted in Sagana home for the aged and only the population in the home was subjected to the study. The study conducted a census of the members of Sagana home to enhance adequate data collection. The study also applied descriptive research design in order to enhance extensive and in-depth research.

1:10 Definition of significant terms

Caregivers: It is a Person or persons assisting the old people in their day to day activities

Family structure: The structural organization of the old person's home

Health: It is being physically, mentally, and psychologically well of the old person

Home for the elderly: an institution where the older people are admitted so as to be cared for, assisted in their day to day activities and given medical assistance and also for social support

Income: income is money that an individual receive for work or services done, for the sixty persons and above they receive pensions as retirees or from Social security programs, and returns from investments

Old person: an older person is defined as a member of society who has attained the age of sixty (60)

1.11 Organization of the Study

This research report is organized in five chapters. Chapter one gives the introduction of the study which includes background information to the study, statement of the problem, the purpose of the study, the study objectives, research questions, limitations and delimitations of the study and definition of significant terms. Chapter two presents the literature review giving the theoretical information covered by the study in aim of trying to identify the gaps. This includes review of published and unpublished available materials. Chapter three consists of the research design, the sampling procedure, instruments for data collection, data collection procedures and data analysis. Chapter four gives data analysis, presentation and interpretation while Chapter five is on summary of findings, conclusions and recommendations.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This section reviews literature related to the factors influencing placement of old persons in homes for the aged from a global perspective and narrow it down to the Kenyan situation with a special emphasize on Sagana home for the aged. This will capture both empirical and theoretical literature that has been written in regard to the area of this study.

2.2 Theoretical review: Disengagement Theory

Disengagement theory is a model originally proposed in 1961 by two social scientists interested in studying aging and the way interactions with other people change as people grow older. According to this theory, as people age, they tend to withdraw from society, and this can be mutual, with society being less likely to engage with and include older people. The theory argued that this was a consequence of people learning their limitations with age and making way for new generations of people to fill their roles. Under this theory, as people age, they tend to grow more fragile and their social circles shrink as they start to pull away and be less actively involved. Critics point out that often this disengagement is enforced, rather than voluntary (Andersen , 1995) .

According to disengagement model, the major shift in interaction between seniors and society begins once older people fully recognize the brevity of their remaining life spans. Once that realization sets in, the elderly will remove themselves both consciously and subconsciously from many social networks. Simultaneously, society distances itself from the elderly, and the roles and authority reserved for the older members of a population are passed along to the younger ones (Andel, Hyer & Slack, 2007)

The biological process of aging is cyclical. People begin life as babies totally dependent on parents or others to meet their needs: nourishment, mobility and

reassurance. As teenagers and adults they break away from this dependency and establish their independence, creating outside support networks. Then later as they enter to mature years and bodies' age, they once again become dependent on others for care. Ability to undertake basic activities diminishes with time and with this freedom to gather with friends declines, too. Some friendships die off naturally following retirement or with a move to a nursing home. At this stage in life, opportunities for social interaction become primarily dependent upon physical health and mobility (Andel, Hyer & Slack, 2007)

2.3 Placement of old persons in homes for the aged

Old persons seek Long Term Care (LTC) services when their ability to manage and care for themselves changes. Other factors for seeking home for the aged placements from an individual perspective include change in social, financial and family support systems (Nakashima, Chapin, Macmillian & Zimmerman, 2004). For instance, a client may find themselves socially isolated due to a physical health status change; the support system may weaken because the client is no longer able to participate in social activities. Beyond a feeling of social isolation the fact that older persons are living alone can lead to a placement in a home for the aged (Nakashima et al, 2004).

Liken (2001) found that the desire to find a placement was the most important predictor of accepting a placement. The loss of one's significant other may also be a factor in choosing a placement (Nakashima et al, 2004). Research carried out by Bebbington, Darton and Netten (1996) showed that the probability of admission to a care home is higher particularly for women than it is for men. The study showed that those who are admitted tend to be particularly old, either living alone or in a situation where other household members can no longer cope, less wealthy and in poor health

Older persons enter nursing homes with two options: long-term care or short-term care. No matter the length of stay, there are factors that lead to the placement, such factors for placement according to the study by Lee (2006) include; advanced age, lack of caregiver, difficulty with activities of daily living of functional difficulty, cognitive status, changes in health status, previous nursing home

admission, female gender, low socioeconomic status, living alone, dementia, increased need for prescription medications, low levels of social support, prior hospitalization, and living in a rural community. This study by Lee was carried out in The United States of America a developed country. Therefore this current study sought to find out whether the results found by Lee could be replicated in a developing country and especially Kenya.

Further Andel *et al* (2007) found out that factors associated with short-term stays included improved health status, short-term cognitive changes, and increased ability to complete one's Activities of Daily Living (ADLs,) presence of terminal illness, lack of funding and even gender. Therefore this study investigated the factors leading to placement in the home for the old in Sagana Kirinyaga West in Kenya. This was to find out whether the results in a developed country would be related to the results found in a developing country.

2.4 Old persons' health influence on placement in the home for the aged

One's health status is a strong indicator for old person's home placement decision- making. Change in behavior, memory, cognition, and physical abilities often lead to LTC placement at all levels of care (Liken, 2001; Nakashima *et al*, 2004). From an individual perspective stress and burden can also lead to the decision to accept a LTC placement. This is because clients may feel they are a burden on their family and day-to-day caregiver (Koerin & Harrigan, 2002). However, older persons receiving formal services state a stronger sense of burden on the caregiver than those that are cared for by their family, friends or neighbors (Nakshima *et al*, 2004)

The Kaiser Family Foundation (2006) conducted a study to pinpoint the public's view on placement of old persons in home for the aged. Over half of respondents preferred to remain at home, 21% said they would choose to move in with their family, 17% would choose assisted living and only 4% would choose nursing home care. This shows that most people preferred home based care as opposed to going to homes for the old (Alkema, Reyes, & Wilber, 2006). Home-care based services are viewed as an alternative to formal assisted living and nursing home care. The type of services

that one might receive in their home as an alternative to assisted living and nursing home care include: personal care assistance such as bathing, dressing, cooking, housekeeping, transportation, shopping, home care aid and other medical professionals, adult day care, respite care, home delivered meals, case management, housing, legal assistance, financial assistance and protective services. (Alkema, Reyes, & Wilber, 2006).

A study conducted in England by Bebbington, Darton and Netten (1996) showed that most people were placed in homes for the old due to physical and mental health problems at 69% and 43% respectively, as compared to loneliness and isolation which is at only 2%. The study showed that most people were admitted directly from a hospital. The same study also showed that older people who were receiving care were more disabled than those who were not since according to Netten *et.al* (1996) disability is closely related to age. Therefore, while Bebbington, Darton and Netten (1996) conducted their study in England, this study focused on Kenya and specifically Sagana home for the old. The findings of this study helped to find out whether the findings revealed in England could be replicated in other areas.

2.5 Old persons family structure influence on placement in the home for the aged

One's race or ethnicity is a factor in short-term or long-term placement in a home for the elderly. African American and Hispanic elders are less likely to choose short-term nursing home care due to preference to receive care at home from family. Akamigbo & Wolinsky (2007) found out that African Americans and Hispanics are more likely to qualify for Medicaid and if they do enter a nursing home their stay is typically permanent. This same study found out that whites were more likely to forego nursing home stays in favor of seeking assisted living.

Angel *et.al* (2004) in their study, found that the Mexican immigrants moving to the United States late in life were less likely to access nursing home care. Differing risk factors for African Americans and whites have been cited. For instance, Kersting (2001) found African Americans had an increase in nursing home care when the following factors were identified: living below the poverty line,

difficulty with activities of daily living, increased age and lack of relative caregivers. Whites were found to display these risk factors: advanced age, lower income level, being female, poor perceived self-health and decreased ability to perform activities of daily living. Further a study by Davis (2007) showed that African American, Asian and Hispanic families are more likely to keep their loved ones at home and provide care informally. Lichtenberg (2005) also found that African American families are less likely to pursue nursing home care for fear of social stigma. In addition, African American elders often live with their extended family. While these studies focus on whites and African Americans, none of them studies Africans which creates a gap that this study filled.

Some research has demonstrated that elders are concerned that accepting a nursing home placement could lead one's community to pass judgment on the family's ability to provide for the aging parent. Often, the community in which an older person resides provides additional informal care in lieu of formalized care options (Lum, 2005). Additionally, Scharlach. *et.al* (2008) found that Latino cultures are more likely to expect family involvement over formal services. Hispanic elders use nursing home care at substantially lower rates than non-Hispanic white elders (Baxter. *et al*, 2001). Likewise, Asian families were found to expect fulfillment of filial responsibilities for aging parents. Asian families often experience structural problems because they cannot find service providers or facilities that meet the cultural needs of their loved ones (Li, 2004).

Overall, the use of nursing home care is challenging for many racial and ethnic groups because acceptance of formal services may translate into family failure within their subculture. While some research (Kolb, 2007) is beginning to show an increase in nursing home use by minorities, African Americans, Asian, Latinos, Hispanics and other ethnically diverse groups prefer a family approach over any type of institutional care even when provided in the home (Lichtenberg, 2005)

These scholars focused on African Americans, Latinos and Whites hence leaving out on African race. Therefore this created a gap that this study sought to fill by investigating the factors among Africans in Kenya.

2.6 Old person's income levels influence on placement in the home for the aged

Costs for nursing home care are a major concern for residents and their families. The AAHSA (2008) estimated the average cost for a private room in a nursing home is \$77,745 annually or \$213 per day while a shared room reduces the cost to \$68,985 annually or \$189 per day. This therefore shows that, nursing home care is the highest out-of-pocket expense for older Americans (Montgomery & Kosloski, 1994). Overall, the total cost for nursing home care exceeded \$98 billion in 2001 (Andel. *et al*, 2007). The Centers for Medicare and Medicaid Services (2003) reported a projection of \$217 billion of nursing home expenditures by the year 2017.

Medicare recipients often assume that LTC is covered by Medicare. In fact, Medicare is intended to provide acute care. Medicare is intended to provide a majority of one's healthcare needs, but it is not all-encompassing. Medicare Part A and Part B cover 80% of allowable healthcare expenditures. The remaining 20% must be covered as an out-of-pocket expense or by private supplemental insurance plans. Medicare recipients are also fiscally responsible for monthly premiums and co-insurance (supplemental) payments (US-DHHS,2008). The study investigated the insurance covers offered to the old in Kenya, to pay for their placement in homes for the old.

Nasser (2007) reported the average nursing home patient will exhaust their personal financial resources within six months and must rely on Long Term Care (LTC). Research supports that individuals who pay out-of-pocket and are not on LTC insurance are less likely to use a nursing home even when facing health challenges and cognitive impairment (Borrayo et al, 2002).

The Deficit Reduction Act of 2005 in U.S.A, which curtailed LTC Medicaid coverage, allowed the federal government to increase the penalties, asset caps and benefits for high income individuals seeking LTC Medicaid as a payment source for nursing home care. Individuals that have transferred assets such as large amounts of cash and property within five years of the LTC Medicaid application may no longer qualify for LTC Medicaid services. Also, those that transferred their assets for

an amount below fair market value and those that have home equity above \$500,000 are no longer eligible to apply for LTC Medicaid funding (Karp, Sabatino & Wood, 2005). Therefore, more and more Americans are facing the challenge of paying for nursing home care without the assistance of insurance funding. Out-of-pocket expenditures for nursing home costs can potentially affect any individual or family from the lower middle or upper income brackets.

2.7 Old persons access to caregivers influence on placement in the home for the aged

Caregivers are an integral part of the elderly accessing nursing home care. Research shows as from 2010 there has been a shortage of caregivers (Quinn, Johnson, Anders, Mc Ginnis & Ramesh, 1999). Caregivers are defined as over 18 years of age and falling into the informal or formal care giving role (Li & Fries, 2005). Caregiving for many older adults is one of the most complex and unmet areas of need. Many older adults do not have access to caregivers because of lack of community resources or the caregiver's inability to meet the day to day needs of the older adult.

LaPlante (2004) projected that over 85% of all assistance to the older people is provided by family and friend caregivers, which are typically defined as informal (relative) caregivers. Formal (non-relative) caregivers are those provided through agencies or by social service programs. However, the Baby Boomer generation is less likely to use relative caregivers than previous cohorts because they have fewer children (Charles & Sevak, 2005). Therefore, nursing home use with this generation may increase as compared to other older groups.

Male and female caregivers differ in the type of services they are willing or able to provide to the care receiver. Female caregivers are more likely to assist with personal care needs, meal preparation and household chores while male caregivers are more likely to help with finances and shopping (Jette, Tenddstadt & Crawford, 1995). Li (2004) reported that caregivers with friends and neighbors involved in the care giving process are more likely to use support services such as Home and Community Based Services which typically provide non-relative care

giving. Further, Feinberg & Newman (2006) reported that female caregivers caring for their parents have an increased risk of living in poverty and using public assistance later in their life. Public policy often looks to the family first, but community resources are often limited, leading to caregiver burden.

Caregiver burden is often a derivative of lack of services or limited community resources (Li et al, 2005). Home and Community Based Services in some states have allowances for family members to become paid providers for their loved one. The state will pay the family member to attend to the client's activities of daily living and other home care needs (Kitchener, Ng, & Harrington, 2007).

Wallace *et.al* (1995) in their study comparing Latinos and Non- Latinos access to paid in-home assistance found paid assistance did not alleviate informal care giving, but instead provided a supplement to the care giving. Radina & Barber (2004) found Hispanic caregivers seek non-relative care giving services when they feel burdened by the care giving process, have a small family network to rely on, and a higher acculturation to mainstream United States culture. Therefore this study sought to find out the situations among Africans and especially in Kenya.

Li (2005) reported specific barriers to providing care such as a lack of adult day care, lack of respite care and inability to provide all personal care needs of the older adults. Access to care giving in the home is essential to decrease the need for institutionalization (LaPlante *et al*, 2004). Scharlach *et.al* (2008) found that the care receiver was more likely to seek professional care giving services because it was not viewed as a violation of cultural norms if the decision was made for the care receiver. Consequently, a higher level of need from the older adult equates to a higher level of burden as experienced by the caregiver (Li *et al*, 2005). This often leads to assisted living or nursing home placement if the caregiver does not receive proper support. Another study found that relative caregivers living with a care receiver have a higher level of burden than relative caregivers living 20 or more minutes of driving distance from the elder (Chou, Yueng & Chi, 2001).

In general, minority caregivers have been cited to use formal care giving services less than whites (Lum, 2005; Scharlach. *et al*, 2006). When considering care giving

from a racial perspective, Hispanic elders have the most complex and supportive caregiver networks, both formal and informal. Overall, Hispanic families are better in coordinating formal and informal services as compared to African American and white families. (Li *et al.*, 2005). Therefore this study assessed the situation of caregivers from an African perspective and specifically in Kenya. This was useful in finding whether the findings of the past scholars can be replicated in African situation.

2.8 Conceptual Framework

The conceptual framework shows the inter-relationship among variables that create the dynamics of the situation being investigated. The independent variables of this study were; old person's health, income, access of caregivers and family structure on placement of old persons in homes for the aged while the dependent variables was the placement of old persons in the home for the aged. The moderating variable of this study was government policy on old persons (2002). The conceptual framework is illustrated in figure 1.

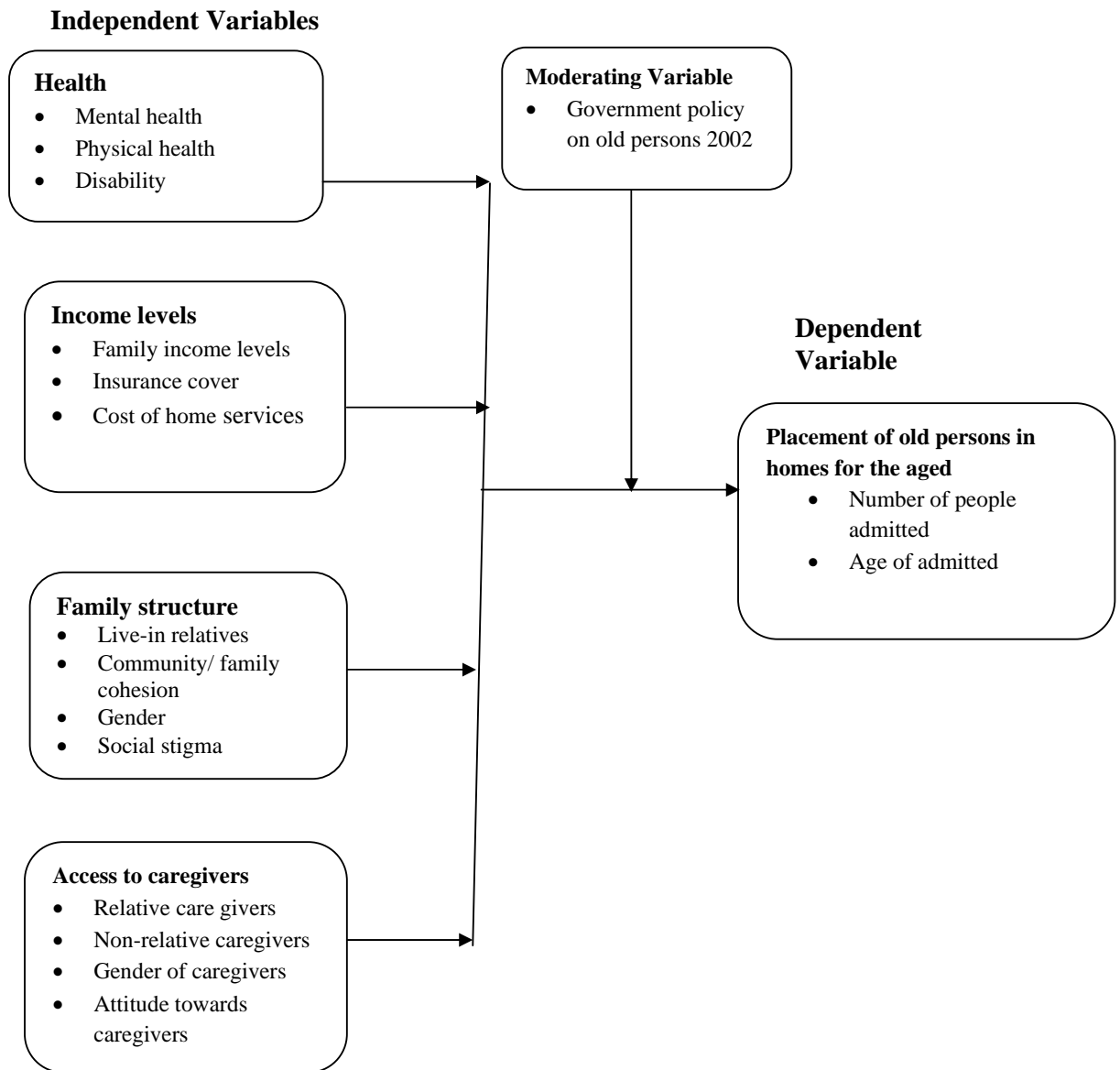


Figure 1: Conceptual framework

2.9 Summary of empirical review

This chapter reviewed the existing related literatures on factors influencing placement of old persons in homes for the aged globally, regionally and locally. The studies showed that Change in behavior, memory loss, cognition and physical abilities are some of the factors that led to placement of the aged in homes for the aged. Further, African American, Asian and Hispanic families are more likely to keep their loved ones at home and provide care informally. However, African American families are less likely to pursue nursing home care due to fear of social stigma. The studies also deduced that long term care in homes for the aged is covered partly (80%) by insurance and 20% is covered from out-of-pocket, 85% of all assistance to the older people is provided by family and friend caregivers which are typically defined as informal relative caregivers.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This section presents the methodology that was used in this research. This includes aspects such as; the research design, targeted population, data collection method as well as data analysis techniques used in the study

3.2 Research Design

This study adopted a descriptive survey design which is the process in which data is collected in order to answer questions concerning the current status of the subject under study. The researcher chose this type of research design because the study generated information on the factors that influence placement of the old persons in homes for the aged.

3.3 Target Population

This study focused on 109 members of the Sagana Home for the aged. The members included, the old people admitted in the home, the social workers and committee as shown in table 3.1.

Table 3.1 Population distribution

Category	Male	Female	Total number of persons in the institution
Elderly admitted	10	70	80
Social workers	10	10	20
Father In-charge	1	0	1
Sisters in-charge	3	0	3
Committee members	5	0	5
Total	29	80	109

Source: Father in charge report

3.4 Sampling Procedure

This study conducted a census, by carrying out a 100% study on the target population. The rationale behind carrying out a census was that the target population was small and concentrated in one area hence making a 100% study more effective for this study. Therefore, this study focused on 109 members of Sagana home.

3.5. Research Instruments

The study used structured interviews in collecting data which was conducted face to face. The researcher selected interviews as the instruments of data collection since the study was qualitative in nature.

3.6. Data Collection Procedure

The study used both qualitative data with a little quantitative data. The researcher obtained an introductory letter from the university to present to the management of Sagana home for the aged as a means of verifying that the research is for academic purposes. The researcher carried out the interviews in person so as to get first-hand information from the respondents.

3.7 Reliability of the research instrument

Reliability of data is the consistency of measures in a study (Bryman and Bell, 2003). It is the degree to which research instruments yields consistent results of data after trials. In this study, the researcher tested reliability of data by using pilot test method on the interview schedule. Pilot studies comprising of Three (3) social workers were selected randomly to carry out the pilot study of the interview schedules before the main interviews were conducted. The social workers who were involved in the pilot study were excluded from the main interview process

3.8 Validity of the research instrument

Data validity is to the degree to which results obtained from analysis of data actually represents phenomenon under study, Mugenda (2003). Adjustment on the data content was made to accommodate the recommendations from the supervisors

3.9 Research Ethics

Ethics of the study were observed by keeping the information for the intended academic purpose. The researcher observed caution in areas the respondent did not wish to be probed, as well as practiced honesty in the presentation of findings.

3.10 Operationalization of variables

This section presents the objectives of the study in a table form, by showing the objectives, the variables, the indicators, data collection method, scale measurement and data analysis procedure that were used (Table 3.2).

Table 3.2 Operationalization of variables

Objectives of the study	Variable	Indicator(s)	Measurement Scale	Data collection method	Type of analysis
Placement in homes for the aged	Dependent	Number of people admitted in last one year. Number of people left home in last one year. Age of admitted	Ordinal Interval	Interview Secondary data	Descriptive
To assess the influence of old persons' health on placement of old persons in homes for the aged	Independent	Mental health Physical health Disability	Nominal	Interview	Descriptive Inferential
To evaluate the influence of family structure on placement of old persons in homes for the aged	Independent	Live-in relatives Community/ family cohesion Gender Social stigma	Nominal Ordinal	Interview	Descriptive Inferential
To investigate the influence of income on placement of old persons in homes for the aged	Independent	Family income levels Insurance cover Cost of home services	Nominal Ordinal	Interview	Descriptive Inferential
To estimate the influence of access to caregivers on placement of old persons in homes for the aged	Independent	Relative care givers Non-relative caregivers Gender of caregivers Attitude towards caregivers	Nominal Ordinal	Interview	Descriptive Inferential

3.11 Summary

The dependent variable of this study was placement of old persons in homes for the aged whose indicators were the number of people admitted in the home in the last one year, those who left the home in the last one year and the age of those admitted in the home. The independent variables were: old persons health, which is measured by mental health, physical health and disability of the old persons; family structure which was measured by live-in relatives, community/family cohesion, gender of caregivers and social stigma; income which was measured by the family income levels, insurance covers and cost of home services and finally access of caregivers which was measured by relative caregivers, non-relative caregivers, gender of caregivers and attitude towards caregivers. The data in this study was collected by use of structured interviews and data analyzed using descriptive statistics (percentages) and inferential statistics (regression)

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.1 Introduction

This chapter provides summary of the data collected. The chapter is structured in sub-sections; first the instruments' return rate, the trends are explained using percentages in tabular form. The findings are presented as per the objectives which were: To assess the influence of old persons' health on placement of old persons in homes for the aged; To establish the influence of family structure on placement of old persons in homes for the aged; To assess the influence of income on placement of old persons in homes for the aged and to determine the influence of access to caregivers on placement of old persons in homes for the aged.

The structured interview was divided into three sections; section A presents the demographic data of the respondents, section B presents the dependents variable while section C presents independent variables of the study.

4.2 Instruments' return rate

The total number of interviews planned was 109 out of which 100 were successfully carried out; this represents 91.7 % of the total instruments. The researcher was not able to interview six (6) old persons in the home who were sick and not in a position of being interviewed. In addition two (2) social workers and one (1) administration member were away for the annual leave during the period of research. Choung *et.al* (2013) said that any response rate above 80% is considered adequate. Table 4.1 shows the returned instruments' distribution.

Table 4.1 Instrument return rate

Category	Frequency	Percentage
Old persons admitted	74	74.0
Social workers	18	18.0
Administration	3	3.0
Committee member	5	5.0
Total	100	100

4.3 Demographic information of the members

This section will present the findings on the demographic information of respondents.. Demographic information of members which is presented in this section includes; age distribution and gender representation.

4.3.1 Age distribution of members

The study sought to establish the age distribution of members of Sagana home for the aged. The findings are summarized in table 4.2

Table 4.2 Age distribution of members

Age	Frequency	Percentage
26-35 years	10	10.0
36- 45 years	10	10.0
Above 45 years	80	80.0
Total	100.0	100.0

The findings revealed that 80% of the members are above the age of 45 years old while 10% of them are both 26-35 years and 36-45 years old.

4.3.2 Gender representation of members

The study sought to establish the gender distribution of the members. The findings are in table 4.3.

Table 4.3 Gender representation of members

Gender	Frequency	Percentage
Male	24	24
Female	76	76
Total	100	100

The findings showed that majority of the members of Sagana home for the aged (76%) are female while only 24% are male. The study further conducted a cross tabulation of gender distribution and classification of members to understand the main rationale behind the gender disparity. The findings are summarized in table 4.4

Table 4.4 Cross tabulation between gender and classification of members

Gender	Classification of members				Total
	Old persons	Social workers	Administration	Committee	
Male	6(25.0%)	10(41.7%)	3(12.5%)	5(20.8%)	24(100%)
Female	68(89.5%)	8(10.5%)	0(0%)	0(0%)	76(100%)
Total	74(74%)	18(18%)	3(3%)	5(5%)	100(100%)

The findings showed that over three quarters of the old persons (89.5%) are female while all the committee members (20.8%) are male. This shows that it is likely there is gender disparity in the committee of Sagana Home for the aged. At the same time,

the findings proves the claim that has been made that it is likely for female aged persons to be put in a home than the male counterparts.

4.4 Placement of old persons in homes for the aged

The dependent variable of this study is placement of old persons in homes for the aged. This section comprises of; frequency of placement of the aged and whether any aged person had left the home.

4.4.1 Frequency of placement of the aged in homes

The study wanted to investigate the frequency of placement the aged persons in a home for the aged. The findings are shown in table 4.5.

Table 4.5 Frequency of placement of aged in homes

Frequency of placement	Frequency	Percentage
Very frequent	0	0
Frequent	0	0
Not sure	20	20
Not frequent	80	80
None at all	0	0
Total	100	100

The study showed that 80% of the members said that the aged were not frequently placed in homes for the aged while 20% of the members said that they were not sure. This proportion is contributed by the old people placed in homes that are likely not aware of the frequency of placement.

4.4.2 Aged who have left the home in the last two years

The study wanted to find out the number aged who had left the home in the last two years. The findings are summarized in table 4.6

Table 4.6 aged who have left home in the last two years

Aged left home	Frequency	Percentage
Yes	40	40
No	60	60
Total	100	100

The study found out that 60% of the members said that there are no aged persons who have left the home for the aged while 40% of them said that there are people who have left the home of the aged. A further probe by the researcher revealed that 30 % of the members who said that some people had left, said that four of the aged people had died while 10% of them said that one person had been transferred to a mental institution.

4.5 Influence of old persons' health on placement of old persons in homes for the aged.

One of the independent variables of this study was influence of old persons' health on placement of old persons in homes for the aged. The section presents findings on; whether mental problems led to the placement of the old at the home for the aged, whether physical problems led to the placement of the old at the home for the aged and disability among the aged who are placed in the home for the aged.

4.5.1 Mental problems among the aged placed in home for the aged

Mental problems have been highlighted as one of the reasons old people are placed in homes for the aged. Therefore this study investigated whether mental problems were the reason behind placement of the old person in home for the aged. The findings are summarized in table 4.7.

Table 4.7 Mental problems reason for placement of the aged at the home

Mental problems	Frequency	Percentage
Yes	55	55
No	45	45
Total	100	100

The study revealed that over half of the members of Sagana home for the aged (55%) said that majority of the aged were placed in the home for the aged because of mental problems. This finding negates slightly from the study conducted by Bebbington, Darton and Netten (2006) who found out that 48% of the old persons in homes for the aged were placed due to mental problems.

4.5.2 Physical problems among the aged placed in home for the aged

Physical problems are health problems that affect the anatomy of a human being. This study wanted to find out whether physical problems could have contributed to the placement of old persons in the homes for the aged. The findings are summarized in table 4.8.

Table 4.8 Physical problems among the aged led to placement of the old persons in homes

Physical problems	Frequency	Percentage
Yes	0	0
No	100	100

The findings showed that all the members (100%) of Sagana home for the aged felt that physical problems were not the reason behind placement of the old persons at the home for the aged. This negates from the finding made by Bebbington, Darton and

Netten (2006) who said that 69% of the old persons at the homes for the aged were placed due to physical problems.

4.5.3 Disability among the aged placed in home for the aged

The study wanted to investigate whether disability among the aged was the main reason behind placement of the old in homes of the aged. The findings are summarized in table 4.9.

Table 4.9 Disability among the aged led to placement of the old persons in homes

Disability	Frequency	Percentage
Yes	50	50
No	50	50
Total	100	100

The study found out that half of the members of Sagana home for the aged (50%) said that disability was the reason behind the placement of the old in homes for the aged while another 50% said that it was not.

4.5.4 Relationship between old persons' health and placement of old persons in homes for the aged.

The study sought to establish the relationship between old persons' health and placement of old persons in homes for the aged. The researcher conducted a regression analysis to investigate the relationship. The findings are summarized in table 4.10

Table 4.10 Regression analysis between old persons' health and placement of old persons in homes for the aged

Variable	Beta	Significance
Mental problem	0.000	1.000
Disability	0.500	0.017

The findings showed that mental problem cannot be used to explain any variation in the placement of old persons in homes for the aged. While disability has a strong weak relationship with placement of old people in homes for the aged which depicts that the more disabled the old persons are the higher the likelihood of them being placed in homes for the aged.

The study further conducted a model summary of the relationship between health of old persons and their placement in homes for the old. The findings are presented in table 4.11.

Table 4.11 Model summary of old person's health and their placement in homes for the aged

R	R ²	Significance
0.500	0.250	0.000

The study showed that the health of old persons explained 25% of their placement in homes for the aged. On the other hand, the study showed that the health of old persons was statistically significant in explaining the placement of old persons in homes for the aged at 95% confidence level since the p-value is 0.000 which is less than the alpha level which is 0.05.

4.6 Influence of income on placement of old persons in homes for the aged

The study sought to establish the influence of income on placement of old persons in homes for the aged. The study focused on insurance cover and the contributor to old persons expenses in the homes.

4.6.1 Insurance cover towards placement in home

The study asked the members of Sagana home for the old whether the old people placed in homes for the aged were covered by insurance. The findings are summarized in table 4.12

Table 4.12 Old persons covered by insurance

Covered by insurance	Frequency	Percentage
Yes	0	0.0
No	100	100

The finding showed that all the members (100%) said that old persons placed in homes for the aged are not covered by insurance. This finding negates the claim made by US-DHHS (2008) that most of the old people placed in homes for the aged are paid for partly by insurance.

4.6.2 Sole contributor to old person's expenses

The study asked the members who was the main contributor to the old person's expenses in the homes for the aged. The findings are illustrated in table 4.13

Table 4.13 Sole contributor to old person's expenses

Contributor	Frequency	Percentage
Personal savings	0	0
Nuclear family	0	0
Extended family	5	5
Well wishers	95	95
Total	100	100

The findings demonstrated that almost all (95%) of the old persons were supported by well wishers with only 5% being supported by extended family. There was no one who claimed that the old persons were supported by neither personal savings nor nuclear family.

4.6.3 Relationship between income and placement of old persons in homes for the aged

The study sought to establish the relationship of income and placement of old persons in homes for the aged. The study therefore conducted a regression analysis and the findings are shown in table 4.14.

Table 4.14 Regression analysis of income and placement of old persons in homes for the aged

Variable	Beta	Significance
Sole contributor	-0.115	0.256

The study found out that there is a weak negative relationship between the sole contributors of old persons expenses and placement of old persons in homes for the aged. The study also found out that the sole contributor of old person's expenses is not statistically significant in explaining the placement of old persons in homes for the aged. This is because the p-value is 0.256 which is more than the Alpha value which is 0.05 at 95% confidence level.

The study also established the model summary of income and placement of old persons in homes for the aged and the findings are in table 4.15.

Table 4.15 model summary of income and placement of old persons in homes for the aged

R	R ²	Significance
0.115	0.013	0.256

The study showed that only 1.3% of the placement of old persons in homes for the aged can be explained by the income of old persons and therefore 98.7% of old placement of old persons in homes for the aged is explained by other placed. The income of old persons is not statistically significant in explaining the placement of old persons in homes for the aged at 95% confidence level since the p-value is 0.256 which is more than the Alpha value which is 0.05.

4.7 Influence of family structure on placement of old persons in homes for the aged.

The study sought to establish the influence of family structure on the placement of old persons in homes for the aged. The study focused on; whether the old person has live-in relatives, family cohesion, community cohesion and social stigma towards old people placed in homes for the aged.

4.7.1 Live in relatives

The study wanted to find out whether the old persons who are placed in homes for the aged have any live-in relatives. According to this study, live-in relatives are relatives who reside in the same compound with the old person. The findings are shown in table 4.16

Table 4.16 Does old person have live in relatives?

Live in parents	Frequency	Percentage
Yes	20	20
No	80	80
Total	100	100

The study showed that majority of the members (80%) said that the old persons placed in Sagana home for the aged did not have any live in relatives while only less than a quarter (20%) of them said that they did have live in relatives.

4.7.2 Family Cohesion of old persons admitted in homes for the aged

The study sought to investigate the family cohesion of the old persons admitted in Sagana homes for the aged. The findings are summarized in table 4.17

Table 4.17 Family cohesion of old persons admitted in home for the aged

Family cohesion	Frequency	Percentage
Very strong	0	0
Strong	5	5
Neutral	10	10
Not strong	35	35
None at all	50	50
Total	100	100

The findings revealed that half of the members of Sagana home for the aged (50%) said that there was no family cohesion of old persons placed in homes for the aged. On the other hand, 5% of the members said that the family cohesion was strong. When the researcher probed further, majority of the members said that family had abandoned the old persons and they did not take care of them.

4.7.3 Community Cohesion of old persons admitted in homes for the aged

The study examined the community cohesion of the old persons admitted in Sagana homes for the aged. The findings are summarized in table 4.18

Table 4.18 Community cohesion of old persons admitted in home for the aged

Community cohesion	Frequency	Percentage
Very strong	0	0
Strong	45	45
Neutral	0	0
Not strong	35	35
None at all	20	20
Total	100	100

The findings revealed that almost half of the members of Sagana home for the aged (45%) said that the community cohesion of old persons placed in homes for the aged was strong. On the other hand, 20% of the members said that there was no community cohesion at all. A further probe revealed that members felt that it was the community that took care of the old persons.

4.7.4 Social stigma towards old persons placed in homes for the aged

The study wanted to find out whether there was any social stigma of the old persons who were placed in homes for the aged. The findings are illustrated in table 4.19.

Table 4.19 Social stigma towards old persons placed in homes for the aged.

Social stigma	Frequency	Percentage
Yes	88	88
No	12	12
Total	100	100

The findings shows that almost all of the members of Sagana home for the aged (88%) felt that there was social stigma towards the old persons placed in homes while only 12% said that there was no social stigma. A further probe showed that community members felt that this old people were irresponsible and dirty.

4.7.5 Relationship between family structure and placement of old persons in homes for the aged

The study wanted to examine the relationship between family structure and placement of old persons in homes for the aged. The study therefore conducted a regression analysis and the findings are shown in table 4.20

Table 4.20 Regression analysis of family structure and placement of old persons in homes for the aged

Variable	Beta	Significance
Live in relatives	0.366	0.000
Family cohesion	0.068	0.482
Community cohesion	-0.013	0.890
Social stigma	-0.035	0.717

The study found out that there is a weak negative relationship between community cohesion and social stigma and placement of old persons in homes for the aged. This could be explained by the fact that the more the community cohesion the less old people are placed in homes for the aged since they have caregivers in the community. The study also found out that only presence of live in relatives was statistically significant in explaining the placement of old persons in homes for the aged. This is because the p-value is 0.000 which is less than the Alpha value which is 0.05 at 95% confidence level.

The study also established the model summary of income and placement of old persons in homes for the aged and the findings are in table 4.21.

Table 4.21 model summary of family structure and placement of old persons in homes for the aged

R	R ²	Significance
0.382	0.146	0.004

The study showed that 14.6 % of the placement of old persons in homes for the aged can be explained by the family structure of old persons. The family structure of old persons is statistically significant in explaining the placement of old persons in homes for the aged at 95% confidence level since the p-value is 0.004 which is less than the Alpha value which is 0.05.

4.8 Influence of access to caregivers on placement of old persons in homes for the aged.

The study wanted to establish the influence of access to caregivers on the placement of old persons in homes for the aged. The study investigated; access to relative caregivers, non relative caregivers and old persons attitude towards caregivers.

4.8.1 Assigned relative caregivers

The study wished to find out whether the old persons had been assigned any relative caregivers. The findings are shown in table 4.22

Table 4.22 assigned relative caregivers

Relative caregivers	Frequency	Percentage
Yes	12	12
No	88	88
Total	100	100

The findings showed that only 12% of the members of Sagana home for the aged said that old persons were assigned relative caregivers while 88% said that they did not. This observation negates the findings made by LaPlante (2004) who projected that over 85% of all assistance to the older people is provided by family caregivers.

4.8.2 Non relative caregivers

The study wished to find out whether the old persons had been assigned any relative caregivers. The findings are shown in table 4.23

Table 4.23 Non-relative caregivers

Non relative caregivers	Frequency	percentage
Yes	57	57
No	43	43
Total	100	100

The study found out that over half of the members of Sagana home for the aged (57%) said that old persons were assigned non-relative caregivers while 43% said that they

did not. Charles & Sevak (2005) explained that non relative caregivers are common than relative caregivers since the current generation tend to have had fewer children who also work in distant places.

4.8.3 Old persons attitude towards caregivers

The study wanted to establish the attitude of old persons towards their caregivers. The attitude that old persons project towards their caregivers is likely to have an effect on whether they want to be placed in homes or not. The findings are shown in table 4.24

Table 4.24 Old person's attitude towards caregivers

Attitude	Frequency	Percentage
Very Good	20	20
Good	70	70
Neutral	10	10
Bad	0	0
Very bad	0	0
Total	100	100

The findings revealed that majority of the members (70%) pointed out that old persons placed in homes for the aged have good attitude towards their caregivers while 20% of them said that the attitude is very good. A further probe shows that the old persons placed in homes appreciates the assistance offered by caregivers although they tend to prefer female caregivers over male caregivers.

4.8.4 Relationship between access of caregivers and placement of old persons in homes for aged

The study wanted to find out the relationship between access to caregivers and placement of old persons in homes for the aged. The study therefore conducted a regression analysis and the findings are shown in table 4.25

Table 4.25 Regression analysis of access to caregivers and placement of old persons in homes for the aged

Variable	Beta	Significance
Relative caregivers	-0.167	0.171
Non relative caregivers	-0.028	0.780
Old persons attitude	0.002	0.990

The study found out that there is a weak negative relationship between relative caregivers, non-relative caregivers and placement of old persons in homes for the aged. However there is a weak positive relationship between old persons attitude towards caregivers and placement of old persons in homes for the aged. This could be explained by the fact that the better the attitude towards caregivers by the old persons then the more the old people will want to be placed in homes for the aged.

The study also established the model summary of access to caregivers and placement of old persons in homes for the aged and the findings are in table 4.26.

Table 4.26 model summary of access to caregivers and placement of old persons in homes for the aged

R	R ²	Significance
0.169	0.029	0.424

The study revealed that only 2.9 % of the placement of old persons in homes for the aged can be explained by the access to caregivers. Access to caregivers is not statistically significant in explaining the placement of old persons in homes for the aged at 95% confidence level since the p-value is 0.424 is more than the Alpha value which is 0.05.

Table 4.27 Multiple regressions of dependent variable and independent variables

R	0.502	
R ²	0.252	
F	8.012	
Sig.	0.000	
Variable	Beta	Significance
Health	-0.339	0.001
Family structure	0.290	0.016
Income	-0.016	0.856
Access to Caregivers	0.127	0.242

The findings of the multiple regression showed that health and income have a weak negative relationship with placement of old persons in homes for the aged at -0.339 and -0.016 respectively while family structure and access to caregivers have a weak positive relationship with placement of old persons in homes for the aged at 0.290 and 0.127 respectively. The study also showed that only health of the old persons and the family structure was statistically significant in explaining placement of old persons in homes for the aged at p values of 0.001 and 0.016 respectively.

CHAPTER FIVE

SUMMARY OF FINDINGS, DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The overall aim of this study was to assess the factors that influence the placement of old persons in homes for the aged. This chapter presents the summary of the findings, conclusions of the study, recommendations of the study and suggestions for further research on placement of old persons in homes for the aged. The section comprises of findings according to the objectives of the study which were: to the influence of old persons' health on placement of old persons in homes for the aged, to assess the influence of income on placement of old persons in homes for the aged, to establish the influence of family structure on placement of old persons in homes for the aged and to determine the influence of access to caregivers on placement of old persons in homes for the aged.

5.2 Summary of findings of the study

This section comprises of the summary and discussion of the findings of this study according to the objectives of the study. The objectives of the study were to assess the influence of; old persons' health, income, family structure and access to caregivers on the placement of old persons in homes for the aged.

5.2.1 Influence of old persons health on placement of old persons in homes for the aged

The study revealed that 55% of the aged were placed in the home for the aged because of mental problems. The study also revealed that all the members (100%) of Sagana home for the aged felt that physical problems were not the reason behind placement of the old persons at the home for the aged. Further, half of the members of Sagana home for the aged (50%) said that disability was the reason behind the placement of the old in homes for the aged while another 50% said that it was not. The study showed that the health of old persons explained 25% of their placement in homes for the aged. On the other hand, the study showed that the health of old persons was

statistically significant in explaining the placement of old persons in homes for the aged at 95% confidence level

5.2.2 Influence of old persons income on placement of old persons in homes for the aged

The finding showed that all the members of Sagana home for the aged (100%) said that old persons placed in homes for the aged are not covered by insurance. The findings further demonstrated 95% of the old persons were supported by well wishers with only 5% being supported by extended family. The study found out that there is a weak negative relationship between the sole contributors of old person's expenses and placement of old persons in homes for the aged. The study also found out that the sole contributor of old person's expenses is not statistically significant in explaining the placement of old persons in homes for the aged. This is because the p-value is 0.256 which is more than the Alpha value which is 0.05 at 95% confidence level.

5.2.3 Influence of family structure on placement of old persons in homes for the aged.

The study showed that 80% said that the old persons placed in Sagana home for the aged did not have any live in relatives while only 20% of them said that they did have live in relatives. The findings further revealed that 50% of the members of Sagana home for the aged said that there was no family cohesion of old persons placed in homes for the aged. On the other hand, 5% of the members said that the family cohesion was strong. The findings also revealed that 45% of the members of Sagana home for the aged said that the community cohesion of old persons placed in homes for the aged was strong. On the other hand, 20% of the members said that there was no community cohesion at all. The study showed that 88% of the members of Sagana home for the aged felt that there was social stigma towards the old persons placed in homes while only 12% said that there was no social stigma.

5.2.4 Influence of access to caregivers on placement of old persons in homes for the aged.

The findings showed that only 12% of the members of Sagana home for the aged said that old persons were assigned relative caregivers while 88% said that they did not.

The study also found out that 57% of the members of Sagana home for the aged said that old persons were assigned non-relative caregivers while 43% said that they did not. The findings further revealed 70% of the members of Sagana home for the aged pointed out that old persons placed in homes for the aged have good attitude towards their caregivers while 20% of them said that the attitude is very good.

5.3 Discussion of findings of study

This section comprises of the discussion of the findings of this study according to the objectives of the study. The objectives of the study were to assess the influence of; old persons' health, income, family structure and access to caregivers on the placement of old persons in homes for the aged.

5.3.1 Influence of old persons health on placement of old persons in homes for the aged

The study investigated the influence of old persons' health on placement of old persons in homes for the aged. Mental problems have been highlighted as one of the reasons old people are placed in homes for the aged. The study revealed that 55% of the aged were placed in the home for the aged because of mental problems. This finding negates slightly from the study conducted by Bebbington, Darton and Netten (2006) who found out that 48% of the old persons in homes for the aged were placed due to mental problems. However the study found out this old people who had mental health problems portrayed only minor problems which are mostly brought about by old age. Cases of major mental problems were transferred to mental hospital for special care and medication.

The study revealed that all the members (100%) of Sagana home for the aged felt that physical problems were not the reason behind placement of the old persons at the home for the aged. This negates from the finding made by Bebbington, Darton and Netten (2006) who said that 69% of the old persons at the homes for the aged were placed due to physical problems; physical problems includes physical illnesses. Therefore this shows that the findings made by Bebbington, Darton and Netten (2006) in England cannot be replicated in Sagana area Kenya.

The study found out that half of the members of Sagana home for the aged (50%) said that disability was the reason behind the placement of the old in homes for the aged while another 50% said that it was not. Home-care based services are viewed to offer assistance to the disabled old persons in terms of personal care assistance such as bathing, dressing, cooking, housekeeping, transportation among others. The findings of this current study are in line with the claim made by Koerin & Harrigan (2002) that disability is one of the factors that lead to placement of old persons in homes for the aged among others.

The study showed that the health of old persons explained 25% of their placement in homes for the aged. On the other hand, the study showed that the health of old persons was statistically significant in explaining the placement of old persons in homes for the aged at 95% confidence level since the p-value is 0.000 which is less than the alpha level which is 0.05. The findings of this study supports the claim made by Liken (2001) and Nakashima *et al* (2004) that one's health status is a strong indicator for old person's home placement decision- making since change in behavior, memory, cognition, and physical abilities often lead to LTC placement at all levels of care

5.3.2 Influence of old persons income on placement of old persons in homes for the aged

The study sought to establish the influence of income on placement of old persons in homes for the aged. The finding showed that all the members of Sagana home for the aged (100%) said that old persons placed in homes for the aged are not covered by insurance. This finding negates the claim made by US-DHHS (2008) that most of the old people placed in homes for the aged are paid for partly by insurance. Therefore, this indicates that the situation faced by old persons in the western countries are quite different from those of the developing countries since while 80% of the charges are covered by Medicare insurance in the United States of America, the old persons in Sagana home for the aged in Kenya covers 100% charges.

The findings further demonstrated 95% of the old persons were supported by well wishers with only 5% being supported by extended family. There was no one who claimed that the old persons were supported by neither personal savings nor nuclear family. This finding is in line with the observation made by Nasser (2007) that even though the old person was to use personal savings, they tend to exhaust their personal financial resources within six months and hence must rely on well wishers or other resources.

The study found out that there is a weak negative relationship between the sole contributors of old persons expenses and placement of old persons in homes for the aged. The study also found out that the sole contributor of old person's expenses is not statistically significant in explaining the placement of old persons in homes for the aged. This is because the p-value is 0.256 which is more than the Alpha value which is 0.05 at 95% confidence level. The study showed that only 1.3% of the placement of old persons in homes for the aged can be explained by the income of old persons and therefore 98.7% of old placement of old persons in homes for the aged is explained by other placed. This findings challenges the observation raised by Borrayo et al, (2002) that individuals who pay out-of- pocket and are not on LTC insurance are less likely to use a nursing home even when facing health challenges and cognitive impairment. Since from this study the income and expenses in incurred by old persons are not statistically significant in explaining whether an old person is placed in a home or not.

5.3.3 Influence of family structure on placement of old persons in homes for the aged.

The study sought to establish the influence of family structure on the placement of old persons in homes for the aged. The study showed that 80% said that the old persons placed in Sagana home for the aged did not have any live in relatives while only 20% of them said that they did have live in relatives. This finding supports the observation made by Kersting (2001) that following factors were identified as likely to lead to placement in nursing homes: living below the poverty line, difficulty with activities of daily living, increased age and lack of relative caregivers.

The findings further revealed that 50% of the members of Sagana home for the aged said that there was no family cohesion of old persons placed in homes for the aged. On the other hand, 5% of the members said that the family cohesion was strong. When the researcher probed further, majority of the members said that family had abandoned the old persons and they did not take care of them. This therefore shows that due to lack of family cohesion which in most cases would lead to family taking care of the old, then the old people are therefore placed in homes for the aged instead. The findings also revealed that 45% of the members of Sagana home for the aged said that the community cohesion of old persons placed in homes for the aged was strong. On the other hand, 20% of the members said that there was no community cohesion at all. A further probe revealed that members felt that it was the community that took care of the old persons.

The study showed that 88% of the members of Sagana home for the aged felt that there was social stigma towards the old persons placed in homes while only 12% said that there was no social stigma. A further probe showed that community members felt that this old people were irresponsible and dirty. This finding supports the claim made by Davis (2007) that stereotypes such as forgetfulness and mental deficiency generate negative expectancies for older adults that often translate into behavior with respect to family, friends and the community at large.

The study found out that there is a weak negative relationship between community cohesion and social stigma and placement of old persons in homes for the aged. This could be explained by the fact that the more the community cohesion the less old people are placed in homes for the aged since they have caregivers in the community. These findings are in line with the claim made by Lichtenberg (2005) who found out that African and African American families are less likely to pursue nursing home care for fear of social stigma. The study also found out that only presence of live in relatives was statistically significant in explaining the placement of old persons in homes for the aged. This is because the p-value is 0.000 which is less than the Alpha value which is 0.05 at 95% confidence level. The study showed that 14.6 % of the placement of old persons in homes for the aged can be explained by the family structure of old persons. The family structure of old persons is statistically significant

in explaining the placement of old persons in homes for the aged at 95% confidence level since the p-value is 0.004 which is less than the Alpha value which is 0.05.

5.3.4 Influence of access to caregivers on placement of old persons in homes for the aged.

The study wanted to establish the influence of access to caregivers on the placement of old persons in homes for the aged. The findings showed that only 12% of the members of Sagana home for the aged said that old persons were assigned relative caregivers while 88% said that they did not. This observation contradicts the findings made by LaPlante (2004) who claimed that over 85% of all assistance to the older people is provided by family caregivers.

The study found out that 57% of the members of Sagana home for the aged said that old persons were assigned non-relative caregivers while 43% said that they did not. Charles & Sevak (2005) explained that non relative caregivers are common than relative caregivers since the current generation tend to have had fewer children who also work in distant places.

The findings revealed 70% of the members of Sagana home for the aged pointed out that old persons placed in homes for the aged have good attitude towards their caregivers while 20% of them said that the attitude is very good. A further probe shows that the old persons placed in homes appreciate the assistance offered by caregivers although they tend to prefer female caregivers over male caregivers. This is because; female caregivers are more likely to assist with personal care needs, meal preparation and household chores while male caregivers are more likely to help with finances. The study revealed that only 2.9 % of the placement of old persons in homes for the aged can be explained by the access to caregivers. Access to caregivers is not statistically significant in explaining the placement of old persons in homes for the aged at 95% confidence level since the p-value is 0.424 is more than the Alpha value which is 0.05. This counteracts (LaPlante *et al*, 2004) claim that access to care giving in the home is essential to decrease the need for institutionalization, and hence it is significance in determining whether to place the old person in a home for the aged or not.

5.4 Conclusion of the study

The following conclusions have been made from this study;

Old persons are likely to be placed in a home for the aged due to a mental problem and disability. However, physical problems do not influence the placement of an old person in a home for the aged. In addition, the health of an old person has a highest proportion of determining their placement in a home for the aged.

Majority of the old people placed in homes for the aged in Kenya are not covered by insurance and therefore most of them depend on well wishers with a small proportion of them depending on assistance from the extended family. However, the income of old persons has a very small influence of the placement of old person in a home for the aged that it is statistically considered not significant.

Majority of the old persons placed in homes for the aged do not have live in relatives at home which explains why they are placed in the homes for the aged. In addition, their families' cohesion is quite weak to the extent that some have no cohesion at all. However, the community cohesion from where this old people come from is strong. Further we can conclude from the study that there is social stigma towards old people which makes them to be ignored by the community and hence lead them to being placed in homes for the aged. Therefore, we can conclude from this study that family structure of old persons is statistically significant in explaining the placement of old persons in homes for the aged

Old person placed in Sagana home for the aged do not have relative caregivers though they are assigned non-relative caregivers. Further it is clear from this study that old people tend to prefer female caregivers and they have good attitude towards their caregivers which influences positively towards placement of old people in homes for the aged.

5.5 Recommendation of the study

This study recommends the following;

1. Since disability is closely related to old age, hospitals should have a policy to assess the aged patients family background and situation and refer them to the homes for the aged where they can get day to day assistance. Due to this, the

government should assign a portion of disability fund to the homes for the aged who are taking care of the disabled aged people.

2. There is need for an introduction of insurance cover that covers placement of old people in homes for the aged. As families structures changed, more people will be placed in homes as they age in future therefore an insurance cover needs to be introduced to cover the charges.
3. There is need of sensitization of people on old age and care for the old in families. This will help in reducing the stigma towards old people.
4. There is also need of sensitization forums of people on care for the old in families. This will assist the homes by increasing the number of relative caregivers

5.6 Suggestion for further research

A similar study needs to be conducted on the factors that influence satisfaction of old people in homes for the aged. In addition further studies need to be conducted on every objective of this current study in order to obtain in depth information of every factor that influence placement of old persons in homes for the aged. The studies should be carried out in a different area in order to find out whether these current results are replicable.

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APPENDICES

APPENDIX I: TRANSMITTAL LETTER

Joyce Mathenge

P.O Box 634-10300

Kerugoya

Dear Interviewee

RE: REQUEST TO CONDUCT AN INTERVIEW

I am Joyce a student of University of Nairobi and I am conducting a research study as a requirement of Masters of Arts in Project Planning and Management. I am therefore requesting you to avail me your time and provide me the required information as it will only be used for academic reasons.

Yours Faithfully,

Joyce Mathenge

APPENDIX I1: STRUCTURED INTERVIEW SCHEDULE

Section One: General information and demographic information of the respondent

1. What is your age?

Below 18 yrs [] 18-25 yrs [] 26-35 yrs [] 36-45 yrs [] Above 45 yrs []

2. What is your gender?

Male [] Female []

3. What is your classification

Old person admitted [] Social worker [] Administration [] Committee member []

4. For how long have you been in this classification?

Less than an year [] 1-3 yrs [] 4-6 yrs [] 7-10 yrs [] above 10 yrs []

5. Have you been admitted or working in any other home for the elderly other than the this one?

Yes [] No []

6. If Yes, which one?_____

Section 2: Placement of Old persons in homes

1. What is the frequency of placement of old persons in this area?

Very Frequent [] Frequent [] Not sure [] Not frequent [] Not in
existence []

2. How many people are admitted in this home for the last 2

years?_____

3. Have any placed old persons left the home in the last 2 years?

Yes [] No []

4. If Yes, how many?_____

5. How many old people admitted in this homes are in the following ages?

Below 61 years [] 61-71 years [] 72-81 years [] 82- 91 years []

Above 92 years []

Section 3: Health

1. How many old persons in this home suffer from mental

problems?_____

2. Was the mental problem what led them to be placed in the home?

Yes [] No []

3. Please explain your answer above

4. How many old persons suffer from a physical problem?_____

5. Was the physical problem what led them to be placed in the home?

Yes [☐] No [☐]

6. Please explain your answer above

7. How many old persons suffer from a disability?_____

8. Was the disability what led them to be placed in the home?

Yes [☐] No [☐]

9. Please explain your answer above_____

10. How many old persons in this home have lost cognitive ability?_____

11. Was the loss of cognitive ability what led them to be placed in the home?

Yes [☐] No [☐]

12. Please explain your answer above_____

Section 4: Income

1. Is placement in this home covered by an insurance cover?

Yes [☐] No [☐]

2. Explain your answer above_____

3. What are the monthly charges of placing an old person in this home?_____

4. Who is the sole contributor to the old person's expenses in most old people in this home?

Pension savings [☐] Nuclear family [☐] Extended family [☐]

Well-wishers [☐] other [☐]

5. If other please explain.

Section 5: Family structure

1. Do the old persons in this home have live-in relatives at home?

Yes [☐] No [☐]

2. If yes, how many men and women?

Men [☐] Women [☐] Children below 18 years [☐]

3. How would you explain the family cohesion of most of the old persons admitted in this home?

Very strong [] Strong [] Neutral [] Not strong [] None at all []

4. Explain your opinion above

5. How would you explain the community cohesion from where most of the old persons admitted in this home come from?

Very strong [] Strong [] Neutral [] Not strong [] None at all []

6. Explain your opinion above

7. What is the most common gender of old persons being placed in homes of the elderly?

Male [] Female []

8. Do you think that there is social stigma for old people who are placed in homes for the old?

Yes [] No []

9. Please justify your answer

Section 6: Access to caregivers

1. Do the old persons placed in this home have any relative care givers?

Yes [] No []

2. If No, why?

3. Do the old persons placed in this home have any non-relative caregivers other than the caregivers in this home?

Yes [] No []

4. If yes, who are they?

5. Do you think that old people have a preference of gender of caregivers?

Yes [] No []

6. If yes, which gender do they prefer?

Male [] Female []

7. What do you think is the attitude of old persons towards their caregivers?

8. What do you think is the community's attitude towards caregivers?

9. Give any other comment

Thank you for your cooperation