UNIVERSITY OF NAIROBI

DEPARTMENT OF SOCIOLOGY AND SOCIAL WORK

A COMPARATIVE STUDY BETWEEN GOVERNMENT AND FAITH BASED SERVICES IN THE CARING FOR THE ELDERLY PERSONS: A CASE STUDY OF MOMBASA COUNTY, KENYA

BY

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C50/75449/2009

A PROJECT PAPER SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF DEGREE IN MASTERS OF ARTS IN SOCIOLOGY (RURAL SOCIOLOGY AND COMMUNITY DEVELOMENT)
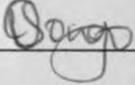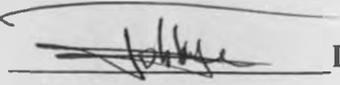
2012

DECLARATION

This project paper is my original work and has not been presented for an award of a degree or any other award in any other institution.

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

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DEDICATION

I dedicate this work to the Almighty God for life, good health and mental ability and to my dear husband Moses Opiyo, my special daughters Sandra and Charlette for their love, support and encouragement.

ACKNOWLEDGEMENTS

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ACRONYMS AND ABBREVIATIONS

AIDS   Acquired Immuno Deficiency Syndrome

AU   African Union

CBOs   Community Based Organizations

CSOs   Civil Societies Organizations

FBOs   Faith based Organizations

FGDs   Focus Group Discussions

GOK   Government of Kenya

HIV   Human Immuno Deficiency Virus

KCSE   Kenya Certificate of Secondary Education

KNBS   Kenya National Bureau of Statistics

KPA   Kenya Ports Authority

MDGs   Millennium Development Goals

NGOs   Non Governmental Organizations

OAU   Organization of African Union

SAC   Social Affairs Commission

SPSS   Statistical Package for Social Science

UN   United Nations

WHO   World Health Organization

ABSTRACT

The purpose of this study was to understand the services offered in both the Government and faith based eldercare institutions in relation to the needs of the elderly persons in Kenya. The target population included the elderly persons residing in both the Government home for the elderly (Nyumba ya Wazee) and the faith based home for the elderly (Little Sisters) in Mombasa county, Coast Province, Kenya.

The study adopted descriptive research study design. Snowballing sampling technique was used in selection of study respondents. Five key informants were used to supplement the study findings. To complement each other, schedule-structured interviews, focus group discussion guide, observation checklist and in-depth interviews were used as key data collection instruments. The raw data from the field was analyzed using Statistical Package for Social Sciences (SPSS) and MS excel. Descriptive statistics were used in interpretation of findings. Here the main descriptive tools were; frequencies and percentages.

The study revealed that majority of the elderly persons understood the concept 'old age'. They used their age as an indicator and considered themselves aged. The study also observed that a higher proportion (50% and 31%) of the elderly persons had been in the Government and faith based homes respectively for 4-6 years. This was followed by 19% and 23% who had been in the homes for 1-3 years. This was due to low admission into the homes as the homes are already overwhelmed by the big numbers of the aged. Finally, 6% and 12% of the elderly persons had been in the homes for 16 years and above.

Findings showed that an overwhelming majority (94% and 77%) of the elderly from the Government and faith based homes respectively were taken to the homes by 'others'. Here 'others' included; municipal askaris (53%), hospital staffs (27%), nuns (60%), priests (40%), self (13%) and finally chiefs (7%). It was evident that a smaller percentage of the elderly were taken to the homes by their children and relatives and this was because of the social distance that led to social isolation. It was evident that poverty, illness, disability, lack of caregiver and lack of a place to call home for the refugees were the main reasons as to why the elderly were taken to the homes.

The study established that the aging have social, economic and physiological needs which they are unable to meet on their own unless through outside intervention. On the level of satisfaction with the services offered in the homes in trying to meet their needs, 43% and 77% of the elderly from the Government and faith based homes registered satisfaction, 44% and 19% registered dissatisfaction while the rest were not sure whether they were satisfied or not. It was evident that the elderly persons residing in the faith based home were more comfortable than those residing in the Government home. When asked whether they would wish to go back home given a chance, an overwhelming majority (85%) from the faith based home said no while majority (63%) from the government home were more than willing to go back home.

Findings revealed that there were various challenges that were facing both the elderly persons as well as the homes administration while in their respective homes. The elderly person's challenges included; adjusting to life in the home for the elderly, lack of right for decision, participation, and freedom of choice, disability, chronic illness, ageism, pain of losing their friends through death and lack of finances. On the other hand the homes administration was challenged by lack of finances, caregiver burnout, getting and admitting genuine elderly person.

In conclusion, both the homes are doing their level best to deliver the best services to the elderly persons. Despite these efforts, the services in the faith based home were better than those in the Government home and this has led to more satisfaction in the faith based home as compared to the Government home.

CHAPTER ONE

INTRODUCTION

1.1 Background

Concern on deteriorating human conditions necessitated the United Nations to come up with strategies to alleviate human suffering, more so in developing countries. The UN conceived the idea of MDGs following unsuccessful structural adjustment of the early 70's and 80's in improving human standards. In 2000 the WHO came up with eight millennium development goals as guide to improving human conditions. The goals were pegged to 2015 as the date they were to be fully achieved (GoK, 2005).

The number one millennium goal addresses poverty and hunger. The goal aims at reducing or eliminating poverty and hunger. One of the most vulnerable groups likely to suffer poverty and hunger is the elderly persons. Old age comes with multiple of challenges such as reduced income, degenerative diseases and neglect by society among others.

Elderly persons are a heterogeneous group and like people in all ages, they are individuals with varying needs, desires, abilities, lifestyles and cultural backgrounds. As our society becomes increasingly older and more diverse, dealing with this aging population requires a great deal of knowledge, sophistication, and flexibility (Papalia et al, 2002). As people age, their emotional needs may change. Many elderly persons find themselves dealing with the loss of a spouse or health problems. They may not have the same support system they had when they were younger due to children moving away or retirement. Having a support or a family member who cares can make all the difference to an older person (Maryann, 2000).

Areas of concern in the situation of older persons will also emerge, signs of which are already evident, resulting in pressures and fissures in living arrangements of older persons. It is true that family ties in most countries are very strong and overwhelming majority of the elderly live with their children or are supported by them. A majority of families engaged in various economic activities find the presence of old parents emotionally bonding and of great help in managing the household and caring for children. However, due to the operation of several forces, the position of a large number of older persons has become vulnerable due to which they cannot take for

granted that their children will be able to look after them when they need care in old age, especially in view of the longer life span implying an extended period of dependency and higher costs to meet health and other needs (Silverstone, 1978).

In Europe, different strategies have been developed to ensure that elderly people are taken care of their psychological, physical, economic and social aspects. This has been mainly done through the introduction of elder care systems which include home based care, family care, nursing homes and homes for the elderly. More specifically various services have been provided to ensure that elderly continue to be productive and age successfully. To date there is a provision of special drugs for aged to keep them healthy, there are different aids equipments to help elderly become active and participate in their daily routine and these include hearing aids, vision aid, counseling services, and exercises. In Japan, Where the aged population is growing faster than in other industrialized nations, reliance on family care remains strong.

According to Nishio (1994), 10 percent of Japanese senior citizens live alone compared with 30 percent in Sweden. 1.5% of the Japanese senior citizens live in homes for the elderly or other institutions as compared with 6 to 7 percent in Sweden. Nishio further observes that in China, government policies reinforce traditional customs where the family and the local community are expected to provide medical and long-term care to the elderly; the role of central government is minimal (Olson, 1994).

However, this is not so in Africa. According to Ocharo (2009), most elderly persons in African communities are often disserted by the family and often experience social isolation. Gelfand, (1982) attributes this to inadequate information by the public on existence of community and government services that help the elderly. He further notes that some families or the elderly may feel uncomfortable or may be too proud to accept help. Poverty is one of the main factors that pose a great challenge towards caring for elderly persons in most African Societies.

No one wants to live with, and take care of an old person who is ill and generally difficult to deal with due to physical and emotional problems, that often require more care than they can provide. It is hard to see someone you love slip away and therefore need for a good care provider who will ease the burden and perhaps make the elderly live longer and have self esteem as opposed to feeling rejected and non-productive in the society. This make them withdraw from active role in

the community and instead sit and wait for their deaths as explained by the disengagement theory (Elaine Cumming, William Earl Henry, 1961).

Older persons have been the cornerstones to the development of our country, and the contribution they have made to our society is part of the future that they have prepared for us. Therefore, we must work towards the development and rights of older persons so that they can spend their lives having a sense of independence, self-fulfillment, dignity and peace.

Elderly care or simply eldercare is therefore the fulfillment of the special needs and requirements that are unique to senior citizens. This broad term encompasses such services as assisted living, adult daycare, long-term care, nursing homes, hospital care and in-home care. The form of elder care provided varies greatly among countries and is changing rapidly. Even within the same country, regional differences exist with respect to care for the elderly.

Traditionally elder care has been the responsibility of family members and was provided within the extended family home. Increasingly in modern societies, elder care is now being provided by the state or charitable institutions. The reasons for this change include decreasing family size, greater life expectancy of elderly people, the geographical dispersion of family, and the tendency for women to be educated and work outside the home (Macht,1982).

The eldercare services are therefore designed to:-

- Help people to maintain their independence by assisting them in carrying out tasks of daily living, and helping them maintain and improve personal skills.
- Assist in maintaining links with the community and avoid social isolation.
- Provide those who are taking care of the elderly with an opportunity to have their own space and time by offering relief from the stress of caring, support during any health problem and time for themselves.

The care plans are designed around each individuals needs, ranging from companionship and general care, light personal care, feeding to helping families cope with geriatric conditions.

The elder care services include home based care where the family members care for the elderly, home -based care done by experts who charges according to the hours spent with the elderly while in their homes, day care centers where the elderly are taken in the morning and taken back to their homes in the evening, hospitals which have special wings for nursing the elderly together

with registered institutions which are owned by the Government, Non-Governmental Organizations, faith based organizations, community based organization and other stakeholders (Papalia et al, 2002).

The maxim 'human dignity is inviolable', also applies in old people's homes. Moving into a home must be an autonomous decision on the part of the person concerned. There must be no physical or psychological use of violence, no violation of privacy, no inappropriate medical care or supply of medicine and no financial exploitation.

As a general principle, particular attention must be paid to the health care of the elderly who are restricted in their daily tasks. Those who are living in residential care homes must be granted increased rights of participation

Management training and qualification, quality development measures related to institutions, supervision and further development of relevant advanced training must be guaranteed. Supervision of the homes must ensure that all the statutory requirements are met and that no acts of physical or mental abuse against the elderly are committed.

In conformity with United Nations and African Union definitions, Kenya has adopted the definition of older people as those aged 60 years and above. The statistics shows that 1.5 million people in Kenya are above 60 years, thus constitution 4.8 percent of the total population. The distribution of population by gender shows that older women are more than men across the country and also there is an increase of women headed households and this has significant implications for policies and programs with respect to older persons says Gondi.

The Government of Kenya is committed to the United Nations principles, which stipulates the rights of older persons to independence, participation, care, self-fulfillment and dignity. Recently in Kenya the Government under the ministry of Gender, Children and, Social Services and other stakeholders have tried to put in place different strategies to ensure that the needs of the elderly people are taken care of. Some of these strategies involves dealing with; poverty, health and nutrition, income security and social services, abuse and violence, community and family support system, adult education, legal framework, and employment. Actually, Kenyan government is one of the signatories to the International Plan of Action on Ageing adopted in 1982 in Vienna, Austria during the first World Assembly on Ageing says Gondi.

The problems of older people in Kenya include those related to economic, health social and other personal problems. But literatures indicate that main problems that have direct impact on the elderly persons to be, poverty, health and nutrition, HIV/AIDS, housing, income security and social services, abuse and violence, community and family support system, adult education, legal framework and employment .

However the needs of elderly people have not been adequately addressed. And it is not known the extent to which both the Government and faith based organizations meet the needs of the elderly people.

This study is an attempt to assess the needs of aged people as well as to compare the services provided by the faith based (Faith Based Organization) and Government institutions with an aim of assessing the extent to which both institutions addresses the needs of elderly persons in Mombasa district, Mombasa county, Coast province, Kenya.

1.2 Problem Statement

According to statistics from World Health Organization (WHO), the world population of people aged 60 years and above is increasing rapidly. This increase is expected to reach 1.2 billion by 2025 and 2 billion by 2050.In Africa, where the older population is currently estimated to be slightly over 38 million; it is projected to reach 212 million by 2050 thus a challenge to the individual countries and the continent as a whole (UN, 1985.)

In the Kenyan situation, the number of older persons has risen dramatically since the first National Census Report in 1949 from a modest 270,000 to 1,400,000 in 1999. According to the National Population Census Reports in 1949, 1959, 1969, 1979, 1989 and 1999, the total population rose from 5.4, 8.8 11.0, 15.3, 21.4 to 28.7 million respectively. The population of older persons; 60 years and above recorded 270,000, 440,000, 550,000, 765,000, 1,070,000 and 1,400,000 respectively during these censal years (GoK, 2009).

In Kenya, the problems of elderly people have not been well addressed. In the country and in other developing countries especially in Africa, elderly people continue to experience various needs which have not been well addressed. Problems of elderly people have been so far related

to the issues of social, economic and physical (Waithaka et al, 2003). The Government of Kenya and other stakeholders has put in place different strategies to ensure that the elderly needs are addressed. The strategies include pensions for those who were in formal employment, a fund known as National Development Fund for Older Persons, introduction of eldercare institutions, nursing homes and nutritional interventions for the elderly. However, proper implementation of these strategies is still wanting. (GoK, 2005)

The Government policy about the elderly advocate for fulfillment of elderly person's needs and rights but little information is available on how the needs of elderly persons are met by both the Government and faith based institutions and there is still a paucity of information on what the real needs of elderly people residing in the homes in Kenya are. The policy acknowledges that the disintegration of the family support system due to poverty, urbanization and industrialization have rendered the elderly persons destitute (GoK, 2009).

In her research study on psychological effects of institutionalizing the African elderly persons, Wandia, (2008) observed that people have started embracing the use of eldercare institutions but the challenge is that there are inadequate facilities to meet this rising demand of the elderly persons.

A study carried out by Help Age International on 'Elder Abuse in Health Care Services in Kenya (2001), shows that while older persons prefer to spend their lives within their communities and families, a worrying trend today is the ease with which the community is willing to commit its old to institutions. Whilst older persons were (culturally) taken care of within the communities, today, family members often try to get them committed to institutions. These institutions are already stretched beyond capacity due to the high number of abandoned older persons whom they try to absorb.

Although studies have been done on caring for the elderly persons in Kenya, this study seeks to assess the services offered in the homes for the elderly in relation to the needs of the elderly

people in Mombasa County where no similar studies have been carried out. This study therefore will try to answer the following research questions:

1.3 Research questions

1. What are the needs of the elderly persons residing in eldercare institutions?

2. To what extent do the services offered by both the Government and faith based institutions meet the needs of the elderly persons?

3. What are the challenges in trying to address the needs of the elderly persons in both the Government and faith based eldercare institutions?

1.4 Study objectives

1.4.1 Broad objective

The broad objective of this study was to understand the services offered in both the Government and faith based (Catholic Church) eldercare institutions in relation to the needs of the elderly persons in Mombasa county, Coast province, Kenya

1.4.2 Specific objectives

1. To examine the needs of the elderly persons residing in Government and faith based eldercare homes in Mombasa, Kenya.
2. To investigate the extent to which the services offered in the homes meet the needs of the elderly persons.
3. To identify the challenges in addressing the needs of the elderly people in both the Government and faith based eldercare institutions in Mombasa, Kenya.

1.5 Scope and Limitations of the Study

This study only investigated on elderly people both male and female aged 60 years and above residing in a Government institution (House of Alms/ Nyumba ya wazee) in Makupa and a faith based institution (Catholic Church) by the name (Little Sisters/ House of the poor) in Tudor, Mombasa county, Coast Province, Kenya. The study respondents were the sampled elderly

persons and the institutions' staff who briefed the researcher on the services offered to the elderly persons in the homes.

The study explored the different categories of elderly people's needs in both the Government and faith based eldercare institutions together with the home care services for the elderly persons offered in these eldercare institutions and investigated on the extent to which the services provided by both the Government and faith based elderly persons homes were able to meet the needs of the elderly persons after which the gaps relating to the needs of elderly persons residing in these homes were identified.

In defining needs, the researcher noted that needs are elastic – a need is likely to change over time and this elasticity extends to demand – meaning that demands is likely to increase with increased service provision thus today's needs is not necessarily tomorrows needs.

Due to financial constrain, the study was conducted only in Mombasa County and only two homes for the elderly persons were studied. The homes represented a Government organization (Municipal of Mombasa) and a FBO (Catholic Church) thus not a representative of all stakeholders concerned with the welfare of the elderly persons for instance, NGO's and other religions like Islam, Buddhism, and Hinduism amongst others.

This study was only confined to urban homes for the elderly persons and thus the information might not represent the needs of the elderly persons in rural homes for the elderly. However the needs of the elderly persons do cut across thus not much variation in relation to geographical location unless if the expected information would be on issues related to income, infrastructure or cultural related aspects.

The homes also have elderly people of different background in terms of education, religion and culture. Therefore due to random nature of sampling process, I expected the data to be of high representation.

Being a sensitive target group, some respondents who included both the elderly persons and the elderly institutions staff felt uncomfortable to participate in the study due to fear of confidentiality of the information and also suspicion of being spied on. This anticipated

limitation was addressed by providing a comprehensive introduction about the study objectives and the aim of the researcher. The respondents were not asked to mention their names; each interview schedule bored a number instead of a name. Moreover there was much assurance of confidentiality of information provided. However this led to the faith based home limiting the number of elderly persons being interviewed and barred the researcher from taking photographs, using tape recorders and conducting an FGD.

1.6 Conceptual definition of key variables

This section provides definition of key variables that have been used in the study. The key variables include:

Ageing

Ageing in human refers to the multidimensional process of physical, psychological and social change. It is seen as a time of maturity and wisdom, a release from the stress of working life, self-fulfillment and an opportunity to hand on power and knowledge to the next generation.

Elderly persons

In conformity with United Nations and African Union definitions, Kenya has adopted the definition of older people as those aged 60 years and above. In African context, an old person who does not necessarily have proper birth records is identified by grey hair, bending position, failing eyesight and hearing problems, falling of teeth, wrinkles on the face and veins showing on the body together with diseases associated with old age like arthritis.

Needs

Need is something that is deemed necessary, especially something that is considered necessary for the survival of the person, organization, or whatever. In social sciences, attention is placed on human needs which include physiological, material, psychological and social needs.

The idea of need refers to a claim for service. However this may also imply:

- The kinds of problem which people experience
- Requirements for some particular kind of response
- A relationship between problems and the responses available

Bradshaw (1972) identifies four main categories of need:

Normative need is need which is identified according to a norm (or set standard); such norms are generally set by experts. Benefit levels, for example, or standards of unfitness in houses, have to be determined according to some criterion.

Comparative need concerns problems which emerge by comparison with others who are not in need. One of the most common uses of this approach has been the comparison of social problems in different areas in order to determine which areas are most deprived.

Felt need is need which people feel - that is, need from the perspective of the people who have it.

Expressed need is the need which they say they have. People can feel need which they do not express and they can express needs they do not feel.

Care

According to country report on Ageing and Poverty in Sub-Saharan Africa, Waithaka et al, (2003) explains care as an access to social and legal services particularly health care to maintain optimum level of physical, mental and emotional wellbeing. This should include dignity, beliefs, needs and privacy.

Caregiver

This refers to informal or unpaid care of a person whose independence is physically, mentally, emotionally, or economically limited (Papalia, 2002). According to Cimmino, (2003), a caregiver provides services for persons who need ongoing support of some kind (i.e. financial assistance, daycare, social support, twenty-four-hour care).

Ageism

According to Butler, (1975), Ageism refers to discrimination, or holding irrational and prejudicial views about individuals or groups, based on their age. It involves stereotypical assumptions about a person's or groups' physical or mental capacities and is often associated with derogatory language.

Aging in place

According to Papalia, (2002), Aging in place refers to remaining in one's own home with or without assistance during late life.

Elder abuse

Papalia, (2002) defines elder abuse as maltreatment or neglect of dependent older people, or violation of their personal rights.

1.7 Significance of the study

The study findings will help the ministry of gender, children and social services and other administrative organs of the government in their effort to formulate policies meant to improve and prioritize issues for the elderly persons in Kenya especially those residing in homes for the elderly.

The study findings will be useful in providing recommendations for further areas of the study that will be a basis for further research work by other academicians.

The study will be important in bringing more understanding and insights on structures and functions of the elderly institutions and their effectiveness in promotion of human development. This will be important in championing issues of elderly people as well as help these organizations develop action plans for further interventions.

The study will help create awareness and bring new insights in the community on the caring for the elderly persons in the society.

CHAPTER TWO
REVIEW OF RELEVANT LITERATURE

2.1 Overview of the Chapter

This chapter presents some sections which contains broad overview of relevant literature based on the previous work, pertaining to Global, Regional and National overview of caring for the elderly persons.

2.2 The concept of old Age

Ageing in human refers to the multidimensional process of physical, psychological and social change. It is seen as a time of maturity and wisdom, a release from stress of working life, self-fulfillment and an opportunity to hand on power and knowledge to the next generation.

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

Physiological ageing (or senescence) on the other hand may be defined as the sum of the anatomical, histological and physiological changes that happen over time, to the different types of cells in the different organs and systems. It is part of a continuous evolution in the course of human development, following immediately after embryogenesis, puberty and maturation.

2.3 The onset of old age

Older adults are more different than alike. Physically and psychologically they age at different rates and what is true for one seventy-year –old may not be true for another. Many people know older adults who are 'old' at sixty and others who are 'young' at eighty. A person's health, outlook on life, and agility often affect how old or young one feels. This is because ageing

process is a combination of genetic and environmental factors that include one's activity level, attitude, diet, stress, and lifestyle (Niccum, 1999).

The onset of old age varies from society to society. In the United States people are generally considered old when they reach the age of 65, whether they are single or married, poets or plumbers, robust or feeble, primarily because the initial requirements of the Social Security System set eligibility at that age (Hall & Perlmutter. 1992). Traditional societies, however, may define old age in generational or functional terms. Some societies connect aging to role changes that accompany generational events in the life cycle. In India, for example, a person crosses the threshold into old age when his or her children marry. Because Indians tend to marry young, an Indian man or woman may reach old age during the forties. The Maasai people on the other hand mark old age by social roles, promoting an age set into "retirement," so that the man may be as young as 60 or as old as 75 when he "retires".

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

It has been noted by American anthropologists that whether or not women reach old age "first", women seem to meet the physical and psychological challenges of aging more easily than do men. Several factors are thought to be responsible for this. For example, women's lives center around home and family, which makes the transition to old age less disruptive and builds the kind of emotional ties with the children and grandchildren that can enhance emotional and physical well being. Lives spent adjusting to the bodily changes constraints of pregnancy, lactation and menstruation make adjustments to bodily often increase with age. Women tend to

become more autonomous at a time when men are relinquishing their occupational power and responsibilities. Silverstone & Hyman 1976 observe that the image and role of grandparents today has changed as many people get into this stage as early as 40 when they are still young and energetic, pursuing their careers and interests, feeling free of child rearing responsibilities (Randel, German and Ewing, 1999).

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

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

2.4 Cultural views of the Life Cycle

Each society has its own standards and goals for various stages of the life cycle. The standard of full adult responsibility also varies from one society to another, as does the way of reckoning age and timing of old age, (Hall & Perlmutter, 1992). Most of us have heard that in "the good old days" aged men and women were also held in high esteem and were consulted on community matters. In some countries this was true and in others not so. Just as each culture has its own definition of old age, so the status and treatment of the old differs from one society to the next.

As aging populations increase throughout the world, societies have had to examine ways in which they care for their senior citizens. Globally, nations are grappling with how best to deliver care within the changes and structures of economic costs and productivity, health care provision

costs, cultural and ethnic differences and traditions, changes in the way the societies view their elderly and the increasing political voice that older adults have in planning their futures.

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

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

China, which is one of the fastest growing economies, remains bound to family and their local formalized community providing care within the limited health and medical facilities. Governments' policy is to reinforce traditional customs. Hospital care is for short-term acute care only through the central government and has little input, it is trying to encourage local communes and communities to implement a more formalized structure to provide supportive services and nursing and care from within their local areas for the elderly people (Papalia, et al, 2002).

2.5 Elderly Persons Needs

In defining needs, it must be noted that needs are elastic – a need is likely to change over time and this elasticity extends to demand – meaning that demands are likely to increase with increased service provision. A need is a social construction negotiated between a set of social agents with responsibility for social programs and policy and a set of claimant and their

advocates who assert that a problem exists that warrant intervention. In this sense, community members, together with the stakeholders involved in a particular issue, literally create the social reality that constitutes a recognized social problem.

In order to understand the needs of the elderly persons, needs assessment in determining whether the individuals or groups have any needs is essential. This is done by evaluating the existing conditions of the elderly people against some socially established standards. If the community or some individuals are above those standards, then there is no need and if they are below those standards, there is need.

Needs assessment, in general, is a systematic approach to identifying social problems, determining their extent, and accurately defining the target population. From a program evaluation perspective, needs assessment is the means by which an evaluator determines if, indeed, there is a need for a program and if so, what program services are most appropriate to that need. Its purpose is to determine if there is a need or problem and, if so, what is its nature, depth, and scope. In addition, needs assessment often encompass the process of comparing and prioritizing needs according to how serious or neglected they are.

Elderly person's needs just like other people's needs are elastic due to standards of living, sociopolitical environment and the availability of resources and technology and therefore keeps changing from time to time.

The idea of need refers to a claim for service. However it may also imply:

- The kinds of problem which people experience
- Requirements for some particular kind of response
- A relationship between problems and the responses available.

Bradshaw, (1972) identifies four main categories of need which applies to the elderly persons as follows:

> *Normative need* is need which is identified according to a norm (or set standard); such norms are generally set by experts. Benefit levels, for example, or standards of unfitness in houses, have to be determined according to some criterion.

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Comparative need concerns problems which emerge by comparison with others who are not in need. One of the most common uses of this approach has been the comparison of social problems in different areas in order to determine which areas are most deprived.

Felt need is need which people feel - that is, need from the perspective of the people who have it.

Expressed need is the need which they say they have. People can feel need which they do not express and they can express needs they do not feel.

2.6 Challenges facing the elderly

Human beings have always dreamt of a long and happy life. In the past, this privilege was reserved for a relatively restricted number of people. Those people who stood the test of time were respected as sages and seen as a source for good advice. Thanks to the progress in medicine, hygiene and nutrition, the dream of a long life has become a more widespread reality. Unfortunately, the dream of longer life does not translate into a happy reality because of the numerous challenges facing these senior citizens.

Older people, particularly women make up a significant and growing section of the poorest and vulnerable people in society. The older population in Africa ,currently estimated at slightly over 30m , is projected to reach 212m by 2050.Thus Africa's older population will increase six-fold in five decades. Unfortunately, this trend towards an ageing society and its widespread implications has failed to attract the attention of policy makers (Help Age International, 2001).

In her presentation at the special plenary session, Monica Ferreira observed that older people in Africa make huge contributions to their families, communities and society as a whole. Older people continue to work into very old age – helping support families and national economies. They are guardians of African social values and play a key role in maintaining culture and tradition. Yet these roles are generally unrecognized and older people's potential is undervalued.

Older people in Africa face more challenges now than ever before. Family structures are fundamentally changing, age discrimination (ageism),social isolation (Ocharo,2011), the high levels of poverty among older people, the growing numbers of carers of AIDS orphans,

inadequate access to health care facilities and lack of social security safety nets are some of the challenges facing the elderly (Help Age International, 2001).

2.7 Homes for the elderly persons

By the 1970s, there was a growing belief that senior citizens from whatever socio-economic background face many barriers to their basic supportive needs as they age, ranging from inadequate income to declining health and mobility. In support of this concept, the Service issued guidance with respect to homes for the aged. In Rev. Rul. 72-124, 1972-1 C.B. 145, the Service recognized that the relief of the distress of old age as a charitable purpose was not based on financial considerations alone. Instead, the ruling recognizes that the elderly as a class face forms of distress other than financial, such as need for suitable housing, physical and mental health care, civic, cultural, and recreational activities and an overall environment conducive to dignity and independence.

There are different living arrangements for the elderly persons which include living in the community, living alone (aging in place), living semi-independently, living with adult children and living in institutions.

Most old people do not want to live in institutions and most of their families do not want them to. Older people often feel like placement in an institution is a sign of rejection and children usually place their parents reluctantly, apologetically and with great guilt. Sometimes, though, because of an older person's needs or a family's circumstances, such placement seems to be the only solution. The elderly at highest risk of institutional living are those living alone, those who do not take part in social activities, those who perceive their health as poor, those whose daily activities are limited by poor health or disability, and those whose care givers are over burdened (McFall &Miller, 1992: Steinbach, 1992,)

A good home for the elderly has an experienced professional staff, an adequate government insurance program, and a co-ordinated structure that can provide various levels of care (Kayser-Jones 1982).It is lively, safe, clean and attractive. It offers stimulating activities and opportunities to spend time with people of both sexes and all ages. It provides privacy-among other reasons, so that residents can be sexually active. It offers a full range of social, therapeutic

and rehabilitative services. The best–quality care seems to be available in larger, non-profit facilities with a high ratio of nurses to nursing aides (Pillemer & Moore, 1989). One essential care is an opportunity for residents to make decisions and exert some control over their lives (Langer & Rodin, 1976).

Adjusting to life in the elder care institutions is difficult for many old people and requires a number of dramatic adjustments. There are major losses to handle including decrease in independence, a loss of privacy, a decrease in a personal sense of control a loss of personal possessions an inability to come and go at will and a drain on financial resources. Frequently, the institution is viewed as the place to die and in reality most of the residents never return to their homes or communities. Many institutions do not provide adequate mental stimulation or opportunities for independence, personal empowerment, socialization, community involvement or independence (Niccum, 1999).

2.8 Policy environment on ageing in Kenya

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

In order to address the rapid increase in the number of older people in the continent and their social and economic plight, the Twenty-Second Session of the Organization of African Union (OAU), labor and Social Affairs Commission (SAC), held in April 1999, recommended that a policy Framework and plan of action on ageing in Africa be elaborated.

OAU, in collaboration with Help Age international, embarked on a number of joint activities to advocate for the rights of older people and promote their needs. This joint venture culminated in the drafting of the 'Policies Framework and Plan of Action on Ageing'. The document was finally adopted by the 38th Session of the OAU Assembly of Head of State and Government Held in Durban, South Africa in July 2002. The launch of Policy Framework and Plan of Action was held in 2003, giving an opportunity to raise awareness on the special situation, needs and welfare of older people. The plan of action was Africa's contribution to the second world on ageing held in Madrid, Spain in April 2002. "Poverty and social exclusion" was a new program under the

social affairs department where activities pertaining to vulnerable group, older people included, were to be pursued.

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

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

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

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

This policy seeks to do the following;-

(a) Laws and Rights of Older Persons

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

(b) Poverty and sustainable development

The stated specific objectives under this priority are:-

- To remove obstacles to older persons' access to and control of productive assets, wealth and economic opportunities for enhancement of sustainable livelihoods.

- To censure older peoples' participation in the development, implementation, monitoring and evaluation of socio-economic policies including poverty on gender sensitivity.

- To ensure that the national budget includes provisions for the needs of older people, and

- To enhance measures that promote equity and fairness in access to employment opportunities and control assets, especially land.

(c) Health and active life

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

(d) Family culture

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

(e) Gender

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

(f) Food security and nutrition

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

(g) Housing and physical amenities

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

(h) Education, training and media

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

(i) Employment and income security

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

(j) Social security/ welfare

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

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

(k) Preparations of retirement

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

(l) Conflicts and disaster

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

The draft policy recognizes that the family is still the important caring institution for older persons. The extended family support the older persons system to older persons is still operational in some communities, despite the changing structures, living patterns, social values and economic pressures. The government and policy makers need to make   rapid   steps to a study carried out by help age international on elder abuse in the health care services in Kenya September 2005 provide for the welfare of older persons. There is therefore an urgent need to address the issues of older persons as they have implications on our national development.

2.9 Theoretical Framework

A theory is defined as a logical-deductive system consisting of a set of interrelated concepts from which testable propositions can be deductively derived so as to present a systematic view of phenomenon by specifying relations among variables with a purpose of explaining and predicting phenomenon (Nachmias, 1996; Kerlinger et al, 1964).

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

There are numerous concepts in the literature that propose definitions of human needs that is applicable to the elderly persons and this study is going to summarize the elderly persons needs using Maslow's **self- actualization theory** and Hansel's **motivational theory**

2.9.1 Self-actualization Theory

This theory developed by Abraham Maslow (1968), proposes a hierarchy of human needs that is applicable to the human services model. The hierarchy Maslow conceptualized consists of five levels as shown in the human services model.

Figure 2.1: Maslow's hierarchy of needs
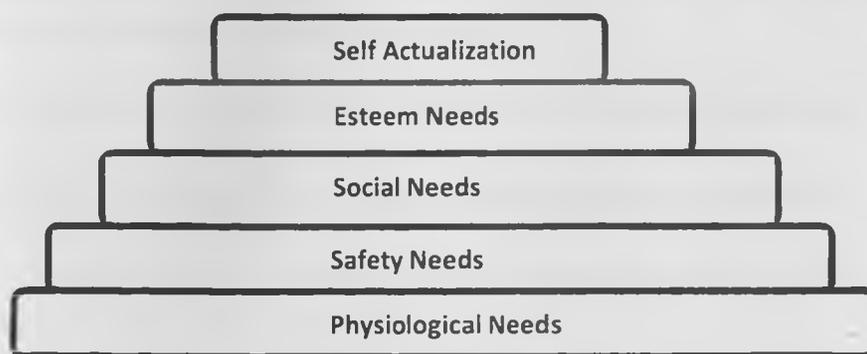
At the base are basic **Physiological needs** such as food, shelter, oxygen, water, and general survival. These conditions are fundamental to life .When a person has homeostasis with these basic survival needs; they are able to focus on **safety needs** which involve the need for a secure and predictable environment. This may mean living in a decent housing in a safe neighborhood. Given that safety needs have been fulfilled therefore **belongingness and love** emerges. This

includes intimacy and acceptance from others. When these three lower – level needs are partly satisfied, **esteem needs** develop in the context of the person's social environment .This relates to recognition by others that a person is competent or respected. Most people desire the appreciation and positive reinforcement from others. At the top of the hierarchy exists the need for **self-actualization**, having to do with the fulfillment of a person's innate potential as a human being, Maslow perceived self-actualized people as possessing attributes that are consistent with highly competent and successful individuals (Cimmino, 1993).

2.9.2 Motivational Theory

Another perspective of human needs is defined by Hansell's motivational theory (Hansell, Wodarczk,and Handlon-Lathrop,1970;Schmolling, Youkeles, and Burger,1993). This theory contends that people must achieve seven basic attachments in order to meet their needs. If a person is unsuccessful in achieving each attachment, ultimately a state of crisis and stress will result. Listed below are the seven basic attachments accompanied with signs of failure of each one:

1. Food, water and oxygen, along with informational supplies. Signs of failure: boredom, apathy and physical disorder.

2. Intimacy, sex, closeness and opportunity to exchange deep feelings. Signs of failure: loneliness, isolation and lack of sexual satisfaction.

3. Belonging to a social peer group. Signs of failure: not feeling part of anything.

4. A clear, definite self-identity. Signs of failure: feeling doubtful and indecisive

5. A social role that carries with it a sense of being a competent member of society .Signs of failure: depression and a sense of failure.

6. The need to be linked to a cash economy through a job, a spouse with income, social security benefits, or other ways. Sign of failure: lack of purchasing power, possibly an inability to purchase essentials.

7. A comprehensive system of meaning with clear priorities in life. Signs of failure: sense of drifting through life, detachment and alienation (Cimmino, 2003).

2.9.3 Social Capital Theory

Social capital concept was originally devised by James Coleman, (1988) to describe the types of relations that exist between individuals as located within both families and communities. Coleman and Hoffer argued that deficiencies in social capital- such as would follow from single-parenthood, decreased parental involvement with the child or with family activities and low levels of interaction between adults and especially parents in local communities-were detrimental to development in adolescence. This also applies to the elderly persons.

Coleman maintained that 'the social capital for a young person's development resides in the functional community, the actual social relationships that exist among parents, in the closure exhibited by this structure of relations with the institutions of the community.

Part of that social capital is the set of norms that develop in communities with a high degree of closure'. Lack of interaction between parents and children, and between adults and other adults, fosters open networks, lack of communication, lack of adherence to and enforcement of norms and of family control, all of which reduces the probability of building up human capital and increases opportunities for deviant behavior.

Traditionally elder care has been the responsibility of family members and was provided within the extended family home. Increasingly in modern societies, elder care is now being provided by the state or charitable institutions. The reasons for this change include decreasing family size, greater life expectancy of elderly people, the geographical dispersion of family, and the tendency for women to be educated and work outside the home which has weakened the family tie bond.

More recently, the concept has been taken up by Robert Putnam, (Bowling Alone, 2000) and used to describe the networks of relations that people are involved in by virtue of their membership in voluntary associations and their participation in informal activities. Putnam distinguishes the 'bonding' capital that reinforces exclusive interaction and homogeneity (kinship, community, and locality) from the 'bridging' capital that brings different types of

people together (voluntary associations, political activities, religious participation). Bonding is the basis of mechanical solidarity, while bridging promotes the organic solidarity.

Traditionally family and community structures included in-built support and welfare systems that catered for all members of society, most communities in Kenya revered and honored old people. Under these arrangements, individuals remained subordinate to the ancestors and the living elders who offered counsel and guidance in all aspect of life: birth, childhood, through initiation and marriage; to settling disputes (Ocharo, 2009). In return, they were assured of total support of their needs from the family and community. Today, this is changing and the current socio-economic and cultural situation is characterized by increased individualism, urbanization and industrial advancement. Although family and community remain the most effective and important institutions in caring for older persons, their effectiveness is under pressure due to deficiencies in social capital. Senior citizens in Kenya today are experiencing a low level of contact with family, friends, neighbors, community and social sources (GoK, 2008).

In the homes for the elderly the situation is the same. The transition to the homes is a nightmare which brings feelings of loneliness, being abandoned and detached from the community and also a feeling of guilt by the relatives who took their old parents to the homes. Frequently, homes are viewed as a place to die and in reality most of the residents never return to their homes or community.

2.9.4 Erikson's Psychosocial Theory

This study is informed by human development theories. The most preferred theories are the psychological theories of human development. Specific to this study is Erikson's Theory.

Erikson's theory stressed lifelong development. According to him, psychosocial states are the key to understanding development. He thus proposes eight psychosocial stages of development from infancy through old age. In Erikson's (1968) view, the first four stages take place in childhood, the last four in adolescence and adulthood. For him, each stage represents a developmental task or a crisis that a person must negotiate. Each stage also marks a potential turning point towards greater personal competence or weakness and vulnerability. The more successfully people resolve the issues of each stage, the more competent they are likely to

become. According to Erikson, (1968) people enter this sixth stage of intimacy versus isolation in young adulthood.

At this time people face the developmental task of either forming intimate relationships with others or becoming socially isolated. He describes intimacy as both finding oneself and losing oneself in another. If the young develops healthy friendships and intimate close relationships with a partner, intimacy will likely be achieved.

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

In this case elderly people whose social investments have been successful or are socio economically well up; they are likely to have more successful social relations in their old age. Likewise elderly people who had had low social interactions in their early days are more likely to have poor social capital in their olden days. In other words the social characteristics background of the elderly people will determine the nature of social capital available to them in their olden days.

2.9.5 Continuity Theory
The **continuity theory** assumes that a "primary goal of adult development is adaptive change, not homeostatic equilibrium". Continuity is thus possible even as the person changes in response to the outside environment (Berger, 2005 p.643) According to Robert Atchley (1989), people who age successfully are able to maintain some continuity, or connection with the past, in both

internal and external structures of their lives. Internal structures include knowledge, self esteem, and a sense of personal history or what Erikson called 'ego integrity'. External structures include roles, relationships activities, and sources of social support as well as physical environment.

The **continuity theory** is a dynamic theory because it involves a person's accommodation to personal circumstances and to changes in their social context. The dynamic viewpoint stresses that the entire social system works towards individual and community continuity, even as the individual lives change.

Atchley suggests that it's normal for ageing adults to seek a satisfactory balance between continuity and change in their live structures. He suggests that too much change makes life too unpredictable while too little change makes life too dull. Thus although some change is desirable, and inevitable, there is an internal drive for consistency, a need to avoid a total break with the past. This drive is socially reinforced since others tend to expect a person to think and act about the same as always. While successful ageing may mean different things to different people, in this view activity is important not for its own sake but to the extent that is represents a continuation of a person's lifestyle. For older adults who may have been active and involved in social roles it may be important to continue a high level of activity while others who have been less active in the past may be happier in the proverbial rocking chair. Research done shows that older people are happiest in pursuing work or leisure activities similar to those they have enjoyed in the past.

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

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

2.9.6 Activity Theory

All living human beings are actively aging, whether they are 10 or 110, but their levels of activity might determine how long they keep having birthdays.

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

Figure 2.2: Conceptual Framework
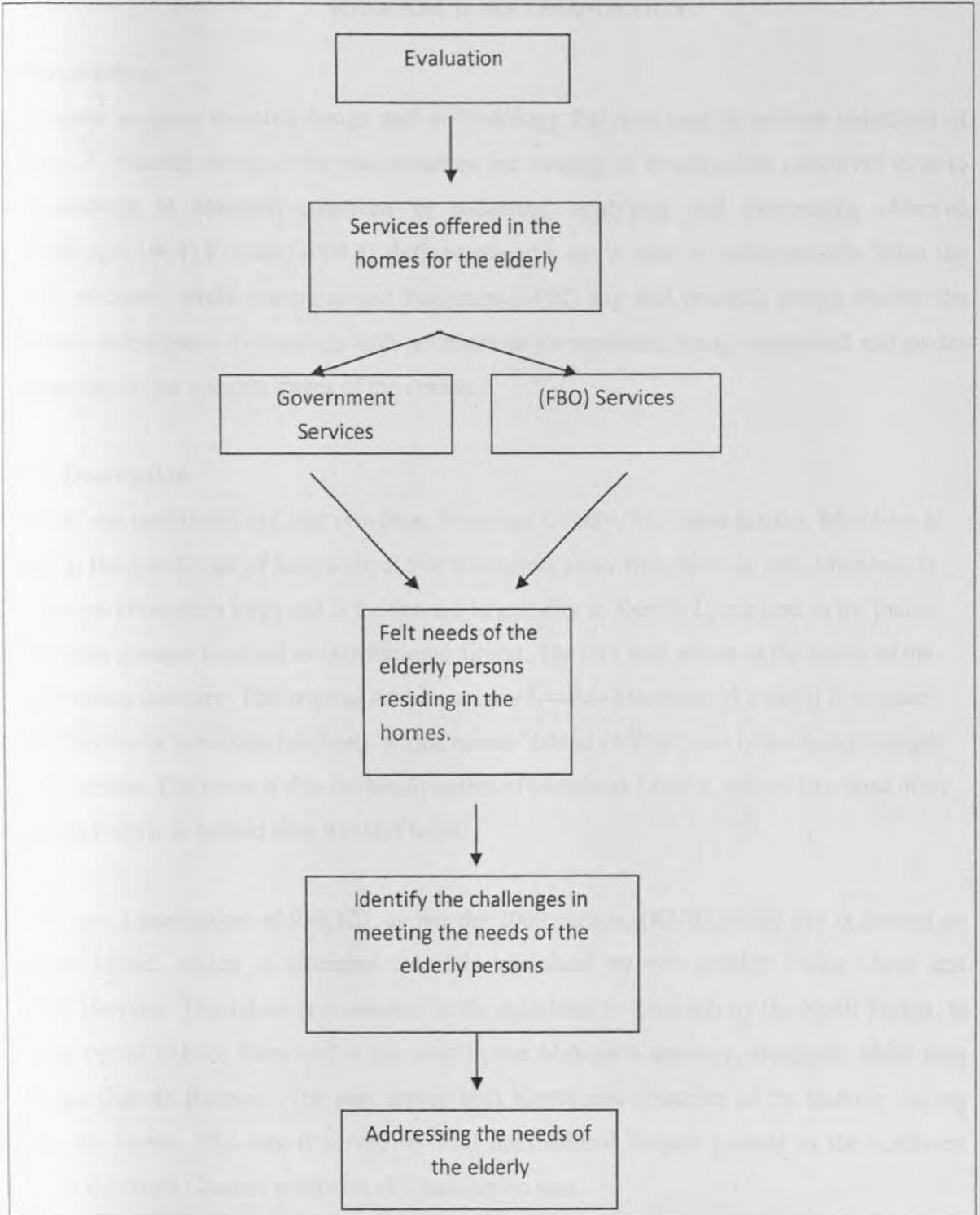
Source: Study, 2012

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter contains research design and methodology that was used to achieve objectives of the study. A research design is the plan structure and strategy of investigation conceived so as to obtain answers to research questions in collecting, analyzing and interpreting observed facts(Kerlinger,1964).Kothari,(2004:8) defines research as "a way to systematically solve the research problem" while Nachmias and Nachmias,(1992) say that research design enables the researcher/ investigator to come up with solutions to the problems being researched and guides the researcher in the various stages of the research.

3.2 Site Description

The study was conducted in Coast province, Mombasa County, Mombasa district. Mombasa is situated in the East Coast of Kenya about 500 kilometers away from Nairobi city. Mombasa is 2,775 square kilometers large and is the second-largest city in Kenya. Lying next to the Indian Ocean, it has a major port and an international airport. The city also serves as the centre of the coastal tourism industry. The original Arabic name is منبسا Manbasa; in Swahili it is called *Kisiwa Cha Mvita* (or Mvita for short), which means "Island of War", due to the many changes in its ownership. The town is also the headquarters of Mombasa District, which, like most other districts in Kenya, is named after its chief town.

The city has a population of 939,370, as per the 2009 census, (KNBS,2009) and is located on Mombasa Island, which is separated from the mainland by two creeks: Tudor Creek and Kilindini Harbour. The island is connected to the mainland to the north by the Nyali Bridge, to the south by the Likoni Ferry and to the west by the Makupa Causeway, alongside which runs the Kenya-Uganda Railway. The port serves both Kenya and countries of the interior, linking them to the Ocean. The city is served by Moi International Airport located in the northwest mainland suburb of Chaani, northwest of Changamwe area.

Mombasa is a major trade centre and home to Kenya's only large seaport, the Kilindini Harbour. *Kilindini* is an old Swahili term meaning "deep". The port is so called because the channel is naturally very deep. Kilindini Harbor is an example of a natural geographic phenomenon called a ria, formed millions of years ago when the sea level rose and engulfed a river that was flowing from the mainland.

Mombasa is the centre of coastal tourism in Kenya. Mombasa Island itself is not a main attraction, although many people visit the Old Town and Fort Jesus. The Nyali, Kenyatta, Bamburi, and Shanzu beaches are located north of the city. The Shelly, Tiwi, and Diani beaches are located south of Mombasa. Several luxury hotels exist on these beaches, while the less expensive hotels are located further away.

Mombasa's northern shoreline is renowned for its vibrant 24-hour entertainment offers, including both family entertainment (water parks, cinemas, bowling, etc.), sports (water sports, mountain biking and GoKarting), culinary offers (restaurants offering a wide range of specialties from Kenya, China, Japan, India, Italy, Germany and other countries) and night life(bars, pubs, clubs, discotheques, etc).

Other local industries include an oil refinery and the Bamburi Cement factory. The major intercontinental undersea telecom cables reach shore next to Mombasa, connecting East Africa to the rest of the world and supporting a fast-growing call centre business in the area.

The region is characterized by a number of people who are mainly migrants moved from the rural to urban in search for jobs and better life, Kenya Ports Authority(KPA) being the main employer. The main languages are Kiswahili and English while religion is Islam, Christianity and other minority groups. There are many Governmental organizations, NGOs, CBOs CSOs and FBOs who are working tirelessly to make sure that the disadvantaged in the society gets a better life, the elderly persons being one of the less fortunate. The homes for the elderly in study are located in Makupa and Tudor areas (http://en.wikipedia.org/wiki/mombasa).

3.3 Research Design

The design of the study is the overall structure and strategy for the research study (Coolican, 2004). Chandran (2004) notes that social research which focuses on research in human context is classified into; observational, descriptive, exploratory and experimental research designs. This study used descriptive research. This research design is suitable in describing and portraying characteristics of an event, situation, and a group of people, community or a population which enables the researcher to acquire complete and possibly accurate information. With regard to this, the researcher found that the study type suits well the present study as it aimed at assessing the services offered in the homes for the elderly.

3.4 Study Samples and Sampling Procedure

Sampling is a process of selecting a sub-set of cases and draw conclusions from the active set. It is a process of selecting a number of individuals or objects from a population such that the selected group contains elements representative of the characteristics found in the entire group, (Orodho, 2001).

There are basically two types of designs namely probability and non probability designs. In probability sampling , all units or elements in the sampling frame have equal chances of being included in the sample while in non probability sampling, elements in the sampling frame have unequal chances of being included (Dane,1990).

The non probability sampling was appropriate in this study. Williams et al (1995) noted that when the likelihood of the population selection is not known non-probability method is the most appropriate. The population of the elderly persons residing in the two homes was not known and therefore the study used purposive sampling which allowed the researcher to use his/her expert judgment to select units that were 'representative' or typical of the population study (Singleton, 1988). This method is accepted in studies that are limited in scope (Singleton, 1988:153-154).

3.4.1 Selection of respondents

The snowballing sampling technique was the most appropriate in this study together with purposive and convenience techniques. The researcher with assistance from the home's staff started with the most available elder who helped in identifying other elders who qualified as respondents and this process continued until the list was exhausted.

Purposive sampling was also used to select one elderly person for a case study and 5 key study informants for in depth interview. The key informants included; two members of the staff from each home and a government official from the ministry of Gender, children and social development

3.4.2 Selection of Mombasa County

Mombasa County was purposefully selected in this study due to the following reasons:

- The resources available for this study would not allow the study to be conducted outside Mombasa region as it would have huge cost implications not affordable to the researcher.
- The researcher is well familiar with the region and thus convenient in terms of accessing information relevant for the study.
- Mombasa district is also served with homes for the elderly persons which is the area of interest of the study.

3.5 Sources of Data

The study used both primary and secondary sources of data. The primary sources of data involve collecting data through direct communication with respondents by various methods of data collection in a contrived or natural setting (Kothari, 2004). This study used interviews as the primary source of data.

Secondary sources of data included data that is already available which have already been collected and analyzed by another person apart from the researcher .Secondary data may be either published or unpublished data. The secondary data in this study has been used to provide initial insights about the research problem and later may be used in the findings as supportive literatures. The secondary data for this case was obtained from books, published and unpublished research work, Government reports, electronic websites and media reports.

3.6 Techniques of Data Collection

Techniques involve the way in which the researcher will use the tools to solicit information from the respondents. Kothari (2004) defines techniques as "behavior and instruments we use in performing research operations" These techniques and methods are normally determined by

nature of research. In addition, factors like time, accessibility, cost limitations determine the choice of methods used.

The techniques of data collection used included focus group discussion, interviews, a case study and observation.

3.6.1 Focus Group Discussions

Focus groups are a form of group interview that capitalizes on communication between research participants in order to generate data. According to Barker (2010), a focus group is an interview conducted by a trained moderator in a non-structured and natural manner with a small group of respondents. The moderator leads the discussion. The main purpose is to gain insights by listening to a group of people talking about specific issues of interest.

This technique was used as a quick and convenient way to collect data from several people simultaneously in group interaction. This means that instead of the researcher asking each person to respond to a question in turn, people were encouraged to talk to one another asking questions, exchanging anecdotes and commenting on each others' experiences and points of view.

This method is particularly useful for exploring people's knowledge and lived experiences. It is used to examine not only what people think but how they think and why they think that way, (Morgan 1997). The FGD facilitator used a discussion guide (Appendix 2) which described the topics covered. The groups were set up in such a way that sessions were relaxed i.e. a comfortable setting: sitting in a well arranged order so that participants have eye contact with each other and hear each other speak. The facilitator explained that the aim of focus groups was to encourage people to talk to each other instead of addressing themselves to the researcher. Once the group of participants was assembled for the discussion, the facilitator explained the discussion topic, starting with the broad topic as shown in figure 3.1. The FGDs lasted for forty five minutes, photographs and written notes were taken and later transcribed and analyzed.

Figure 3.1: Focus Group Discussion Session

Source: Study 2012.

3.6.2 Interviews

Interviews refer to getting information from an individual who is considered to be particularly knowledgeable about the topic of interest. According to Barker (2010), interview is a technique that is primarily used to gain an understanding of the underlying reasons and motivations for people's attitudes, preferences or behavior. The semi -structured interviews can be undertaken on a personal one-to-one basis or in a group, which allows the researcher to seek insights, ask questions and assess phenomena in different perspectives.

They can be conducted at work, at home, in the street or in a shopping centre, or some other agreed location. Barker states that interviews have the advantage of enabling serious approach by respondent resulting in accurate information, good response rate, completed and immediate, possible in-depth questions and interviewer in control can give help if there is a problem. Key Informant Interviews are advantageous because they are used when written records are limited or do not exist, or when there are Key informants who are accessible and have in-depth knowledge about a topic. The researcher selected one elderly person as a case study, 5 Key Informants for interviews from stake holders involved. These included: Representatives from the two homes and the Ministry of Gender, children and social development. The researcher's intention was to understand the perceptions and policy application of caring for the elderly persons residing in the homes for the elderly.

3.6.3 Observation

Observation provides information about actual behavior or habitual routines of people that they may not be aware of. Direct observation allows the researcher to put behavior in context and thereby understand it better. In this study the researcher made observations as interviews were being conducted. Observations were made on safety networks and security of the elderly person's homes, physical structures such as appropriateness of shelter, hygienic places and social amenities.

3.7 Research tools (Instruments)

The research tool is an instrument that is used by a researcher to guide the interview process. This study used a schedule-structured interview, focus group discussion guide, observation checklist and in-depth interview guide for the key informants. These tools contained questions arranged systematically in numbers and which were identical for all the respective respondents.To elicit differences in response, the researcher indicated instructions/explanations on various sections which were not easily understood by the respondents. Structured questions were appropriate for acquiring information on rating, ranking, information on attitudes, opinions and for questions that needed limited information like demographic variables that included age, sex, education level, marital status, number of children and religion.

3.8 Unit of Analysis

Singleton, 1988 defines a unit of analysis as "what or who is to be described or analyzed". This is what the research seeks to explain or understand. Accordingly, the unit of analysis in this study was the services offered in the homes of the elderly in terms of its responsiveness to the felt needs of the elderly persons.

3.9 Units of Observation

Unit of observation is the subject, item or entity from which a researcher measures the characteristics or obtains data required in the researcher's study. In this study, the units of observation included Government home for the elderly (House of Alms/ Nyumba ya wazee) and FBO (Little Sisters) and senior official from the ministry of Gender, Children and Social development as indicated in the sample section.

3.10 Quality Control

Since the study participants were well conversant with Swahili language, the FGDs were conducted in Kiswahili. Those who assisted in data collection were selected and trained for two days. The main selection criteria were the level of education (KCSE) and above, those who were eloquent in both English and Swahili languages and an experience or knowledge in research. After the training session, the research tools were pre-tested. Among the things which were pre-tested included the interview time, difficulties in comprehending and responding to the questions, any amendments that was deemed necessary was incorporated in the tools before the actual interview. During interview, a close consultation with the principal investigator was maintained.

3.11 Ethical Consideration

One of the key responsibilities of a researcher is to ensure that the welfare and dignity of the people involved in the research are well taken care of and that no chance is given to allow the manipulation of the study participant at their expense or at the advantage of the researcher.

Another important responsibility is for the researcher to ensure that the study is of beneficial to the target group and no more than minimal risk is involved in the research which will invasively affect the study participants. To ensure this, the researcher used an informed consent sheet which explained to the participants that the participation was voluntary ,the objectives of the study, the study procedures, the selection criteria, the anticipated benefits of their involvement, any risk, assurance of the confidentiality aspect, and privacy during the interview. After reading and comprehending the informed consent sheet, the individuals were requested to indicate their voluntary participation by signing the informed consent sheet.

3.12 Data Analysis

Data analysis refers to examining what has been collected in a study and making deductions and inferences. Quantitative data was analyzed using the Statistical Package for Social Sciences (SPSS) because it incorporates all the most popular analytical procedures for use in social sciences, business research, health sciences and physical sciences. SPSS was appropriate as it used data from the survey to generate descriptive statistics namely frequencies, percentages. MS excel was also used.

Qualitative data was analyzed using content analysis approach or technique. Nachmias and Nachmias (1996) describe content analysis as any technique used to make inferences by systematically and objectively identifying specific characteristics and messages. According to Nachmias and Nachmias, content analysis is used to analyze the data through describing phenomena, classifying it and seeing how the concepts interconnect as indicated by the responses or data. This approach of analysis is preferred as it gives results that are predictable, directed or comprehensive. Content analysis enables the researcher to sift through large volumes of responses and analyze commonality of the themes presented. This was then integrated with the findings from quantitative data.

Before doing the analysis, data was checked to detect if there was any error. Each variable was checked for scores which were out of range (which were not within the range of possible scores). Checks on minimum and maximum values were examined to see whether they made sense. Numbers of valid cases and missing cases were checked. In case of any error, data file was examined to identify which case had the possible error (i.e. which case was involved).This was done by inspecting frequencies for each variable which included all values of items for each scale. Errors were corrected before the total scores for the scales and further analysis was done.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.0 Introduction

This chapter presents the study findings. The study objective was to understand the services offered in both the government and faith based eldercare institutions in relation to the needs of the elderly persons. In the chapter are the analysis of data, presentation and suggestions by the respondents. A total of 29 elderly persons were interviewed and out of this number 16 were from the government home and 13 from the faith based home.

The results presented are pegged on the following research questions;

1. What are the needs of the elderly persons residing in eldercare institutions?

2. To what extent do the services offered by both the government and faith based institutions meet the needs of the elderly persons?

3. What are the challenges in trying to address the needs of the elderly persons in both the government and faith based eldercare institutions?

4.1 Socio-demographic characteristics of the respondents

This study sought to measure the demographic attributes of the respondents including gender, age, level of education, marital status and religion.

4.1.1 Respondents Gender

According to Population and Housing Census Publication, 1999 Vol.1, population by gender shows that older women are more than men across the country. This section explored on the gender characteristics of the respondents in the study. Results are as presented in figure 4.1.

Figure 4.1 Respondents Gender

Gender of the respondents

female 28%

male 72%
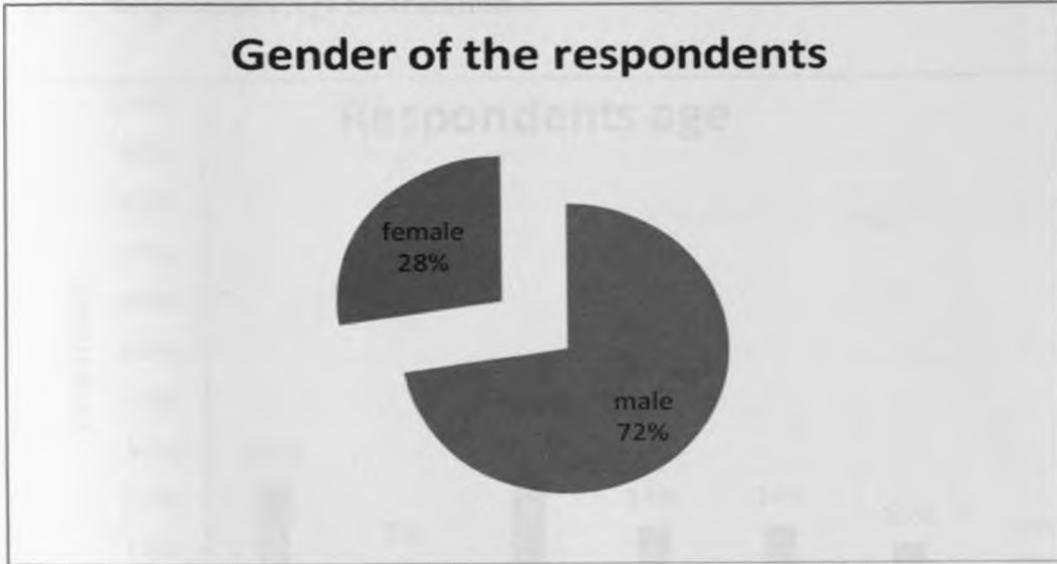
Overall, this study covered a total of 29 respondents. Results of the study indicated that majority (72%) of the respondents were males whereas females only comprised of 28% of the respondents. This gender variation was not achieved by design but by the availability of the legible respondents in the two homes.

Although literature indicates that female live longer than their male counterparts. this study captured more males than females. This could be attributed to the fact that women have stronger social capital than men. Women's access to resources through social capital depends on their connections (whom they know, connections through common group membership such as women groups, merry-go-rounds. 'chamas' and religious groups). The strength of these connections and the resources available to their connections make them have a better chance of aging in place.

Lee et al., (1993) further explains that while daughters are more likely than sons to provide care for either parent. the likelihood is far greater when the recipient is the mother. This is perhaps because of the intimate nature of the contact and the strength of the mother-daughter bond (Papalia et al., (2002). This leaves the destitute men with no choice but to seek care and support elsewhere thus making the homes handy.

4.1.2 Respondents Age

The study respondents were over 60 years of age. This section of the study sought to describe the age distribution of the respondents. Results are as presented in figure 4.2.

Figure 4.2 Respondents Age Distribution.
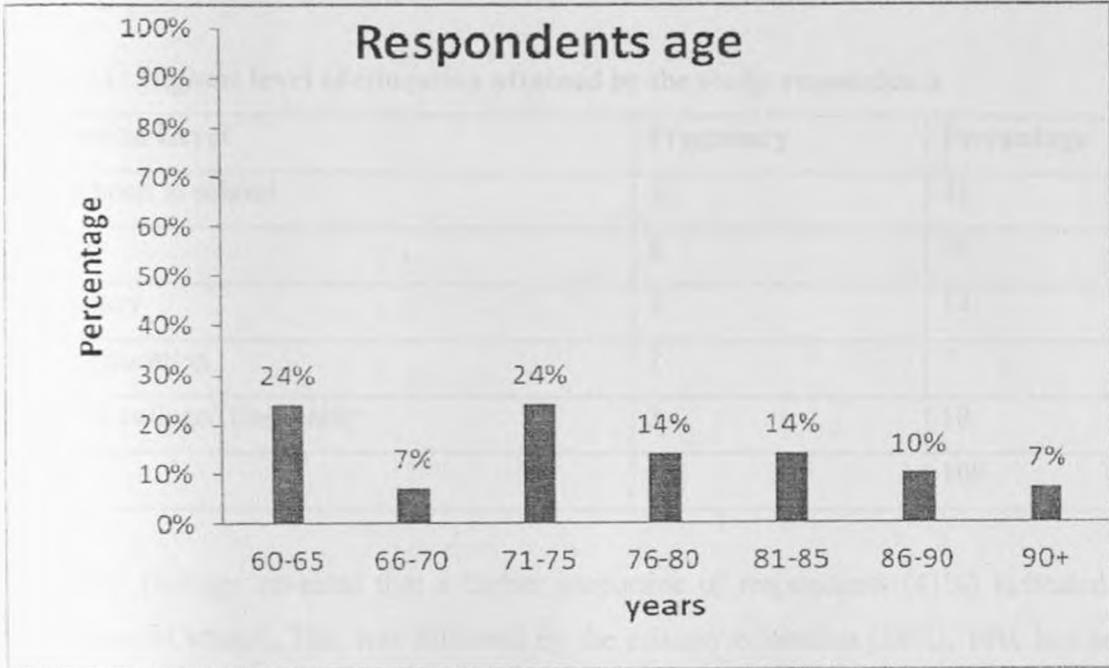
The results revealed that higher proportion of the respondents (24%) were between 60-65years and 71-75 years of age. This was followed by 14% of the respondents who were between the ages 76-80 years and 81-85 years, 10% were between ages 86-90 years. Only a few (7%) of the respondents were 90 years and above. Although people of 60 years and older is the fast growing age group, age between 60-70 years is described as active elderly age. Majority of the respondents who were found begging in the streets belonged to this active age group and this significantly reduced as people got into their 70's due to deteriorating physical energy, memory and social participation (WHO, 2007).

4.1.3 Respondents Education Level

Education and training is a right of every member of the society as stipulated under the education Act of Kenya (Gondi).The study therefore sought to establish the respondent's education level. Education was an important social demographic variable because the level of education has been found to be a significant determinant of one's economical stability. Results are as indicated in Table 4.1.

Table 4.1: Highest level of education attained by the study respondents

Education Level	Frequency	Percentage
Never been to school	12	41
Primary	8	28
Secondary	4	14
Adult education	2	7
Tertiary college/;University	3	10
Total	29	100

The study findings revealed that a higher proportion of respondents (41%) indicated to have never been to school. This was followed by the primary education (28%), 14% had secondary education, 10% had tertiary education, while 7% had attended adult education. The data seems to have a realistic representation of the olden days where formal education was not considered important. The study revealed that elderly people are characterized by low education levels as shown by high degree of illiteracy implying that they could only be employed in unskilled labor which has a bearing on their economical status and the kind of social capital in old age.

It is evident that in most developing countries, a large number of people are reaching old age with minimal literacy and numerical skills. This limits their capacity to participate and earn a decent livelihood leading them to the homes for the aged because without adequate educational and technical background, older persons increasingly experience alienation associated with loneliness and marginalization (GoK, 2008).

4.1.4 Respondents Marital Status

Family is a basic social unit and the elderly social capital originates from their families. Therefore this section of the study sought to establish the marital status of the respondents. Results are as indicated in figure 4.3.

Figure 4.3 Marital status of respondents
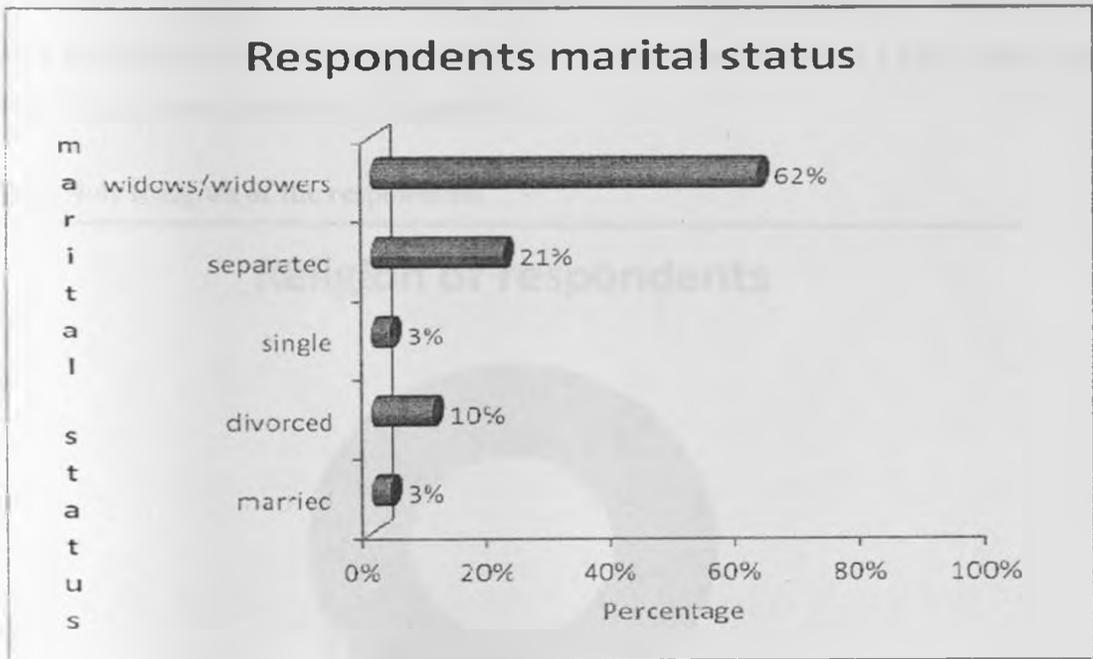
From the findings, it was revealed that majority of respondents (62%) were widows/widowers. This was followed by 21% who were separated, 10% who were divorced, 3% single and another 3% who were married. Results indicated that only 3% of the respondents had their spouses back at home, while the remaining greater majority (97%) was single due to the reasons mentioned above.

This revelation can be explained by Maryann, (2000) that many elderly persons find themselves dealing with the loss of a spouse or health problems. They may not have the same support system they had when they were younger due to children moving away or retirement and therefore having a support or a family member who cares can make all the difference to an old person. Due to lack of companionship, support and care, most elderly persons went to the streets and

others were abandoned in the hospitals. The few who remained in their homes faced loneliness and social isolation (Ocharo, 2009). Thanks to the homes that came to their rescue.

4.1.5 Respondents Religion

Religion was an important variable for this study. The researcher sought to assess the religion of the respondents so as to have a wider picture of the selection criteria for admission into the homes being that one home was government home while the other was a Faith based (catholic) home. Results are as presented in figure 4.4.

Figure 4.4: Religion of the respondents
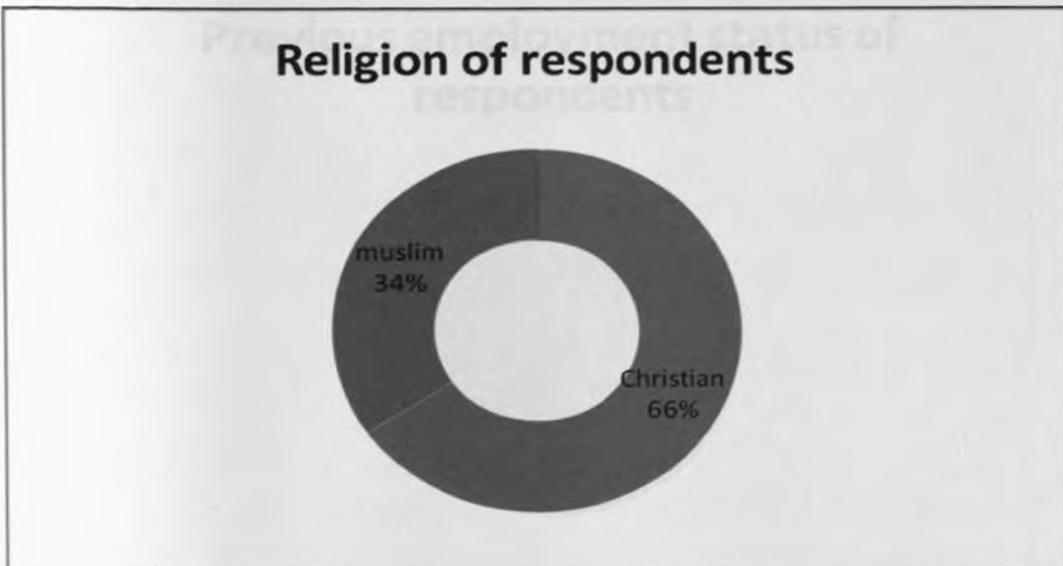
Findings revealed that majority of the respondents (66%) were Christians, while Muslims were 34%. It is evident from the findings that religion has been an important factor used by the elderly in coping with the demands of later life, and appears more often than other forms of coping later in life. Religious commitment may also be associated with reduced mortality, though religiosity is a multidimensional variable; while participation in religious activities in the sense of participation in formal and organized rituals may decline, it may become a more informal, but still important aspect of life such as through personal or faith based prayer.

Findings can be further explained by the fact that Mombasa County has two main religions that is Christianity and Islam. The faith based home was a Christian sponsored home and this is

where the majority of the respondents were Christians as opposed to the government home where majority were Muslims.

4.1.6 Respondents Previous Employment Status

Employment status was a very vital factor in this study. The study sought to find out the previous employment status of the respondents. Results are as presented in figure 4.5.

Figure 4.5: Respondents previous employment status
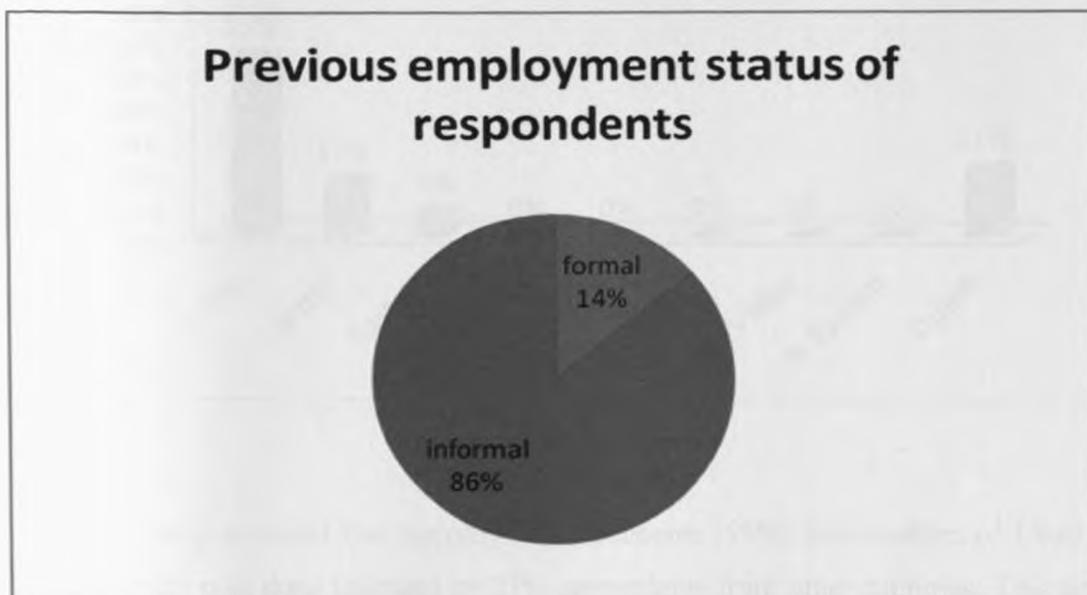
The study findings clearly showed that majority of respondents (86%) were previously informally employed while only (14%) were formally employed. As per the government policy, those who are entitled to retirement benefits are those who had formal employment(GoK,2008). We can therefore make an assumption that one of the reasons as to why the elderly persons were in the homes was because they had no financial support as opposed to their counterparts who previously had formal employment thus enjoying their pensions.

4.1.7 Respondents Home Province

Most urban cities are experiencing rural-urban migration and immigration. Mombasa County which is a coastal city in Kenya is not exempted. The study therefore sought to establish home provinces of the respondents. Results are as presented in figure 4.6.

Figure 4.6: Respondents Home Province
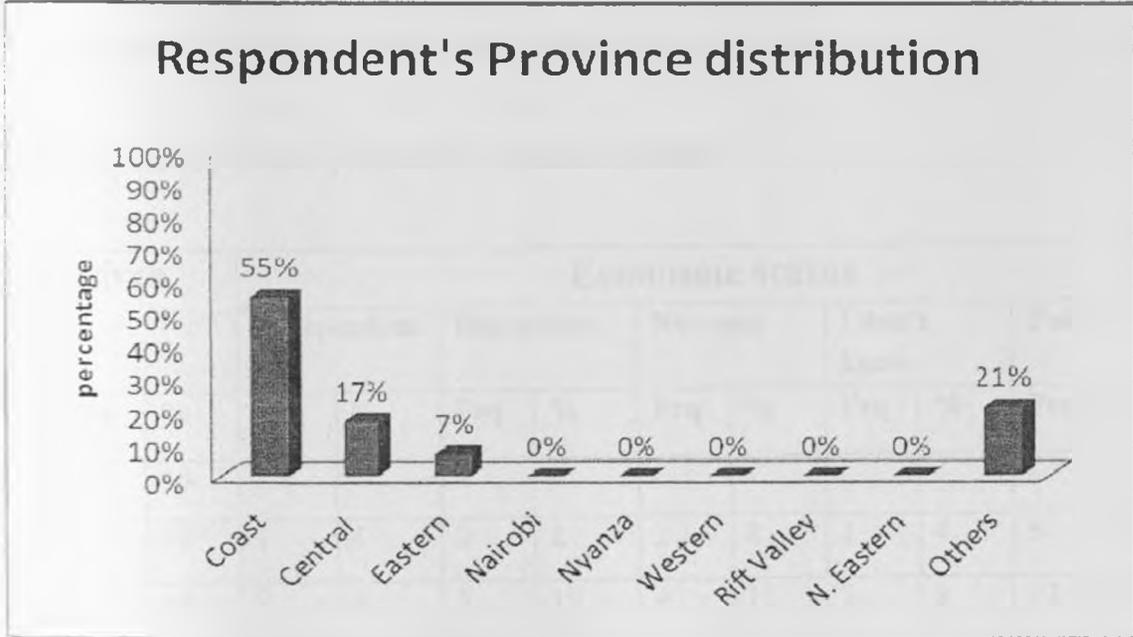
The study results revealed that majority of respondents (55%) were natives of Coast province where the study was done followed by 21% respondents from other countries. This was closely followed by 17% respondents from central province and 7% from Eastern province. The study further showed that there was none from Nyanza, Western, Nairobi, Rift valley and North Eastern provinces. This can be attributed to the strong cultural beliefs practiced in these regions especially the western part of Kenya where it is believed that one must be buried in his/her ancestral land.

The findings also revealed that Mombasa County is characterized by a number of people from diverse ethnic groups who are mainly migrants from the rural to urban and also immigrants from

different countries including Tanzania, Sudan, Democratic Republic of Congo, India, Saudi Arabia and others in search for jobs and better life.

4.1.8 Family (Children) Status

It is human nature for parents to make sacrifices for their children and, in turn, for grown children to sacrifice for their aging parents. Therefore this section of the study sought to establish the family status of the respondents. Results are as indicated in table 4.2

Table 4.2: Family Status (Children's Economic status)

No. of children		Economic status									
		Independent		Dependent		Not sure		I don't know		Total	
	Frq	%	Frq	%	Frq	%	Frq	%	Frq	%	Frq	%
None	3	10	-	-	-	-	-	-	-	-	-	-
1-3	6	21	1	4	2	8	2	8	1	4	6	23
4-6	13	45	2	8	5	19	4	15	2	8	13	50
7-9	5	17	0	0	1	4	3	12	1	4	5	19
8-12	2	7	0	0	0	0	0	0	2	8	2	8
Total	29	100	3	12	8	31	9	35	6	23	26	100

When asked about family status, majority of the respondents (90%) had children while the remaining 10% did not have any. Most of these children they said were already married. The study findings revealed that 12% of the respondents cited that their children were economically independent while 31% of the respondents said that their children were economically dependent. A higher proportion (35%) of the respondents was not sure of their children's economical status while 23% were not aware of their children's whereabouts and others had lost all their children through death.

Traditionally, it was children's obligation to take care of their aging and ailing parents. The findings were in contrary to the expectations of many aged persons who believed in reciprocity(expectation that in short or long term, kindness and services will be returned) as supported by Coleman (1988),who defines social capital as the process and conditions among people and organizations that lead to accomplishing a goal of mutual social capital. However, due to the operation of several forces, the position of a large number of older persons has become vulnerable due to which they cannot take for granted that their children will be able to look after them when they need care in old age, especially in view of the longer life span implying an extended period of dependency and higher costs to meet health and other needs (Silverstone, 1978).

This deficiency in social capital could also be as a result of low economical stability, single-parenthood, decreased parental involvement with the child or with family activities and low levels of interaction between adults and their children.

4.2 Main Findings

The main findings were guided by the objectives of the study which included the following:

1. To examine the needs of the elderly persons residing in government and faith based eldercare homes in Mombasa, Kenya.
2. To investigate the extent to which the services offered in the homes meet the needs of the elderly persons.
3. To identify the challenges in addressing the needs of the elderly people in both the government and faith based eldercare institutions in Mombasa, Kenya.

4.2.1 Elderly persons understanding of the concept 'old age'

When asked during the FGD whether they considered themselves aged, an overwhelming majority of the respondents simply chorused yes while some few were reluctant as they thought that the question was ironical. Of the majority who said they were old, 60% cited their age as an indicator, 21% cited physical body changes, 13 % cited the number of children, grand children and great grandchildren they have, 4% cited loss of strength and 2% cited old age related

diseases. Their reasoning was in agreement with Niccum, (1999) work on *Physical, Psychological, Economic and Cultural aspects of Aging.*

The case respondent had the following to say:-

> *'If others including children know that we are old and refers to us as babu/nyanya (grandfather grandmother) or 'mzee', then how will we fail to know that we are old? I know I am old because of the many years I have lived. I had the opportunity to witness Second World War; I have seen my grandchildren and great grandchildren. I cannot walk without a support of a walking stick, I need to depend on someone else to assist in my daily chores .Look at my grey hair, it is obvious that I am old and the whole world knows about it. '*

Results of the study also indicated that the respondents based their understanding on the retirement age to mean that one is regarded old when he/she retires. This observation is in agreement with (GoK, 2008) that places the retirement age at 60 years. Ocharo (2009) further explains that, this is the age that older persons are discriminated against within the labor-force categories by being defined as being outside the economically active population. They are therefore denied employment opportunities in the formal sector of the economy. Employers consider them as workers who are unproductive, less ambitious, untrainable, resistant to change and unable to cope with the changing technical environment.

The age discrimination is also reflected in the emerging political trends in Kenya. The so called 'young Turks' argue that those who are 60 years and above, should not vie for presidential seat and that the elderly civil servants should leave offices to the young.

4.2.2 Duration of stay in the home

This section of the study sought to find out the length of time the respondents had taken in the homes .The results are presented in figure 4.7.

Figure 4.7: Duration of stay in the homes
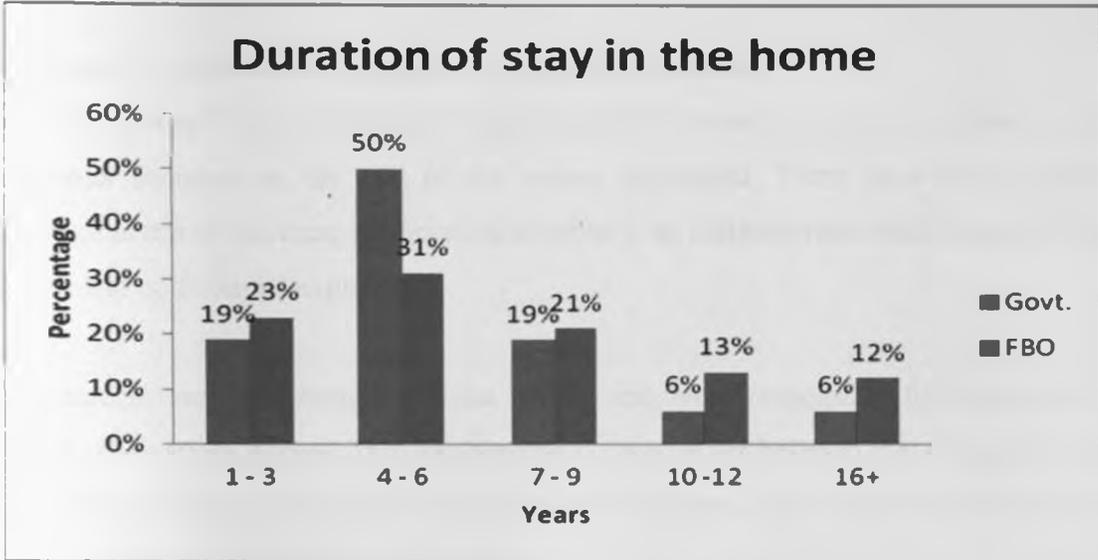
The study findings show that a higher proportion (50% and 31%) of elderly persons had stayed in the government and faith based homes respectively for 4-6 years. This was followed by 19% and 23% of the respondents from the government and faith based homes respectively who had been in the homes for 1-3 years.

Due to the increasing number of destitute elderly persons, it was expected that the number of the respondents who had stayed in the homes for 1-3 years would be the highest. Instead, the findings were in contrast to the expectations. This was because of the minimal admissions of the elderly into the homes which are already overwhelmed with the big numbers as revealed by the key informants. The percentage of the respondents decreased as the number of years spent in the homes increased. This was expected as studies have shown that with advancing age, the body tends to slow down and becomes less efficient. This has made the elderly people prone to age-related health issues which have led to the deaths of roughly 100,000 elderly people each day.

Previous studies have shown that, there is a trend toward less institutional care and more home- or community-based care in many industrialized countries. A good example is in America where at a certain point, the aged in the institutions are given back to community care programs. In

addition, some of these countries are instituting policies to help caregivers (Papalia et.al, 2002). It was clearly evident from the study findings that there is no goodwill by the government on the elderly institutions as revealed by the key informant, no wonder there were respondents who had stayed in the homes for 16 years and above waiting for their forthcoming death.

4.2.3 Persons responsible for taking the aged into the homes

Studies recommend that, moving into an old people's home or a nursing home must be an autonomous decision on the part of the person concerned. There must be no physical or psychological use of violence, no violation of privacy, no inappropriate medical care or supply of medicine and no financial exploitation.

The researcher aimed at finding out the people who were responsible for taking the elderly persons to the various homes. This was because the researcher believed that the aged persons did not just wake up one day finding themselves in the homes, there must be someone who was responsible as shown in the table 4.3 below:-

Table 4.3: Persons responsible for taking the aged into the homes

Persons responsible	Government home		Faith based home	
	Frequency	Percentage	Frequency	Percentage
Spouse	0	0	0	0
Children	1	6	2	15
Relatives	0	0	1	8
others	15	94	10	77
Total	16	100	13	100

Findings from the table showed that majority of the respondents 94% and77% from the government and faith based homes respectively were taken to the homes by 'others', 6% and15% by their children, while 8% from the faith based home were taken to the home by their relatives.

It was evident that a smaller percentage of the elderly people were taken to the institutions by their children and relatives. This could be attributed to the fact that most old people do not want to live in institutions and most of their families and relatives do not want them to. Older people often feel like placement in an institution is a sign of rejection and children usually place their parents reluctantly, apologetically and with great guilt. Sometimes, though, because of an older person's needs or a family's circumstances, such placement seems to be the only solution (Papalia, 2002).

The findings also revealed that, most of the respondents were homeless despite the government's promise to promote access to affordable and decent living conditions within and outside their residential areas (GoK 2008). This led them to the streets, others were abandoned in the hospitals, some of them were refugees thus had nowhere to call home and had no relatives while others had low social capital and did not know their children's whereabouts. All these led to the smaller percentage of those who were taken to the homes by their children and relatives.

The study further categorized the 'others' into the following groups as revealed by the respondents. The results are presented in figure 4.8.:-

Figure 4.8 Categories of 'others'
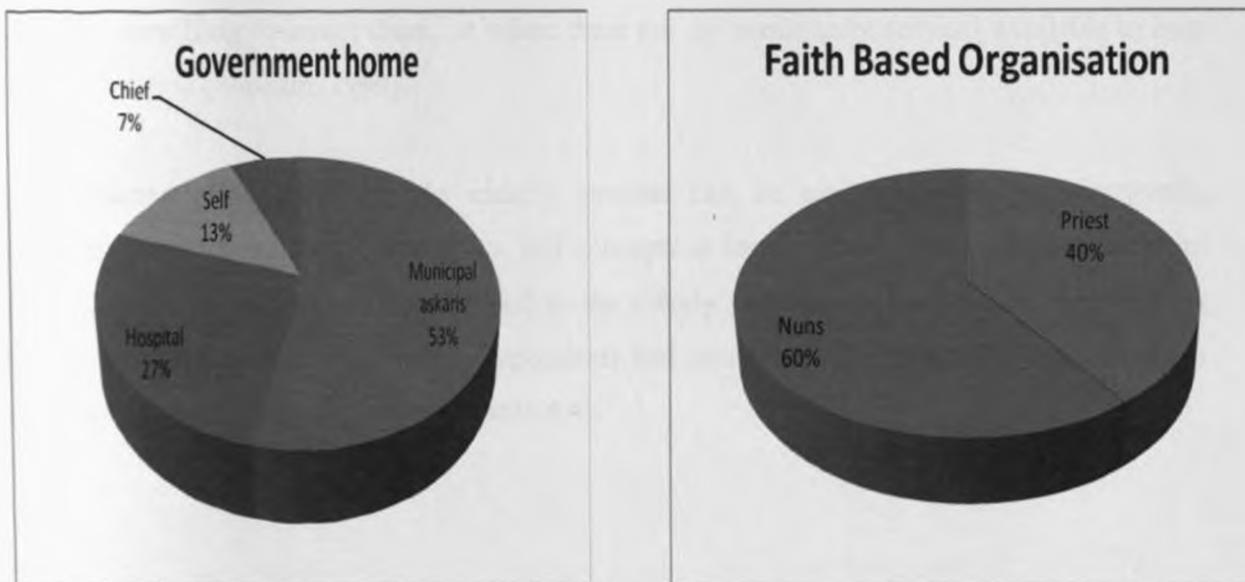
Findings further revealed that majority 53% of elderly persons from the government home were brought into the home by the municipal council of Mombasa *askaris*. This was in agreement with the key informant who revealed that, most of the elderly persons were beggars in the streets of Mombasa city and were found in the streets when the municipal inspectorate were rounding up beggars while others were brought by welfare officer in charge of divisions. This was followed by 27% who were brought by the Coast General Hospital staff where they were abandoned by their people. *Nyumba ya wazee* being sponsored by the municipal council of Mombasa (Government), they had all the reasons to take them there. 13% went to the homes by themselves after getting information from friends who were already in the home while 7% were taken to the home by their area chiefs.

On the other hand, 60% and 40% of the respondents from the faith based home were taken to the institution by the nuns (sisters) and the priests respectively. This was echoed by the key informant who revealed that the nuns with the help of the community workers usually visits the homes for the elderly persons and admits those who are destitute and being a catholic institution, the priests also had a chance to identify the needy elderly persons.

4.2.4 Reasons why the aged were taken to the institutions

Literature has shown that, although older adults prefer to live in their own homes, they move to eldercare institutions when they are no longer able to live alone, when family members are unable or unwilling to assist them, or when there are no community services available to help meet their needs (Niccum, 1999).

The problems experienced by the elderly persons can be rooted in family backgrounds, education, economics, disease, disability, self concepts or legal matters. The researcher therefore aimed at establishing the reasons that led to the elderly persons' being taken to their various eldercare institutions. Almost all the respondents had more than one reason but only the main reason was considered as presented in table 4.4:-

Table 4.4: Reasons why the aged were taken to the homes

Reason	Frequency	Percentage
Poverty	10	35
Illness	6	21
Disability	5	17
Lack of caregiver	3	10
Refugees	5	17
Total	29	100

The findings revealed that, majority of the respondents were taken to the homes because of their poor and vulnerable living conditions. Poverty (35%) was the main reason followed by illness (21%) and disability (17%). Another 17% of the respondents were refugees while 10% lacked caregivers. This observation was in agreement with Papalia, (2002) who notes that the elderly at highest risk of institutional living are those living alone, those who do not take part in social activities, those who perceive their health as poor, those whose daily activities are limited by poor health or disability, and those whose caregivers are overburdened.

Traditionally, just like in Singapore, carers were the women in the family. To halt this erosion in care of the aged, China, Japan, and Singapore have passed laws obliging people to care for elderly relatives, and Japan and Singapore provide tax relief to those who give older relatives financial help. This present dilemma emanates because of the social transformation in the families. Women are better educated now and prefer to go out to work rather than to remain at home. Another factor which contributes to the diminishing number of carers is the family size and the physical distance between the children and their aged parents. In his research on Psychological distress of families caring for the frail elderly, E H Kua, (1989) found out that depression was common amongst the carers. This, together with heavy hospital bills, could be some of the reasons as to why the sick and disabled elderly persons were abandoned in the hospitals.

It is evident that most of these elderly persons were languishing in poverty and had no one to provide care and support. This led to feelings of loneliness and social isolation as in agreement with Ocharo, (2009).This social isolation could be because of low social capital, social distance or low economical status of their children as discussed earlier. The refugees' respondents too had no one to turn to. This rendered the respondents destitute and led to quite a number of them finding their way into the streets. The rest who were suffering in their homes, were rescued by the institution's community workers.

4.3 Needs of the elderly persons residing in both the Government and faith based Homes.

Kenya like the rest of Africa recognizes that the MDGs offer a great opportunity to address human welfare in the whole world especially the developing world. The re-affirmation of the MDGs in subsequent internal community is to attack poverty and inequality and to end the marginalization and exclusion of the poor and the disadvantaged (GoK, 2005).

Previous studies have indicated that older adults are more different than alike. Physically and psychologically they age at different rates, and what is true for one seventy-year-old may not be true for another. Many people know older adults who are 'old' at sixty and others who are 'young' at eighty. A person's health, outlook on life, and agility often affect how old or young one feels. This is because the aging process is a combination of genetic and environmental factors that include one's activity level, attitude, diet, stress, and lifestyle (Niccum, 1999).

This study was guided by Abraham Maslow's theory of hierarchy of human needs which he enlisted as physiological needs, safety needs, love and belonging, esteem needs and self actualization.
The reality is that the aging have social, economic and physiological needs which they are unable to meet on their own unless through outside intervention. The study therefore attempted to capture the needs of elderly persons residing in the homes and found out that these needs were seen to cut across in both homes. The respondents identified different needs during the schedule questionnaire interview and FGDs and for easy examination of the needs; the study categorized the needs and assessed the level of satisfaction with the services offered in the homes as follows;

4.3.1 Levels of satisfaction with the services offered in the homes.

No elderly home can work miracles. No home can make the old and feeble young and vigorous again. No elderly home menu will ever please all elderly palates as sensitivities vary and taste buds are often duller. No elderly home will solve the various roommate problems or prevent friction between residents as communal living has its built-in stresses. Dissatisfaction is predictable in some areas of homes for the elderly life. Respondents were therefore asked to indicate the level of satisfaction with services offered to them in the homes. Results are presented in the table 4.6.

Table 4.5: Levels of satisfaction with the services offered in the homes

Services offered	Very satisfied		Satisfied		Not sure		Not satisfied		Not satisfied at all		Tota
	Govt.	FBO	Govt.	FBO	Govt.	FBO	Govt.	FBO	Govt.	FBO	
Nutritional care	3	12	7	0	0	1	6	0	0	0	29
Medical care	5	11	7	2	0	0	4	0	0	0	29
Hospitality	3	6	10	6	2	1	0	0	1	0	29
Recreational activities	2	0	2	8	3	1	3	2	6	2	29
Psychological/ emotional care	1	3	6	9	6	0	3	1	0	0	29
Financial support	0	0	0	0	2	0	1	1	13	12	29
Safety/security	0	9	2	4	2	0	10	0	2	0	29
Total	14	41	34	29	15	3	27	4	22	14	
Cell Rep.	13%	45%	30%	32%	13%	3%	24%	4%	20%	15%	

The findings revealed that 13% and 45% of the respondents from the government and faith based home respectively were very satisfied with the services offered in their respective homes. This was followed by 30% and 32% of the respondents who said they were satisfied with the services

offered in their respective homes.13% and 3% of the respondents were not sure whether they were satisfied or not, 24% and 4% of the respondents were not satisfied while 20% and 15% of the respondents were not satisfied at all. It can therefore be concluded that the faith based home registered higher satisfaction than the government home.

It was so ironical that out of the possible 100% satisfaction, the government home registered only 43% satisfaction and 44% dissatisfaction. The government through the "National Policy on Older Persons and Ageing", promised to implement all that pertains to welfare of the elderly persons irrespective of their gender, religion or even where they are staying/living. As much as the government discourages institutionalization, it should not deny those elderly persons who are already in the homes the right to live comfortably. In contrast to the expectations, the faith based home which depends on donors and well wishers for their finances scored 77% satisfaction and 19% dissatisfaction.

4.3.2 Nutritional needs

As people age, their digestive system gradually starts weakening. Aged and elderly people especially, face this problem wherein they start finding certain foods indigestible or difficult to digest. What one must realize is that their diet can no longer be the same as it was say, twenty years ago. Their diet should now be modified accordingly such that it remains nutritious, balanced diet, and yet, contains foodstuffs that their system is able to accept, without causing them discomfort or problems. Often, the diet of the elderly people needs to be altered depending on the medicinal prescriptions.

The findings revealed that, the elderly persons needed a balanced and special diet: that is easy to digest, provides energy and builds the body as revealed by the key informants. This was so in the faith based home which provided four meals a day which included breakfast, lunch, 4 o'clock tea and dinner but not in the government home who had three meals breakfast, lunch and dinner and complained of having the same meal (beans with ugali) everyday and thus a need for a variety and balanced diet. One of the respondents from the government home had the following to say:-

They give us the food in time and the quantity is okay. The only problem is that we eat the same type of meal every day. He went ahead and asked me the following question; *Madam! tell us the truth, do you normally eat the same type of food everyday in your home? We need change; we need beef, fruits and other food varieties .They don't give us variety except for the few occasions when we happen to get well wishers who sometimes come with already cooked food.*

Findings from the key informants and observation revealed that, there were cases where the aged refused to eat complaining of lack of appetite. This is probably because of declining senses of taste and smell. For a variety of reasons, the senses of taste and smell decline with age. The loss can result from disease, injury, or drug treatment, as well as from normal aging. Health science shows that without the pleasure of eating, the overall quality of life for older people is greatly reduced. This can increase depression and stress, and lead to poor nutrition. It further explains that in extreme cases, older people can become anorexic. This taste disorder can also cause poor digestion by altering saliva flow and intestinal motility and this was evident by the number of cases of indigestion and blotting (S. Schiff man, Ph.D., at Duke University).

Findings revealed that 52% of the respondents were very satisfied with the nutritional services offered in the homes, 24% were satisfied, and 3% were not sure while 21% were not satisfied. Findings as per the government and faith based homes revealed that 19% and 92% of the respondents were very satisfied, 44% and 0% were satisfied, 0% and 8% were not sure of their satisfaction, and 37% and 0% were not satisfied respectively. It can be therefore concluded that there was much satisfaction in the faith based home than the government home.

4.3.3 Social needs

From a social perspective, exchange in terms of interaction is evident in Marx work where he says that people are inherently social. Man is not only a social animal, but an animal which can develop into an individual only in society. This means that truly human capabilities make no sense in isolation; they must relate and interact with other natural and social worlds. In Marx view, people cannot express their humanness without nature and other people.

A great majority of respondents were much aware that *'no man is an island'* and therefore had a need of attending social functions such as religious functions, social outings, ceremonies and

being visited by their kinsmen and other well wishers. Almost all the respondents had a need of visiting or being visited and when asked the number of times they were visited the response was once in a while and this impromptu visits was mostly done by well wishers instead of the expected relatives and this can be attributed to the fact that most of the elderly persons from the government home were found in the streets when the municipal inspectorate were rounding up beggars and others were abandoned in the hospitals while others were refugees and therefore have no contact with their people as remarked by one respondent;

The last time I saw a relative was when I was being taken to the hospital because of my diabetic condition and since then, I have never seen anyone of them. I don't even know whether they are alive or dead, but this is no longer a problem to me because I came to realize that they did not love me or else they would have looked for me. I thank the municipal council of Mombasa for offering me a place in this home as I wait for my death and burial at Manyimbo municipal cemetery.

Just as cell loss inevitably takes place in elderly persons bodies, almost as inevitably do social loses occur in their world, particularly in the later years. Patterns of living, of working, of communicating, of socializing, built up over all the earlier stages of their lives, often break down completely or are harder to maintain. The universe of the elderly tends to become a smaller, more confined place, less crowded with familiar faces: friends, relatives, co–workers (Silverstone et. al., 1978).

For many elderly people, it is important to keep contact with family members, especially with children and grandchildren. According to D.2.1 Report about the elderly needs, (2008), the existence of a large amount of contacts full of emotional and affective content, contribute to a great extent to happiness in elderly people. It is remarkable that visits by relatives and friends, or received phone calls, are very useful in terms of reinforcing social support networks and to facilitate family and social integration. This section explored on the types of respondents visitors. Results are as presented in table 4.5.

Table 4.6: Type of visitors to the homes

Type of visitor	Government home		Faith based home	
	Frequency	Percentage	Frequency	Percentage
Children	2	13	3	23
Relatives	0	0	1	8
Friends	1	6	2	15
Neighbors	0	0	0	0
well wishers	13	81	7	54
Total	16	100	13	100

The study results revealed that 13% and 23% of the respondents were visited by their children, 0% and 8% by their relatives, 6% and 15% by their friends and an overwhelming majority of 81% and 54% from the government and faith based home respectively were visited by well wishers who comprised of: FBOs, NGOs, and CBOs, parastatals, faith based companies and even families. The findings further revealed that all the visits were impromptu.

This revelation was not strange as the community cohesion faces erosion since the traditional structures and organization are being replaced by the modern ones, which do not provide for the kind of communalism that was experienced in the traditional society as indicated by Ocharo, (2009). The minimal visits by the children could also be attributed to the fact that 10% of the respondents had no children, 31% of the respondents had children who were economically unstable, 23% of the respondents were not aware of their children's whereabouts while some respondents had lost all their children through the cruel hands of death as indicated earlier in the family status.

The study further revealed that the elderly persons in the homes needed games like 'ajua', songs and dance competitions and sometimes youth forums be organized in the society and they are given a chance to give motivational talk on moral issues, the history and culture of the country for they claimed that '*old is gold*' and age comes with wisdom as in agreement with scholar Peterson in his book '*Facilitating Education for Older Learners*' which says that aging has an effect on various aspects of intelligence. For example, crystallized intelligence which is knowledge acquired through experience continues to improve with age, (Peterson, 1983).

Traditionally, most communities in Africa revered and honored old people. Under these arrangements, individuals remained subordinate to the ancestors and the living elders, who offered counsel and guidance in all aspect of life: birth, childhood, through initiation and marriage: to settling disputes. Most communities like the Gusii community (Kenya), the elderly who occupied the position of homestead head in the extended family commanded absolute authority (Ocharo, 2009).

It is unfortunate that with modernization, the social roles of the elderly have been reduced to nothingness. Ocharo (2009), further notes that, with the disappearance of extended family, the community that was typical representing Max Weber's (1934) changing traditional society has transformed from one that was motivated by tradition, values or emotions to one that is goal oriented. Some of the changes Weber predicted in this social change include the development of science and the displacement of religion, impersonality, and the technical rationalization of social relationships. No wonder the case respondent had the following to say:

The community no longer values us and doesn't recognize our knowledge and wisdom. We may be old but the wisdom that is with us is great and no wonder immorality amongst the youths, conflicts amongst brothers, increase in divorce and rape cases just to mention a few. Let them give us chance to talk to the youths for remember a famous Swahili saying that goes ' penye wazee hapaharibiki neno' which simply means *'Nothing goes wrong where there are old men'*

The key Informant from *Little Sisters* revealed that there was a day they took their old folks to children's with disabilities home taking with them food and other stuff. On arriving there and seeing the condition of the children, the elderly persons were so touched and felt stronger and better off and at the end of the day they were so happy and satisfied that at least they were able to help the needy this motivated them and changed their negative perception on their situation.

The need for an identity card was also cited by some elderly persons from the government home. They claimed that they had lost theirs or they did not have the new generation identity card and had been tossed around by the ministry in charge. They said this hindered their constitutional right of voting for their preferred candidates and they were so bitter that they were not in a position to vote for the long awaited referendum.

In a nut shell, they needed love and care. Just because they have become old and slow, does not mean that they should be ignored or be confined to themselves. Spend time with them, chat with them and make them feel wanted, cared for and loved.

It was evident from the findings that 31% of the respondents were very satisfied by the kind of hospitality in the homes. This was followed by majority of the respondents (55%) who were satisfied, 10% who were not sure and a small percentage (4%) who were not satisfied at all. Findings from both the government and the faith based home showed that19% and46% were very satisfied, 63% and 46% were satisfied, 13% and 8% were not sure while 6% and 0% were not satisfied at all. It was evident that respondents from the faith based home were very much satisfied with the kind of hospitality they got from the people around them including the staff as noted by a respondent and a key informant respectively;

> *These people are so loving and kind to us they are very friendly especially the sisters(nuns) they treat us with tender care like little children until sometimes we forget ourselves. They have our rooms cleaned and our beds made, they bathe us, they wash our clothes and make the entire place so clean and friendly.*

> *These people need love and dignity they need to be treated just like any other human being sometimes they behave like kids and in such cases they need to be treated just like one so as to make them feel at home. It is not a big deal just being friendly and exchanging greetings and cracking jokes once in a while, she added.*

4.3.4 Health needs

Senior health is the most important requirement when it comes to needs of the elderly. With advancing age, the body tends to slow down and becomes less efficient. Elderly people are prone to a few age-related health issues. This is a normal aspect of life and one cannot help it. However, through proper care and nursing facilities, one can definitely help in keeping most of these health issues in check and preventing them from causing any serious harm. Even if they seem to be in excellent health, frequent regular medical checkups are necessary. They can help in anticipating potential future health-related issues. At the same time, they may help in identifying serious health problems at an early enough stage during which treatment is possible.

The study findings revealed that majority of respondents have some kind of chronic illness, mental illness and others have some form of disability which requires the use of wheelchairs and even crutches and other walking aids. This is one of the reasons for being brought o the homes as they were abandoned in the hospitals and some abandoned at their own homes because of these health issues. This therefore makes the health need very vital.

Both the two homes have clinics situated in the home and a doctor comes on specific days while the rest of the days they are with a nurse and always get referral to hospitals when the condition cannot be handled in the institutions clinic.

From observation as I walked around the homes, it was evident that the faith based home had a very well equipped physiotherapy room with machines for most of the body's physical problems, they had exercise sessions and the rooms were built in such a way that even those in wheelchairs could access all the necessary rooms. The hygiene standard in the home was perfect and the elderly persons were clean and well kempt with all the rooms having clean beddings and mosquito nets.

On the contrary the government home had no physiotherapy services could be due to lack of funds and the respondents cited it as an urgent need as follows;

> *We need to do exercises because my body keeps on aching and the number of times that we are taken to Coast general hospital for physiotherapy session is not enough .Those of us on wheelchair cannot reach the office and the hall because we cannot climb the staircases and therefore there is a need of proper infrastructure in the home.*

Study findings revealed that majority of respondents (55%) were very satisfied with the medical services in the homes. Of those who were very satisfied, 31% were from the government home while overwhelming majority (85%) were from the faith based home. 31% of the respondents said they were satisfied out of which 44% were from the government home and 15 % from the faith based home and finally, 14 % were not satisfied out of which 25% were from the government home. It was evident that respondents from the faith based home were very satisfied with the physiotherapy services while those in the government home were not satisfied because they did not have such facilities except on few special occasions when they were taken to Coast General hospital.

4.3.5 Psychological/emotional needs

It is evident from the literature that the elderly not only face physical obstacles as their bodies age but they experience emotional challenges as well. Seniors are faced with stresses that may include living on a reduced income, experiencing social isolation and also they may be facing the loss of a spouse, siblings or close friends.

According to Silverstone (1978), the elderly are faced with familiar list of psychological problems which include:-depression, anxiety, hypochondriasis, psychosomatic disorders, alcoholism, unwarranted suspiciousness and sometimes severe neurotic and psychotic reactions. He further says that these are the psychological problems for all ages: the young as well as the old but statistics reveal that some appear with greater frequency in the population sixty-five and over.

The study found out that a great majority of the respondents from both homes had this need. According to the 4 key informant from the two homes, need for love and dignity was echoed. They needed guiding and counseling services too; this was to cope with the different situations such as social isolation or being detached from their people, coping with the deaths of their friends in the homes, chronic illness and the thought of the soon coming death.

Majority of the respondents were in the 8th stage of psychological development, the last stage which involves much reflection. A very sensitive stage identified by Ericson's (1968) psychosocial theory as Integrity vs. despair. None of the respondents expressed a feeling of integrity- that is, contentment and fulfillment, having led a meaningful life and valuable contribution to the society; instead feelings of despair filled the air as the respondents were reflecting upon their experiences and failures. They feared death as they struggled to find a purpose to their lives, wondering, "What was the point of life? Was it worth it?"

During the interview a key informant from the government home had the following to say

> *Last year was a very sad year in Alms house as we lost three elders within a very short span of time and it was really traumatizing to the entire home and more so to their roommates and close friends. Life has lost meaning, nothing good is forthcoming, we are just counting our days as we wait to join our ancestors.*

Most elderly persons undergo a lot of mental torture making psychological/emotional support very vital. When asked on their level of satisfaction, 14% of the respondents said they were very satisfied followed by 52% satisfaction. 21% of the respondents were not sure while14 % of the respondents was not satisfied. Respondents from the government and faith based homes indicated 6% and 23% very satisfied, 38% and 69% satisfied, 38% and 0% were not sure while the rest (19% and8%) were not satisfied. Majority of respondents from both homes said they were satisfied with the kind of psychological/emotional support they were being given and this was in agreement with what the key informant from the faith based home said.

4.3.6 Financial needs

The financial problems of the aged affect every aspect of their lives: physical, social and emotional. It is a fact that all human beings like and needs money. Money is power and one feels secure when he/she is financially stable. One is always contented with the money he/she calls his/hers however little it may be. As much as the respondents are provided with everything, pocket money is still important for their petty personal requirements.

With the knowledge of the Kenyan universal pension where all the elderly persons are supposed to get a monthly stipend of 1500 shillings (GoK, 2008), a comparative need emerged as majority of the respondents during the FGD cited the need for financial assistance. They said they needed the money to supplement their diet and buy some other personal belongings and the argument was that if other elderly persons were given, then it should be uniform to all but unfortunately the universal pension do not apply to the elderly persons in the homes according to the government's policy which discourage homes for the elderly but rather encourage ageing in place as revealed by the key informant from the ministry of Gender children and Social development.

The implication here is that, the respondents had their money however little before getting into the homes and therefore continuity is expected, no wonder case *Mzungu* started a tree nursery in the Government home where he sells the seedlings and gets some cash for personal use while others still goes to the streets to beg for money during the day and comes back in the evening.

On the other hand, the key informants from the homes (administrators) argued that the elderly persons did not need direct finance support because some of the old people used the money to buy alcohol, cigarettes and drugs.

Almost all the respondents (86%) from both homes said they were not satisfied at all with the financial support. This was followed by 7% who were not sure and another 7% who were not satisfied. The findings per home revealed that13% of the respondents from the government home were not sure of their satisfaction, 6% and 8% of the respondents were not satisfied while 81% and 92% of the respondents from the government and faith based home respectively were not satisfied at all. This could be attributed to the fact that there was no financial support that came from the home and those that were brought by well wishers were given to the administration. A

respondent from the faith based home said that one could only get financial support from a relative or friend who came to visit.

4.3.7 Safety and security needs

Once physiological needs have been relatively satisfied, the individual's safety and security needs take precedence and dominate behavior in order to be free from the threat of physical and emotional harm. In the absence of physical safety due to war, natural disaster, or, in cases of family violence, abuse, etc, elderly people may experience post-traumatic stress disorder and trans-generational trauma transfer.

According to Maslow hierarchy, if a person feels threatened, the needs further up the pyramid will not receive attention until that need has been resolved. The respondents therefore indicated the need for personal security, financial security, health and well-being and safety net against accidents/illness and their adverse impacts.

On safety and security, 69% of the respondents said they were very satisfied followed by 44% satisfaction. 13% of the respondents were not sure while 63% of the respondents was not satisfied and 13% of the respondents was not satisfied at all. Respondents from the government and faith based homes indicated 0% and 69% very satisfied, 13% and 31% satisfied, 13% and 0% were not sure, 63% and 0% were not satisfied while the rest (13% and 0%) were not satisfied at all. The study findings revealed that the faith based home registered a higher satisfaction than the government home.

The respondent's opinions were in agreement with the observations made by the researcher while in the two homes. The government home had broken fence without a gate, there was no security personnel by the 'gate', the homes office had stair cases thus dangerous for those with mobility problems, people from outside could enter into and out of the home anytime and people from the neighboring estate were seen drawing water from the well that served the home. Surprisingly enough, the key informant revealed that the home's kitchen had been broken into barely a week before the interview day. The faith based home on the other hand had a very tight security.

The fence was intact with security personnel at the gate where all the visitors reported and stated their reasons for the visit to the home, the compound was sparklingly clean and the housing (i.e. hygienic places, sleeping areas and dining area) was appropriate for all.

4.3.8 Activities in the homes

All living human beings are actively aging, whether they are 10 or 110, but their levels of activity might determine how long they keep having birthdays. According to William J. Evans, Ph.D., chief of the Human Physiology Laboratory at the USDA Human Nutrition Research Center, increased physical activity in the elderly has been shown to increase life expectancy even into advanced old age. The activity theory by Neugarten, Havighurst and Tobin (1968) reinforces the above findings that the more active people remain, the better they age. It contrasts the disengagement theory by Cummin and Henry, (1961) that suggested older people should do what comes 'natural' with age, which is withdraw and settle into inactivity until death.

Research shows that remaining active can help to maintain both mental and physical health. Keeping up the activities you enjoy doing will help to maintain physical fitness and preserve muscle tissue. Preserving your strength will help to maintain your independence. Remember, activity doesn't necessarily mean joining an exercise class. Gardening, walking to the shops and housework can all count as types of activity too.

The respondents were therefore asked to describe the kind of activities they perform in the homes. Study results are as presented in figure 4.9.

Figure 4.9: Respondents daily activities
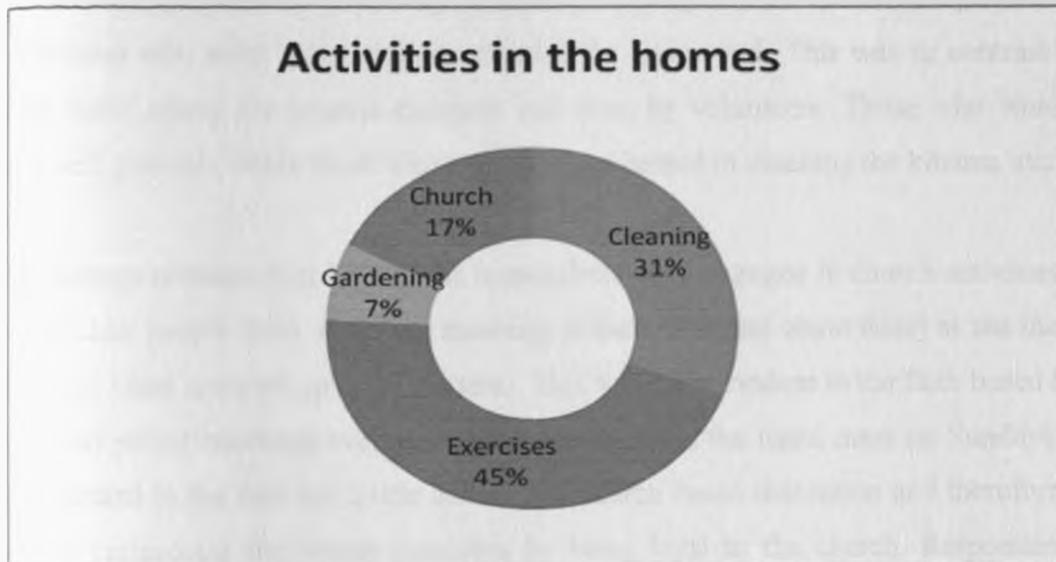
Findings revealed that 45% of the respondents engage in exercises daily. This was followed by cleaning (31%), church activities (17%) and finally gardening (7%).

The main objectives of exercises are to:

- Promote health
- Strengthen muscles
- Improve cardiovascular organization
- Elevate athletic skills
- Prevent obesity, diabetes, heart diseases
- Make the body flexible

Despite knowing the fact that exercise is the prime element to keep the body fit; most elderly persons fail to take it up. They become lethargic as they grow old and this leads to inactivity. Due to this inactivity, the aged may suffer from failure of immune tolerance, diminishing overall body strength, flexibility and mental equilibrium, which are recognized as some of the important factors of healthy body and mind. The exercises ranged from lightweight exercises, muscle flexibility exercises and endurance exercises. The aged from the faith based home had an advantage over those from the government home due to the availability of the physiotherapy equipments in their home.

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'Cleanliness is next to Godliness' thus making it a very important part in the lives of the elderly persons. It was evident that elderly persons from the government home clean their rooms, do their laundry and personal grooming by themselves despite their mental and physical challenges while those who were a bit stronger, cleaned the compound. This was in contrast to the faith based home where the general cleaning was done by volunteers. Those who were vulnerable were well groomed while those who were stronger helped in cleaning the kitchen utensils.

The findings revealed that 17% of the respondents were engaged in church activities. It is likely that as older people think about the meaning of their lives and about death as the inevitable end, they may focus more on spiritual matters. This was more evident in the faith based home where there was prayer meetings everyday in the evenings and the usual mass on Sundays. This could be attributed to the fact that Little Sisters is a church based institution and therefore the elderly persons reciprocate the homes goodness by being loyal to the church. Respondents from the government home on the other hand registered lower church attendance. This was expected as majority here were Muslims.

The study findings further revealed that, 7% of the respondents all of whom were from the government home engaged in gardening the home's kitchen garden. This was done during planting and weeding seasons by those who were considered fit.

When asked about their satisfaction level on recreational activities, 7% of the respondents were very satisfied, 34% were satisfied, 14% of the respondents were not sure, followed by 17% of the respondents who were not satisfied and finally 28% of the respondents were not satisfied at all. Going by the homes, 13% and 0% said they were very satisfied, 13% and 62% were satisfied, 19% and 8% were not sure of their satisfaction while19% and 15% were not satisfied and finally 38% and 15% were not satisfied at all respectively.

From the study findings on the level of satisfaction, it can therefore be conclude that, majority of the respondents were contented with the kind of services offered in these homes although those in the faith based home had more satisfaction than those in the government home and this was in agreement with our case study who had a chance to stay in both homes.

> *Little sisters is far much better, it is a good home. Those who cannot do things for themselves are helped by volunteers in the home. These volunteers serve them with food, clean their rooms, bathe them, I mean do almost everything for them. The rooms are neat. The food is perfect, the physiotherapy equipments are modern, and there is a chapel in the home for those who want to pray, I mean it is an ideal home. Alms House (Nyumba ya wazee) on the other hand is trying but they still have a lot to put in place.*

4.4 The extent to which services offered in the homes meet the needs of the elderly persons

Human services have emerged in response to the increase of human problems in our modern world (Mehr, 1988). The complications of living in a fast pace and transforming society causes massive stress on human conditions. Often people, the elderly persons included are unable to meet their own basic needs due to harsh social conditions and oppression (Ryan, 1976).

Eriksen, (1977) defines human services as a term that reflects the need for society to help its members live adequate and rewarding lives. Human services activity is the act of people helping other people meet their needs in an organized social context. Thus the human services function is a process of directed change taking place as a result of interaction between human service workers, clients, and organizations. Ideally, the changes human service workers attempt to facilitate are intended to assist clients in achieving optimum human potential in life.

In the Biblical context, one of the Ten Commandments, "Honor your father and your mother" is the crucial text here (Exodus 20, 12; Deuteronomy 5, 16). This is the only commandment with a promise of long life for those who keep it and was given to counter the historical aspect of a tendency to see the older generation as a burden, or even to disdain elderly people, because they were not useful any more in the hard job of getting daily bread on the table. It is particularly relevant to today's problems of the availability and sustainability of services and institutions for the care of the elderly.

The focus of human service intervention on human needs is the essential task in determining service delivery. To tackle this objective, the study sought to find out the services offered in the homes for the elderly. This was important because most of these elderly persons were taken from the streets, hospitals and others from their own homes where they were suffering. In short they were brought to the homes because of the multiple problems they had ranging from poverty and sickness and therefore the services offered in the homes should provide that which was not provided in their different situations.

According to the key informants from the government homes the services offered included free meals, free accommodation, entertainment (TV set), free medical services which include free medical referrals and surgical services, outings and counseling.

On the other hand the faith based homes provide free food, free medical services, free accommodation, modern physiotherapy , security and safety, guiding and counseling, spiritual nourishment, controlled freedom of movement. In addition, the faith based home also offers daycare services where some elderly persons comes only during the day and goes back in the evening or comes only during the meals time and this arrangement has made it possible for one respondent who is nicknamed *Mzungu* to have his meals in Little Sisters and spend the rest of his time in Alms House as the homes are a walking distance apart.

4.4.1 Comfort ability in the homes
The study sought to establish the comfort ability in the two homes. Results are as presented in figure 4.10.

Figure 4.10: Comfortability in the homes

Comfortability in the homes
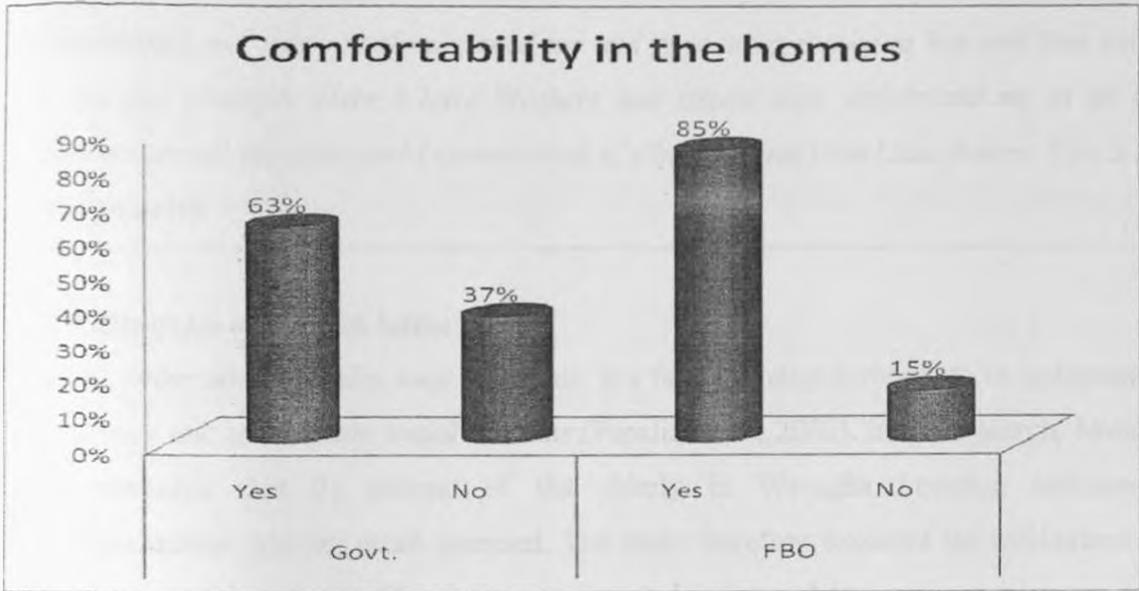
When asked about their comfort ability in the homes, majority of the respondents 63% and 85%from government and faith based homes respectively said they were comfortable because they were able to get the basic needs they lacked in their homes. The remaining 37% and 23% from the government and faith based homes respectively said they were not comfortably and this could be attributed to the fact that people have different indicators for comfort or maybe they had high expectations. Other reasons could be because most old people's homes do not provide adequate mental stimulation or opportunities for independence, personal empowerment, socialization, community involvement, or independence (Niccum, 1999).

Although majority of the respondents were comfortable in the homes, those from the faith based home were more comfortable and happy than those in the government home and this was because of the services which were offered in the homes no wonder one respondent from the faith based home said:-

> *I thank God for this home to me it is a little heaven when I felt that the whole world had rejected and abandoned me, they readily accepted me and gave me a reason to live and face each day with renewed strength. Here I have brothers and sisters who understand me in all angles because we are all the same and I cannot think of a better place than Little Sisters .This is a little Heaven on earth.*

4.4.2 Willingness to go back home

Basically, older adults usually want to remain in a familiar neighborhood, to be independent, to have privacy and to maintain social contacts (Papalia et al., 2002). In her research, Mwalugho, (2010) revealed that 91 percent of the elderly in Werugha Location indicated that institutionalization was not at all accepted. The study therefore explored the willingness of the respondents to go back home. Results are as presented in figure 4.11.

Figure 4.11: Willingness to go back home
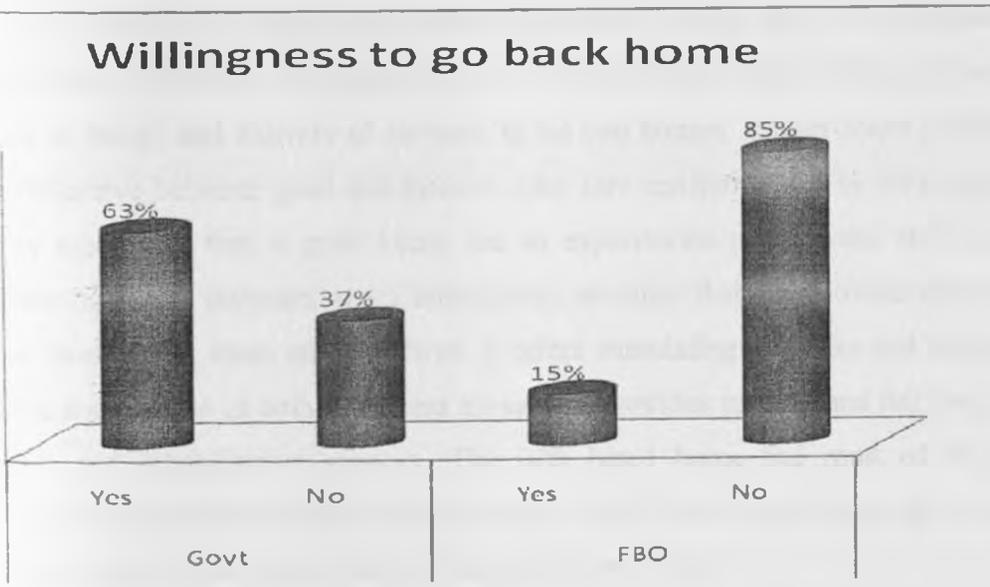
When asked whether they would wish to go home given a chance, a great majority 85 percent of the respondents from the faith based home and a small percentage (37%) of the respondents from the government home said no. Of the 85% and 37% who said they did not want to go home, 63% cited poverty, 22% cited lack of a place to call home, 10% cited loneliness and 5% feared the wrath of the villagers who accused them of witchcraft as depicted in the Standard newspaper published on 10th July, 2011.

On the other hand, 63% of the respondents from the government home and 15% of the respondents from the faith based home said yes. Out of those who said yes, 85 per cent said 'east or west, home is best' and the remaining 15% said they were not comfortable in the homes as remarked by one respondent.

> I miss my family and kinsmen. I want to go back to the life and environment I am used to since childhood. I want a decent burial next to my ancestors.

The findings revealed that respondents from the government home were in a great need of going back home given a chance as compared to those in the faith based home. This could be due to the difference in design and delivery of services in the two homes. Kayser-Jones (1982), explains that the difference between good and inferior elder care institution can be very great. He goes further by explaining that, a good home has an experienced professional staff, an adequate government insurance program, and a coordinated structure that can provide various levels of care. It is lively, safe, clean and attractive. It offers stimulating activities and opportunities to spend time with people of both sexes and all ages. It provides privacy and full range of social, therapeutic, and rehabilitative services. The faith based home had most of the mentioned qualities, no wonder the respondents wanted to stay unlike their friends in the government home which lacked most of the qualities cited by Kayser-Jones (1982).

Another reason as to why some of the respondents wanted to go home could be because the homes were not providing all the required needs for instance privacy for sexuality. The respondents' marital status comprised of the married, single, separated while others were widowed and could be there was a need for couples reunion and the singles to remarry. It is unfortunate that this was not considered at all, most likely because of the prevailing assumptions

that sex is not possible, necessary, or nice in later years. This is not true as human beings are sexual beings from birth until death. Sexual expression is part of a healthy lifestyle. But even when illness or frailty prevents older people from acting on sexual feelings, the feelings persist. People can express sexuality in many ways other than genital contact- in touching, in closeness, in affection, in intimacy. Relationships at all ages have both physical and psychological aspects for expressing love and affection, which may be highly individual (Papalia et al, .2002).

4.5 Challenges in addressing the needs of the elderly people in both the Government and Faith based in Mombasa County, Kenya.

The study sought to find out challenges in addressing the needs of the elderly persons in the homes and during the study, it was found out that there were challenges faced by the elderly persons while in the homes and challenges facing the homes in trying to meet the needs of their senior citizens and the findings were discussed as below:-

4.5.1 Challenges facing the elderly persons in the homes for the elderly

Elderly persons are faced with a combination of some or all losses described by Silverstone (1978) as loss of physical health, familiar roles, social contacts and loss of financial security. Adjusting to life in the homes for the elderly is difficult for many people and requires a number of dramatic adjustments. There are major losses to handle including a decrease in independence, a loss of privacy, a decrease in a personal sense of control, a loss of personal possessions, inability to come and go at free will, and a drain on financial resources. Frequently, a nursing home is viewed as a place to die, and in reality most of the residents never return to their homes or communities (Niccum, 1999).

Drawing from the study it was evident that though the elderly persons were being provided with almost everything they needed, they still had challenges in these homes and this is highlighted from the FGDs conducted only in the government home as the researcher was not allowed to conduct an FGD in the faith based home but after discussing with *mzee Mzungu* who has been to both homes it was found out that the challenges cut across both homes.

Elderly people must not be deprived of the right of decision by an overweening and an often unwelcome style of care, because this deprivation of the right of decision leads to the old peoples' being treated as mere objects and not being regarded as people with rights and obligations of their own. This right of decision and freedom of choice was not exercised in both homes. Decision making was done by the home's administration and partly by the government including the decision of being admitted into the homes. This was seen to be a big challenge as it deprived the elderly persons of their right for decision, participation and freedom of choice.

Physical impairment, mental problems together with chronic diseases which exposed them to a lot of pain was the biggest challenge faced by the elderly persons residing in both Alms House and Little Sisters. Majority of the respondents were helpless and had to depend on others to help them do almost everything and this made them the most vulnerable group in the homes and this was worse in the government home where they did their washing, cleaning and even bathing themselves as opposed to the faith based home where they were assisted by volunteers in the home.

This was evident during the research period when through observation a mentally challenged woman and some elderly persons in wheelchairs in the government home were found washing their clothes and others found cleaning their rooms as summarized in the table below:-

Table 4.7: **The most vulnerable group**

Vulnerable group	Government home		Faith based home	
	Frequency	**Percent**	**Frequency**	**Percent**
Women	2	13	1	8
Men	1	6	0	0
The sick	8	50	6	46
The disabled	5	31	6	46
Total	16	100	13	100

The study findings revealed that the sick were the most vulnerable (50% and 46%) from the government and faith based home respectively. This was followed by the disabled (31% and 46%) respectively. Women registered 13% and 8% and finally men registered 6% and 0% respectively.

It is evident that sickness causes a lot of pain to an individual .This is because when one is sick, he/she cannot perform any task, one loses appetite and is under medication which is another stressful issue as most people dislikes taking drugs. During the sickness period, one is vulnerable because he/she has to depend on others for support. The disabled were also rated vulnerable. This was because the physical disabled were on wheel chairs and crutches which hindered their free movement like their friends who were not disabled. Mental disability was also crucial as one depends on others in even decision making. The respondents who were in the government home were more vulnerable than others this was because they have to perform the normal daily routine by themselves as opposed to the ones from the faith based home who are bathed, fed and assisted in many ways.

Ageism was also cited as a challenge. Implicit stereotyping is pronounced in Kenya especially with the usage of the word '*wazee*' to refer to an old person. Ideally, the reference *mzee* and as used in various Kenyan dialects meant a man or a woman of honor, somebody held with high esteem in the community. With passage of time, Ocharo, (2009), explains that the reference started to be associated with unproductiveness, senility, poor health, marked decline in intelligence and other negativities, therefore attracting prejudice, stereotyping and discrimination (Butler,1975). Today in Kenya men and women who are approaching old age loathe being referred to as *wazee*. It is unfortunate that the home's names are also indicating this stereotype. For example, the government home is commonly known as *'Nyumba ya wazee'* / *'Alms house'* while the faith based home is also known as *'House of the poor'*.

Another challenge facing the elderly persons in these homes was the pain of losing their friends in the homes especially their roommates. According to Papalia et al., (2002), friendships are an important part of life at every stage. Friends provide companionship, someone to share activities with, emotional support through difficult times, and a sense of identity and history. Among older adults, friendships are focused on companionship and support and research has shown that those with an active circle of friends are healthier and happier. Losing a friend therefore made them

sad and fear the unknown as they fearfully waited for their turn and this was said by one respondent as follows:-

> *I lost a great friend and a roommate last year and this has made me feel lonely. Every time I go to bed I miss him, miss his stories and words of wisdom and hope. I get nightmares and sometimes I even hear him call my name and the thought of dying and being buried far away from my people make me feel rejected and unworthy but there is nothing we can do, this is our fate.*

Majority of the elderly persons also cited lack of finances as a big challenge especially to those who were beggars from the streets and this was observed during the visit to the government home as some elderly persons sit in their wheelchairs by the gate and beg money from the passersby and to make it worse those who are strong enough still goes to the streets to beg and comes back in the evening thus exposing them to street risks and this is what the study case *mzee Mzungu* had to say:-

> *I was used to having my own money and I could buy fruits , milk and even cigarettes but now I cannot even afford to by a glass of beer this made me start a tree nursery project and therefore can get money from the sales of the seedlings.*

4.5.2 Challenges facing the homes for the elderly persons

Studies have shown that caring for the aged comes with a lot of challenges. Papalia et al. (2002), defines caregiver burnout as physical, mental and emotional exhaustion that affects many adults who care for aged persons. She notes that, the strains created by incessant, heavy demands can be great-sometimes so great as to lead to abuse, neglect, or even abandonment of the dependent elderly person. Even the most patient, loving caregiver may become frustrated, anxious, or resentful under the constant strain of meeting an older person's seemingly endless needs. The study sought to find out the challenges facing the elderly institutions in their effort to meet the needs of the elderly persons residing in these homes.

The biggest challenge facing both homes was finance. There was little or no support from the government as the government does not advocate for homes for the elderly as stipulated in the Kenya National Policy for older persons and ageing and also as revealed by the key informant from the ministry of gender, children and social welfare.

Another challenge common to both homes was getting and admitting genuine elderly persons this was a challenge because of the increasing number of destitute older persons and therefore sometimes it is difficult to admit all those needy elders because of the limited resources in the homes.

The findings also revealed that, most of the elderly persons especially the ones who were taken from the streets had a tendency of going back begging in the streets. This was considered a challenge because the elderly lives were in danger of being hit by vehicles and general safety and security while in the streets was not assured. This is possibly because they were used to such kind of life and therefore change is not easy. This behavior can be explained by Robert Atchley (1989) theory of continuity which holds that, in making adaptive choices, middle aged and older adults attempt to preserve and maintain existing internal and external structures, and they prefer to accomplish this objective by using strategies tied to their past experiences of themselves and their social world. Change is linked to the persons' past, producing continuity in inner psychological characteristics as well as social behavior and in social circumstances. Continuity is thus a grand adaptive strategy that is promoted by both individuals' preference and social approval.

The key informants from the government home revealed that they get their finances from the municipal allocations and generous donors and with this they were still faced with several challenges in trying to meet the needs of the elderly persons and these included:-

Lack of means to go for the referrals, lack of professional counseling and social workers, lack of specialized medical/surgical centre like chiropractor and physiotherapy, staffing and poor security was also a challenge. The issue of security was also seen during the several visits to the home as there was no proper fencing, there was no gate and to make the matters worse the kitchen was raided and gas cooker together with the gas cylinder, sufurias and some kitchen

utensils were stolen just a week before the interviews as revealed by the key informant. The key informant added the following;

> *I usually get a lot of problems when death occurs amongst them for I have to look for a coffin, have to organize for a vehicle and have to arrange all the burial procedures. It is so tiresome and traumatizing and I feel like I have lost my own parent.*

The faith based home on the other hand gets their financial support from generous donors and well wishers, the sisters (nuns) literally goes to companies and organizations to literally beg for funds and goes to the market to ask for food for their elderly persons and through this they keep on moving and running the home and so far this was their main challenge.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This chapter presents the summary of the study findings drawn from responses of questionnaires, FGDs, KII and observations. It draws conclusions and recommendations based on the findings. The principle purpose of this study was to understand the services offered in both the government and faith based eldercare institutions in relation to the needs of the elderly persons.

5.1 Summary of findings

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

5.1.1 Socio-demographic characteristics of the elderly persons

Although literature indicates that females live longer than their male counterparts, the study findings revealed that majority (72%) of the respondents in the study were males whereas females only comprised of 28% of the respondents. Respondents in the study were in the age bracket of 60 years and above. Study findings revealed that elderly persons in the study had low education levels. This was evident as most of the respondents (41%) indicated that they have never attended school, 28% primary level etc. Respondents in the study were widowed (62%), single (3%), married (3%), divorced (10%) and separated (21%). It was found out that majority of the respondents (86%) were previously informally employed while only 14% were formally employed. The findings further revealed that majority (66%) of the respondents were Christians while Muslims comprised of 34% and finally, 55% of the respondents were natives of Coast province where the study was carried out followed with 21% immigrants.

5.1.2 Needs of the elderly persons residing in eldercare institutions

The study revealed that the aging have social, economic and physiological needs which they are unable to meet on their own unless through outside intervention. The findings was in agreement with Abraham Maslow's theory of hierarchy of human needs which he enlisted as physiological

needs, safety needs, love and belonging, esteem needs and self actualization. It was noted that the elderly were in the homes because these needs were not fulfilled wherever they were due to low social capital amongst other reasons. The reasons that led to their being taken to the homes included: poverty, illness, disability, lack of caregiver, and landlessness/ homelessness.

On nutritional needs, the findings revealed that the elderly persons needed a balanced and special diet: that is easy to digest, provides energy and builds the body. This need was met in both homes although the respondents from the government home complained of the same kind of food thus a need for balanced diet. The social need was manifest by the desire to visit and be visited and to keep contact with family members. This was not so as only 13% and 23% of the respondents from the government and faith based home respectively were visited by their children while the bigger majority (81% and 54%) of the respondents from the government and faith based home respectively were visited by well wishers. This social need was further expressed by the need to attend social functions and the need for national identity cards.

The findings also revealed that, most elderly persons have some kind of chronic illness, mental illness while others have some form of disability thus making the health need very vital. This need was reaffirmed by the key informants from both homes no wonder both homes had a clinic and a physiotherapy session. It was evident from the findings that, majority of the respondents were in the 8th stage of Ericson's psychosocial development calling for emotional/psychological support as most of the respondents were dealing with despair instead of integrity. This was followed by financial needs which according to the key informants was not a necessity and finally the safety/security needs ended the needs list.

The study findings revealed that the sick were the most vulnerable group of the elderly persons staying in the institutions (50% and 46%) from the government and faith based home respectively. This was followed by the disabled (31% and 46%) respectively. Women registered 13% and 8% and finally men registered 6% and 0% vulnerability respectively.

5.1.3 The extent to which the services offered by both the government and faith based institutions meet the needs of the elderly persons

The study revealed that, the homes offered nutritional care, medical care, recreational activities, safety and security services, hospitality and psychological/emotional support. Although the services were not fully perfect, at least the homes were trying to offer them despite the limited resources at their disposal.

Majority (63% and 85%) of the respondents from the government and faith based home respectively were comfortable in the homes, this was followed by 37% and 15% of the respondents from the government and faith based home who were discontented with their stay in the homes. The findings further revealed that given chance to go back to their homes, 63% and 15% of the respondents from the government and faith based home respectively were willing to go back home reason being that they wanted to remain in a familiar neighborhood, to be independent, to have privacy, to maintain social contacts and finally to die and be buried by their kinsmen besides their forefathers. The respondents 37% and 85% from the government and faith based home respectively who were not willing to go back home cited reasons such as poverty, illness, disability, loneliness etc that led them to the homes as hindrances to go back.

On the level of satisfaction with the services offered in the homes, results revealed that there was no satisfaction at all by the financial support as there was none in both homes. However, majority of the respondents were contented with the kind of services offered in these homes although those in the faith based home had more satisfaction than those in the government home and this was in agreement with the study's case who had a chance to stay in both homes.

5.1.4 Challenges in trying to address the needs of the elderly persons in both the government and faith based eldercare institutions

The study findings revealed that adjusting to life in the homes for the elderly is difficult for many people and requires a number of dramatic adjustments. There are major losses to handle including a decrease in independence, a loss of privacy, a decrease in a personal sense of control, a loss of personal possessions, inability to come and go at free will, and a drain on financial

resources. Frequently, a nursing home is viewed as a place to die, and in reality most of the residents never return to their homes or communities (Niccum, 1999).

Physical impairment, mental problems together with chronic diseases which exposed them to a lot of pain was the biggest challenge faced by the elderly persons residing in both Alms House and Little Sisters. Majority of the respondents were helpless and had to depend on others to help them do almost everything and this made them the most vulnerable group in the homes and this was worse in the government home where they did their washing, cleaning and even bathing themselves as opposed to the faith based home where they were assisted by volunteers in the home.

Another challenge facing the elderly persons in these homes was the pain of losing their friends in the homes especially their roommates. This made them fear the unknown as they fearfully waited for their turn.

Ageism was also cited as a challenge. This implicit stereotyping is pronounced in Kenya especially with the usage of the word '*wazee*' to refer to an old person. Ocharo, (2009), explains that the reference is associated with unproductiveness, senility, poor health, marked decline in intelligence and other negativities, therefore attracting prejudice, stereotyping and discrimination (Butler, 1975). It was unfortunate that the home's names are also indicating this stereotype. For instance, the government home is commonly known as *'Nyumba ya wazee'* / *'Alms house'* while the faith based home is also known as *'House of the poor'*.

Studies have shown that caring for the aged comes with a lot of challenges. Most of the homes staffs were affected by caregiver burnout. Papalia et al. (2002), defines caregiver burnout as physical, mental and emotional exhaustion that affects many adults who care for aged persons. She notes that, the strains created by incessant, heavy demands can be great-sometimes so great as to lead to abuse, neglect, or even abandonment of the dependent elderly person. Even the most patient, loving caregiver may become frustrated, anxious, or resentful under the constant strain of meeting an older person's seemingly endless needs.

It was established that the biggest challenge facing both homes was finance. There was little or no support from the government as the government does not advocate for homes for the elderly but rather encourage ageing in place. This is the reason why the elderly in the homes are not included in the cash transfer program as revealed by the key informant.

Another challenge common to both homes was getting and admitting genuine elderly persons. This was a challenge because of the increasing number of destitute older persons and therefore sometimes it was difficult to admit all those needy elders because of the limited resources in the homes. The findings also revealed that, most of the elderly persons especially the ones who were taken from the streets had a tendency of going back begging in the streets. This habit exposed their lives to street dangers.

5.2 Conclusion

Based on the objectives, it can be concluded that the elderly persons staying in both the government and faith based home had social, economic and physiological needs. The deficiency of some or all of these needs made them became destitute and vulnerable leading them to their respective homes for the elderly. Although the aged are provided with almost all the basic needs, there are still many challenges that they face as individuals and as a group while in the homes.

Both the government and the faith based homes are trying their best to make ends meet. This they do by providing services that meet the needs of the elderly persons despite the many obstacles and challenges in trying to care for the elderly persons.

On the level of satisfaction by the services offered in the homes, it can be conclude that, majority of the respondents were contented with the kind of services offered in these homes although those in the faith based home had more satisfaction than those in the government home.

5.3 Recommendations

On the basis of the above findings of the study, the following recommendations were made:

1. More homes should be established in Kenya to cater for the ever increasing number of destitute elderly people. Again such homes should be equipped with geriatric medical facilities so that even the invalids could be admitted into the homes.

2. All the stakeholders should ensure that elderly persons in the homes are informed about their rights. Should the case arise, they must have an access to legal aid. They should also be granted increased rights of participation.

3. It is also recommended that management training and qualification, quality development measures related to institutions, supervision and further development of relevant advanced training must be guaranteed in all homes for the elderly.

4. The government should come up with policy on how to handle the landless/homeless elderly persons as they advocate for aging in place rather than institutionalization. It should also develop a framework on how to handle the aged so that the homes don't become a permanent residence to the elderly.

5.4 Areas for further research

1. This study was done in an urban setting such that the findings may have been influenced by urban characteristics. It would be important if similar study is being implemented in rural areas so as to find out whether the services offered in urban homes together with the needs of the elderly in urban homes are also found in rural homes such that similarities and differences can be identified.

2. This study focused on the homes for the elderly in only one county. Therefore, there is a need for similar studies to be undertaken in other counties so as to give a general view of caring for the elderly in the homes.

3. This study focused only on charitable homes for the elderly. Future studies therefore should focus on commercial homes for the elderly that are mushrooming in the country.

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APPENDICES

APPENDIX 1

2011 ELDERLY PERSONS INTERVIEW SCHEDULE

Nairobi University: Individual interview schedule guide

SECTION A: Social Demographic Characteristics

1. Respondent's   Code No: ....

2. Gender of the respondent

   Male   [   ]   Female   [   ]

3. What age bracket best describes you?

   60-65 Years   [   ]   66-70 Years   [   ]

   71-75 Years   [   ]   76-80 Years   [   ]

   81-85 Years   [   ]   86-90 Years   [   ]

   90 Years and Above   [   ]

4. What is the level of your education?

   Never attended school but: a) Can read only [   ]   b) Can read and write [   ]

   [   ] Attended Primary school   [   ] Completed primary   [   ] Never completed primary

   [   ] Secondary school   [   ] Completed secondary   [   ] Tertiary college/University

5. Which of the following best describes your situation?

   Married [   ]   Divorced [   ]   single [   ]   separated [   ]   widowed/widower [   ]

   b) If married: polygamy   [   ]   monogamy   [   ]

6. Were you formally employed?   Yes [   ]   No   [   ]

   Informally employed? Specify...

7. What is your religion?   Christian [   ]   Muslim [   ]   Others [   ]

8: Which is your home province?   Coast [   ] Eastern [   ] Nairobi [   ] Central [   ] Rift valley [   ]
Nyanza [   ] Western [   ] North Eastern [   ] others (Specify) ....

9: Tell me about your family, (their age, gender, occupation and economical status)

Child age	Gender	Occupation	Economical Status	
			Dependent	Independent

SECTION B: Social Life

10. For how long have you been to this home?

        1-3 Yrs   (   )

        4-6 Yrs   (   )

        7-9 Yrs   (   )

        10-12 Yrs   (   )

        16 and above (   )

11. Who brought you here?

        Spouse   (   )

        Children (   )

        Relative (   )

Others (specify) ....

12. Why were you brought here?

Illness   ( )

Poverty   ( )

Disability ( )

There was no carer ( )

Other reasons (explain) ....

....

....

13. Are you comfortable in this home? Give reasons

Yes ( )...

....

....

No ( ) ....

....

....

14. Do you normally get visitors? Yes ( ) No ( ) If yes who visits you?

Children   ( )

Relatives   ( )

Friends   ( )

Neighbors   ( )

Well wishers ( )

15. How often do they visit you?

Type of visitor	Frequency of visits					
	Daily	Weekend	Monthly	Yearly	Impromptu	Whenever I have a need

16. Have you ever thought of going back home given a chance? Give reasons

Yes ( ) ....

....

....

....

No ( ) ....

....

....

....

17. What activities do you engage in during the week?

Day of the week	Time of the day		
	Morning	Midday	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

18. How satisfied are you with the nature of the services offered below?

	Very satisfied	Satisfied	Not sure	Not satisfied	Not satisfied at all
Nutritional care					
Medical care					
Hospitality					
Recreational activities					
Psychological/emotional support					
Financial support					

APPENDIX 2

2011 ELDERLY PERSONS FOCUS GROUP DISCUSSION

Nairobi University: Interview guide for Focus Discussion Group

1. What do you understand by the concept aging?

2. What challenges are you facing as an elderly person residing in an elderly persons home?

3. Who among you are most vulnerable in this home? (e.g. women, men , the sick, the disabled)

4. Suggest ways by which individuals, community, organizations and government can support you while in the home.

APPENDIX 3A

2011 KEY INFORMANTS INDEPTH INTERVIEW

Nairobi University: In-depth interview guide for institution's staffs

Respondent's code no ....

Position: ....

Institution: ....

Date of interview ....

1 What is your role in this institution? ....

....

....

2 For how long have you been working in this institution?

0-5 yrs (   )   6-10 yrs (   )   11-15 yrs (   )   16-20 yrs (   )   over 20 yrs (   )

3. How /where do you identify the aged to the home? ....

....

....

4. What are the eligibility criteria in admission to the homes? ....

....

....

5. How would you describe the social welfare of elderly persons in this institution? ....

....

6 What is your view on the needs of the elderly persons according to your experience in the home?

....

....

7. What services does your institution offer to the elderly persons in this institution?

....

....

....

....

8. How do you finance your services? ....

....

....

....

9. What are the challenges in meeting the needs of the elderly persons?

....

....

....

....

APPENDIX 3B

2011 KEY INFORMANTS INDEPTH INTERVIEW

Nairobi University: In-depth interview guide for GOK official

Respondent's code no ....

Position: ....

Institution: ....

Date of interview ....

1: Is the budget allocation adequate to address the needs of old people? ....

....

2. What strategies have you put in place to ensure that the elderly persons benefit from the cash transfer program that has been initiated by the GOK? ....

....

3. What does the government do to ensure proper implementation of the Government policy on elderly persons? ....

....

....

4. What are the challenges in addressing the needs of elderly persons? ....

....

....

APPENDIX 4

2011 OBSERVATION CHECKLIST

Nairobi University: Observation Checklist

A. Security and Safety indicators in the homes

   a. Lighting

   b. Presence of security personnel

   c. Fencing, gates

   d. Floors

B. Housing appropriateness

   a. Hygienic places (toilets, bathrooms)

   b. Sleeping areas (beds, beddings)

   c. Dining area

C. Social amenities

   a. Health facilities

   b. Recreational facilities

   c. Social halls