

FOOD SECURITY IN THE HOUSEHOLDS HEADED BY THE  
ELDERLY CARETAKERS IN NYANG'OMA SUB-  
LOCATION, BONDO DISTRICT OF WESTERN KENYA.

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GEOFFREY OTIENO MUGA

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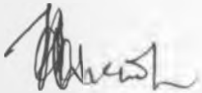


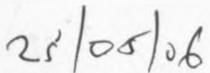
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## DECLARATION

I declare that this thesis is my original work and has not been submitted to any university or institution for any award.

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Geoffrey Otieno Muga.

I certify that this thesis has been submitted by my approval as the university supervisor.

Sign-----

Date-----

Dr.W. Onyango-Ouma.

## DEDICATION

This study is dedicated to the elderly caretakers of Nyang'oma Sub-location, Bondo District for their struggle to provide food to the various categories of dependent children under their care against their background of reduced energy, ill health, dwindling financial resources and unfavourable climatic conditions.

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## ABSTRACT

This thesis focused on food security in the households headed by elderly caretakers in Nyang'oma sub-location, Bondo district of Western Kenya. The main objective was to investigate the factors in the households headed by the elderly caretakers and how these influenced household food security. The study examined household composition and its influence on the division of labour for subsistence activities, socio-cultural and economic factors influencing food security and the coping mechanisms adopted by the elderly caretakers to counter the problems of food security in their households.

The study design was cross-sectional, combining both quantitative and qualitative methods of data collection. Survey questionnaires were administered to 100 elderly caretakers selected through snowball sampling strategy. Consent of the elderly caretakers was sought before participation in the survey. Semi-structured interviews, narratives (10), key informants interviews (15) and focus group discussions (4) were also conducted with the other categories of people in the study population.

Data were analyzed using different techniques. Quantitative data were analyzed using statistical package for social scientists (SPSS) version 11. On the other hand, qualitative data were analyzed using content analysis method.

The findings suggested that over the last one and a half decades, the deteriorating economic conditions and HIV/AIDS pandemic have led to the increase in the number of

children in need of care and the unprecedented involvement of the elderly in the caretaking responsibilities. The study pointed out that whereas the elderly were increasingly assuming caretaker responsibilities, they were unable to guarantee food security in their households due to a number of factors. The overriding factor was the dwindling financial resources of the elderly which drastically reduced their ability to pay for food, external labour and modern tools for food production. Dwindling extended family support, lack of credit facilities to finance farm activities and the high rate of unemployment among the youth further reduced the resource base and support which the elderly could draw upon for food sufficiency in their households. Lack of physical energy and ill-health which affected the ability of the elderly to produce food and indulge in meaningful off-farm activities also worsened the situation. In addition, high dependency ratio in the households meant that the few elderly with meager incomes were taking care of more dependants and hence could not adequately provide for the competing basic needs.

Despite these challenges, the study found out that as actors, the elderly caretakers devised different mechanisms to cope with the food insecurities in their households. These included gathering economy, liquidation of assets and initiation of sedentary micro-businesses. Although these mechanisms were aimed at relieving the households of the acute food shortages, it is recommended that a long lasting solution would be found if the Government's food security policy provided a framework of empowering the elderly caretakers' households with credit facilities for farm inputs and acquisition of farm labour so as to boost food production.

## LIST OF ABBREVIATIONS

HIV/AIDS	-	Human Immuno Deficiency Virus/ Acquired Immune Deficiency Syndrome
MOH	-	Ministry of Health
NASCOP	-	National Aids and STDs Control Programme
IIS	-	Institute of International Studies
NACC	-	National Aids Control Council
NGO	-	Non-Governmental Organization
CBO	-	Community-Based Organization
KEDAHR	-	Kenyan Danish Health Research Project
PRSP	-	Poverty Reduction Strategy Paper
IPAR	-	Institute of Policy Analysis and Research
IEA	-	Institute of Economic Affairs
GOK	-	Government of Kenya
NCPD/CBS	-	National Council for Population and Development/Central Bureau of Statistics
UNDP	-	United Nations Development Programme
CHWs	-	Community Health Workers
TBAs	-	Traditional Birth Attendants
FGDs	-	Focus Group Discussions
SAPs	-	Structural Adjustment Programmes
DDC	-	District Development Committee

## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.1 INTRODUCTION**

This chapter provides background information on the position and role of the elderly in traditional African societies. It highlights socio-economic and cultural changes that have taken place in the lives of the elderly since the advent of Westernization in the 19<sup>th</sup> century. The chapter then gives an account of how these changes have led to the current involvement of the elderly in the care taking responsibilities for their grandchildren. The problem of study, study objectives, justification and scope and limitations of the study are also presented in this chapter.

#### **1.2 BACKGROUND**

In many African societies, seniority of the elders conferred on them a high status in society and the traditional interrelationships between grandparenthood and elder-hood remained very strong (Sangree, 1997). This seniority earned the elders respect from members of the society. Children were particularly culturally obliged to respect and care for the elderly people (Caldwell, 1982). A man's status and his responsibilities in most community and tribal affairs were largely ascribed by his age-group and its relative seniority in age-group system. The elders, as the senior-most people in a lineage, had particular authority based on their control of traditional knowledge. The responsibilities which the grand parents assumed, particularly in the local domestic economy, as well as in social and political spheres, afforded them a major power base that helped to assure their continuing status (Sangree, 1997).

Because of their age and experience, presiding over judicial matters, settling disputes within clans, lineage inheritance, and mediation, among others, became major traditional community tasks for the elderly (Mboya, 1965; Sangree, 1997). These instrumental functions sustained the society and enabled the elders to occupy the top-most hierarchy in the societal structure.

Caldwell (1982) documented that respect for the elders and care of the elderly in sub-Saharan Africa became important indigenous values founded on the appreciation of the roles they provided in the society. Killbride (1997) similarly found that family caregivers to the elderly were likely to be readily available and enforcement for deviations (through social sanctions such as public opinion and elders' reprimands) could be immediate and difficult to evade.

Westernization, which came with the Europeans in the 19th century, greatly affected the social roles of the elders. Formal education, Christianity and modern health services, for example, supplanted traditional herbal and mystical treatment for most illnesses. Even so, as Sangree (1997) observes, the status of the elders remained high as developing societies became incorporated into the modern industrialized world.

The introduction of cash crop economy and the spread of HIV/AIDS over the last decade are among the socio-economic changes that have also impinged on the elderly. The introduction of cash crop economy precipitated rural-urban migration and most men of the initiate and warrior age grades were "off the community" working as labourers in the growing urban areas. Consequently, the elders, as Sangree (1997) writes among the Tiriki

of Western Kenya, assumed prolonged caretaker responsibilities for the sons' school-aged children. Nowadays, the elders continue to care for their grandchildren whose parents are either looking for jobs or working in different sectors in urban centres. Thus, the current involvement of elders in the lives of their grandchildren is very different in detail from former times. Formerly, the sorts of domestic supervisory tasks now assumed by the elderly were normally carried out by their sons and daughters-in-law who had returned permanently to the village.

Over the last decade, these changes in the lives of the elderly have been exacerbated by the HIV/AIDS pandemic and the rapidly increasing number of orphans. Among the Luo of Western Kenya, many older persons are suddenly faced with a situation where they have to resume a parental role as elderly caretakers. As caretakers, the elderly also assume other responsibilities that go with parenting, while having no reliable source of income for the much needed food (Nyambedha et al., 2003). In many cases also, the elderly lack the physical capability to undertake such an activity as food cultivation (Johanson et al., 1996). Guaranteeing food security for the children under their care has, as a result, become a primary responsibility of the elderly caretakers. Therefore, a deeper understanding of how food security is guaranteed in the households headed by the elderly caretakers against the backdrop of HIV/AIDS pandemic, dwindling financial resources and reduced health status facing the caretakers would be very important for any meaningful interventions to realize their underlying goals.

### 1.3 PROBLEM STATEMENT

One of the major consequences of industrialization all over the world is rural-urban migration. This migration is characterized by the movement of people from rural areas to urban centres in search of employment opportunities in the rapidly expanding industrial sector. In Kenya, the urban migrants have over the last one and a half decades encountered a number of socio-economic problems due to the withdrawal of donor funding and inhibiting internal and external economic conditions. The heightened unemployment, stunted economic growth and dwindling incomes that ensued impacted negatively on most urban households. The parents living in urban areas have responded to reduce the economic burdens associated with urban living by taking their children to the rural areas where they leave them under the care of grand parents. The grand parents have as a result, assumed prolonged caretaker responsibilities.

In most cases however, the grand parents are often too old, poor and without the strength to produce food for the children. Dwindling extended family support has also compounded the problem by reducing the social network from where the grand parents and children can draw support. Furthermore, the inclusion of the children into the households of the elderly has increased household composition and the high dependency ratio that ensues means that the few elderly with meager income have a bigger number of dependants to care for. This condition overstretches household resource base and also increases pressure on the lives of the already vulnerable elderly.

Over the last one decade, the spread of HIV/AIDS pandemic has also contributed to the increased caretaking role of the elderly by depriving many households of able-bodied



members while leaving behind young orphans. The deaths of these active family members have depleted family assets and financial resources. They have also resulted in shortage of household labour for food production because the elderly who are often left behind lack the physical energy and capital to hire additional labour for food production.

Although the elderly face a number of challenges in guaranteeing food security in their households, they have adopted different coping mechanisms to counter the situations of food insecurity. These mechanisms are varied and there is need to examine how the elderly invoke their traditional knowledge, creativity and skills in different situations to generate food and cash for their household members.

Despite the coping mechanisms, the increase in the caretaking role of the elderly is likely to go beyond the means of the already vulnerable elderly people. This calls for empirical research to investigate how food security can be improved in the households headed by the elderly caretakers. This study, therefore, provides insights on food security issues in the households headed by the elderly caretakers in Nyang'oma Sub-location, Bondo district in Western Kenya by addressing the following research questions:

1. How does household composition influence division of labour for subsistence activities?
2. What socio-cultural and economic factors influence food security in the households headed by the elderly caretakers?
3. What coping mechanisms are used by the elderly caretakers to counter problems of food security?

## **1.4 STUDY OBJECTIVES**

### **1.4.1. GENERAL OBJECTIVE**

To investigate factors and conditions that influence food security in the households headed by the elderly caretakers in Nyang'oma Sub-location, Bondo district of Western Kenya.

### **1.4.2. SPECIFIC OBJECTIVES**

1. To determine household composition and its influence on division of labour for subsistence activities.
2. To describe the socio- cultural and economic factors influencing food security in the households headed by the elderly caretakers.
3. To examine the coping mechanisms adopted by the elderly caretakers to counter the problems of food security in their households.

## **1.5 JUSTIFICATION OF THE STUDY**

Whereas a number of studies have been conducted on the area of HIV/AIDS and its impacts on the families with various recommendations made for interventions (e.g. Forsythe & Rau, 1996; UNAIDS, 2000) few, if any, have focused on the specific and important area of food security issues impacting on the households of the elderly caretakers. This is despite the vulnerable condition of the elderly caretakers; reduced physical strength and health, inadequate financial resources and dwindling extended family support. These undermine their ability to guarantee food security in the households. The present study, therefore, aims to increase our understanding of the food security challenges underlying elderly care giving practices. The findings of the study will be used by the Government to formulate sound food policy framework to assist the elderly caretakers. Development organizations and civil society groups will also use the study

findings to mount relevant interventions aimed at uplifting the living conditions of both the vulnerable children and the elderly caretakers.

## **1.6 SCOPE AND LIMITATIONS OF THE STUDY**

Due to constraints of time and financial resources, the study only focused on the issues specified in the objectives. Other relevant areas pertaining to food security such as food trade and supply chains which ensure food availability in the local markets, intra-household food allocation system and the factors influencing the quantity and quality of food consumed by each household member were not investigated. None the less, the issues covered in the study generated empirical data which give a great input to the general discourse of food security and gerontology.

## CHAPTER TWO

### LITERATURE REVIEW AND THEORETICAL FRAMEWORK

#### 2.1.0. INTRODUCTION

This chapter presents a review of relevant literature on the thematic areas of household food security in rural Kenya, the impact of HIV/AIDS on household food security in Kenya, and the family as a social support institution among the Luo of Western Kenya. The purpose of the literature review is to analyze the available knowledge in the subject matter of the study and identify the gaps that need further investigation. The chapter also outlines the theoretical framework used and its relevance in the study. Finally, the assumptions of the study, definitions of key terms and concepts in the study are presented.

#### 2.2. HOUSEHOLD FOOD SECURITY IN RURAL KENYA

According to Maxwell and Slater (2003), food security exists when all people at all times have physical and economic access to sufficient, safe, and nutritious food to meet their dietary needs and food preferences for an active and healthy life. Food security improves people's health, physical and mental development, making them more productive workers in any sector. Assured food security reduces infant mortality, maternal mortality and stabilizes people's lives, especially the elderly whose physical strength reduces with age.

Recent estimates from Food and Agriculture Organization's "state of food security 2003" put the number of undernourished people in the world at 840 million of whom 799 million live in developing countries (FAO, 2003). Sub-Saharan Africa continues to have the highest prevalence of undernourishment and the biggest increase in the number of undernourished people. Southern and eastern Africa is facing food shortages (Omiti and Obunde, 2002) and the number of undernourished is rapidly increasing.

In many countries, the immediate causes of hunger crises are natural disasters either slow onset emergencies such as drought or rapid onset emergencies such as floods or storms (Institute for International Studies (IIS), 2003). In some countries however, the effects of natural disasters are aggravated by internal or external conflicts and displaced people. In Kenya, as in many other African countries, the effects of natural disaster, in this case those of erratic rainfall are exacerbated by a permanent emergency of widespread structural poverty (IIS, 2003).

According to Omiti and Obunde (2002:2), 56% of Kenya's over 28 million people live below the poverty line. Although old age pensions are becoming more common, the elderly are among the poorest groups not only in Kenya but also the world over (Dwyer and Coward, 1992). Close to 87% of all poor households live in the rural areas. Subsistence farmers account for over 50% of the total poor. Female-headed households are among the most vulnerable to poverty. Twice as many female-headed households (44%) as male headed households (21%) form the category of the very poor (Omiti and Obunde, 2002). A significant proportion of the female and male household heads are also elderly (ROK, 1997; ROK, 2001).

There are significant regional disparities in the incidence of rural poverty in Kenya. The sharpest increase has been registered in Nyanza and Eastern provinces (ROK, 2001). Worsening poverty limits access to essential services like education, health, water and food.

Rural households in Africa also face farm labour constraints which influence household food security. Small-scale farmers in Africa belong to cultures which once used to ensure labour power through large residential groupings. These groupings shrank around the middle of the 20th century when new economic order separated the residential groupings and labour recruitment difficulties emerged (Pottier, 1999). Cash economy which came with the new economic order made it hard for most families, particularly the elderly caretakers, to hire extra labour for farming. In addition, structural adjustment programmes (SAPs) that cut formal employment and public expenditure have pushed many people, women particularly, into the so-called informal sector where they seek to make up the ever-increasing shortfalls in cash. As Schoepf and Schoepf (1990) observed, women's greater involvement in small-scale trade changed the pattern of food production by causing new labour shortages.

Women's reduced economic and food security under SAPs is invariably to the detriment of their nutrition and health, and to those of their children, for it is impossible to be more involved in casual labour markets and still find the time and energy to carry out domestic work (Whitehead, 1990 ; Schoepf and Schoepf,1990). Many women thus affected also have to cope with the loss of family labour caused by the AIDS deaths and with the extra duties of food provisioning as well as the role of carers for the orphans, the neglected children and the terminally ill. This care again reduces the time available for tending crops, processing foods and preparing meals, thereby undermining food security in the households.

African women's difficulty in mobilizing extra household farm labour originates in the

emergence of the modern household which exacerbated gender and age hierarchies. In this respect, whereas men can use the unremunerated labour of their wives (and often of all the women in the household), the only way a woman can use the labour of household men (on her private farm) is by calling small exchange working parties which are remunerated in the sense that she provides food and beer (Whitehead, 1981).

Farmers who command resources and surplus foodstuffs may overcome labour problems through the use of gifts or loans of foodstuffs that create networks of obligation among kins and neighbours. These networks can then be used to access additional farm labour when required. Haungerud (1988) found this arrangement among the Embu farmers in Kenya. The strategy, however, requires the production of regular surpluses, which is increasingly difficult to be achieved by most households particularly the elderly. "Off-farm income" while itself a cause of reduced labour availability, may be used to overcome the labour constraints although again the reduced physical strength and health of the elderly incapacitates their full indulgence in the "off-farm income" activities.

According to Cohen and Atieno-Odhiambo (1989), in Siaya (formerly, the district incorporating the study area before the split and creation of Bondo District), it is commonly understood that two years out of every five or seven will be poor in rain, resulting in severe food shortages. Shortfalls in food stocks develop for several other reasons. These include the exhaustion of stores of food from the previous harvest, the diminishing of remittances sent by Siaya men (and occasionally also women) working outside the region, and short supplies resulting from an effort to accumulate cash from food and other purchases through the sales of 'surplus grains' during food growing

seasons (Cohen and Atieno-Odhiambo, 1989). Undoubtedly, the regularly experienced hunger in Siaya has reinvigorated the gathering economy in the countryside, in which the grain diet is supplemented so far as possible by the collection of wild vegetables, seeds and small animals and insects (Cohen and Atieno-Odhiambo, 1989). The elderly are particularly equipped with the traditional knowledge which they invoke to identify and gather the edible species of plants and insects. But even this response has been made problematic by other factors mainly the exhaustion of forest land and woodland resources.

Famine is not simply a question of food availability, for it occurs also in countries where there is plenty of food (Maxwell and Slater, 2003). Hunger is to a large extent an outcome of poverty, and food insecurity is not so much a problem of production or availability, but also of access to food and faltering development (Maxwell and Slater, 2003). A majority of the hungry in the world are the rural poor, landless and with limited access to resources, poorly educated, and often living in conflict situations. The poor, especially in this study, that is, the elderly caretakers, must have economic access to food through opportunities to earn adequate incomes. In addition, food must be available either from domestic production or from imports. Often, of course, it is necessary for any government to have policies, which stimulate increased food production and to strengthen safety nets and anti-poverty programmes for the disadvantaged groups. Where the policies exist, the question has been their implementation which in many cases has been lacking or haphazardly executed.



## 2.3. THE IMPACT OF HIV/AIDS ON HOUSEHOLD FOOD SECURITY IN KENYA

Statistics of people with or who have died of HIV/AIDS in Kenya are shocking. According to NASCOP (1998), an estimated 2.2 million people are now living with HIV infection in Kenya. It is also estimated that 200,000 Kenyans develop AIDS each year and that one and a half million Kenyans have died due to AIDS since 1984. The National AIDS and STDs Control Programme estimated that by June 2000, adult HIV prevalence had increased to 13.5% (NASCOP, 1998). Since the adults of age group 19-45 are not only the most affected but also the economically productive part of the population, it is apparent that illness and death at these ages has serious economic and social burden for the family and society. This is also the age when investments in education are just beginning to pay off. These deaths have important consequences for children since people in this age group are bound to be raising children.

Besides affecting the active age group (19-45) that has to fall out of production, HIV/AIDS erodes household income on which the members, including the elderly, depend and depletes their family assets (Institute of Economic Affairs (IEA), 2001).

The impact of AIDS is felt in all sectors of the society. This study evaluated the impact of the scourge on agricultural households and household food security. AIDS has adverse effects on both small holders and commercial agriculture, including loss of skilled and unskilled labour supply, decline in labour productivity and loss of remittances from income earners. More specifically, these impacts have negative ramifications on food security in the poor households.

Studies undertaken in Kenya suggest that the death of the active productive group aged between 19 and 45 has undermined agriculture and food security in the affected households (MOH/NASCOP, 2001; Forsythe & Rau, 1996). This is because, traditionally, households have tended to rely on this age bracket for two determinants of food security, namely, labour for agricultural production and incomes from employment for purchase of food (IIS, 2003). However, when an active member of the household falls sick due to AIDS, his or her labour productivity declines for both farm and non-farm activities. Children, who hitherto relied on their biological parents' support, have to turn to the extended family, in most cases, the grandparents, for food and other needs. As a result, hunger, malnourishment and diseases become common problems in these grand parent-headed households.

Furthermore, morbidity and mortality in the agricultural households have led to restructuring of the households, decrease in hectareage farmed, loss of income, increase in the dependency ratio, and general increase in food insecurity (MOH/ NACC, 2001). On the other hand, women who contribute to the labour market and also maintain their role as nurturers, often bear the responsibilities of a household head in the absence of their husbands. However, when a wife/mother falls sick or dies of AIDS, family food security is threatened, particularly when families depend primarily on women's labour for food production. The situation is worse for the elderly women who, because of reduced energy, are unable to both contribute to the labour market and produce their own food.

One of the worst consequences of AIDS deaths is an increase in the number of orphans. Many grandparents are left to care for these orphans as third generation caretakers

(Forsythe & Rau, 1996). Concurrently, older Africans must also provide financial, physical and emotional support for grandchildren who already are, or soon will become, orphaned. Older adults also face the additional burden of decreased access to resources, decreased health status, and increase in physiological vulnerability to stress (Ice & Yogo, 2002). Since stress impacts on physical and mental health, older adults are at increased risks of death and disability.

Grandmother-headed households in sub-Saharan Africa have been reported to be particularly unequipped to financially handle the care of orphans. In addition to financial strain, Ice and Yogo (2002) report that rural Ugandan grandparents who care for orphans also suffer from inadequate food resources and diminished livelihood opportunities. In many cases, also, they do not have the physical strength to undertake food production activities (Johnson *et al.*, 1996). These findings have been replicated elsewhere. Nyambedha *et al.* (2001), for example, observed that orphaned children are specifically affected by inadequate food more than children with both parents. For the elderly, these renewed caretaking responsibilities have several implications for food generation. These include reorganizing the household division of labour because of change in household structure and composition, working longer hours on farms for food production and performing a variety of nurturing and subsistence tasks. These pose greater challenges to the already vulnerable elderly caretakers.

## 2.4 THE FAMILY AS A SOCIAL SUPPORT INSTITUTION AMONG THE LUO OF WESTERN KENYA

The Luo people live in extended families in homesteads where up to three generations often cohabit, the elderly couple (grand parents), their sons and their wives and children (grand children). The kinship system is patrilineal, which means that descent is traced through the male line (Seymour-Smith, 1986). The women marry outside their clan (exogamy) and move to the husband's clan (virilocality).

Potash (1986) argues that among the Luo, there is a belief that brothers should help one another. However, she also observes that there are always strong competitive and individualistic tendencies in Luo culture. It is only a wealthy man who, for fear of losing public esteem for neglecting a sibling's needy children, can give support to the orphaned relatives (Potash, 1986). It is therefore important to note that social changes in attitudes and responsibilities are matched and reinforced by changes in the economy, and which are related to the individualistic tendencies brought into being as the effects of urbanization and introduction of the monetary economy take root (Whisson, 1964; Kayongo – Male and Onyango, 1989; Potash, 1986; Kilbride and Kilbride, 1993).

According to Kilbride and Kilbride (1993), the extended family in Africa was widespread and efficient, ensuring that the young and the elderly were adequately cared for. Forsythe and Rau (1996) similarly observe that in most Kenyan communities, the concept of adoption does not exist in the Western sense. Orphans are fostered to prevent the complete dissolution of their father's household - the basic unit of the kinship network system. Among the Luo, each household is invaluable to the clan system and must be preserved.

Although the desire to survive as a family is strong, prevailing economic and social circumstances have led to separation of some orphans. One of the key push factors for this separation is dwindling food resources in the households that are fostering the orphans (Forsythe and Rau, 1996).

A great deal of change has taken place in organization, structure and function of the contemporary family in Kenya (Suda, 1993). Kayongo – Male and Onyango (1984) assert that, traditionally, social security measures consisted of collective solidarity through mutual assistance within the family, clan and tribe. More food was therefore available and those who did not have enough food could obtain the food from relatives through either inter-household exchange where food was exchanged for something else or for free through the practice called *kisuma*. This solidarity was manifest during times of crisis. Everybody contributed to the growing of whatever food they consumed (Whisson, 1964; Kayongo – Male and Onyango, 1984).

Mboya (1965) write that the Luo liked eating in groups of males and females in the home and in the village (*duol* and *siwindhe*, respectively). The homestead, the residence of an elementary family or joint family, is generally called *dala*, (a Bantu word) or *pacho* (Pl. *mier*) a Nilotic word is used, especially by the older men (Evans-Prichard, 1949). In the village all the males, married and unmarried ate together at the *duol* built by the elders. In the *siwindhe*, females also ate together with the elderly grandmothers. At the *duol* and *siwindhe*, therefore, orphans and other children who had no food had something to eat. Polygynous marriage also facilitated this cultural practice as each wife cooked food separately and brought it to the *duol* /*siwindhe* to be eaten. Therefore, if one wife did not

have something to cook, her children could not go hungry because they ate food from the step-mothers' houses.

Traditionally, polygynous marriage was a cultural institution which the man considered as a source of security against being left alone to care for the children of the dead wife. In this arrangement, child rearing proceeded according to the fixed ideas of kinship and gender hierarchy. Polygyny was, therefore, part of a wider kinship ideology of sibling duty, co-wife co-operation and male economic provider capability (Kilbride and Kilbride 1993). Traditionally, these polygynous families were wealthy families, with a large labour force, where more food was available for consumption (Potash, 1986; Kilbride & Kilbride, 1993). In such arrangement, marital cooperation was manifested in family affairs such as division of labour, sharing of income and raising of children. In fact, the institution of polygyny was expected to reinforce the spirit of communal solidarity. This was essential for the controlled exploitation of local resources to improve the welfare of its members, and, in the event of the death of a mother, this institution provided the deceased's children with emotional and psychological comfort (Whisson, 1964; Republic of Kenya, 1994).

Several studies have found that grandparents are less able to provide discipline and adequate socialization or even to address the basic needs of food, clothing, shelter and health care (Manguyu, 1992; Poonawala and Cantor, 1991; Forsythe and Rau, 1996). Moreover, as Poonawala and Cantor (1991) argue, even in cases where such caretakers are living alone to tend their fields, the burden of additional children will force them to stretch the productivity of the holdings, thereby bringing about environmental degradation. Those

currently giving care, both within and outside the extended network, have, therefore, severely limited resources and they are currently overwhelmed by the numbers of children in need. Traditional care structures within the extended family network are already showing signs of being stretched too thin (Forsythe and Rau, 1996).

Although the extended family is shrinking due to the socio-economic changes, it has been argued that this institution will continue to be instrumental in providing the best care to orphans and other children in need compared to institutional care (Preble, 1990; Hunter 1990). Because of this continued role of providing social support, the extended family greatly requires assistance from outside (Forsythe and Rau, 1996). Special attention should be given to households headed by elderly caretakers who, because of their special problems within the changing family life, are severely affected by modernization, socio-economic changes and the HIV/AIDS pandemic. This study gives a description of the situation of the elderly caretakers in the face of these drastic changes and more specifically, increase understanding of how to improve food security, which is a primary challenge in their households.

## **2.5. THEORETICAL FRAMEWORK**

This study has applied Anthony Giddens' structuration theory. According to Giddens (1984), structure refers to rules, values, customs and resources available in a society that determine human behaviour enabling them to operate in certain ways. Within the structure are agents/actors who are human beings with the ability to act. These agents/actors perform actions both intended and unintended. Giddens' theory examines how the

structure and agency maintain each other because, according to him, the structure and the agent are not independent of each other. However, the two are involved in a dialectical relationship in which the structure, through its rules, values, customs and resources produces the individual and the individual reproduces the structure through his/her actions. Hence there is no philosophical dualism (opposition) between the structure and the agent but there is what Giddens refers to as the duality of structure or structuration.

The individual actions go across space and time. Social structures are constituted by human agents and at the same time reproduced by the human agents. The individuals are knowledgeable agents, skillful actors, capable of accounting for their actions and know a great deal about the world in which they act.

According to Giddens, the duality of structure helps us to understand social production and reproduction. Social production is the way social life is produced or created by people as they engage in social practice in daily experience.

### **2.5.1. RELEVANCE OF THE THEORY TO THE STUDY**

Giddens's work is relevant in understanding care giving and food security in the households headed by elderly caretakers in three ways. Primarily, Giddens's work provides the framework in which to explain the current involvement of grandparents in the care of the grandchildren by highlighting how the social structure is reproduced by the care giving role of the elderly. Over the last one decade, socio-economic changes, namely, the cash economy, dwindling financial resources, reducing extended family support and the



HIV/AIDS pandemic have left the elderly to care for children affected by these changes. The elderly have become caretakers with the additional responsibilities such as education, health and food provision. The care giving practices of the elderly are produced and regulated by kinship rules, values, customs and obligations of relatedness and affection all of which form the gist of Giddens work. These ensure that those in need of care and protection are not neglected. The elderly, on the other hand, are actors and agents with the knowledge, skills and obligations to engage in the social practice of care giving, thereby reproducing the kinship system as the social structure with mechanisms of supporting the dependant children.

In addition, as agents, the elderly's involvement in the parenting and caretaking role has altered the social relationships within the family thereby creating a new social order. This is because the socio-economic changes and the elderly's unprecedented direct involvement in the parenting and care taking responsibilities have changed the household structure, composition and dynamics. The elderly households have now become social fields of intergenerational interactions between the grandparents and grandchildren where norms and rules are renegotiated and even reversed. For example, parental responsibilities like washing, nursing and feeding the children have become the primary concern of the elderly contrary to the past practice and Caldwell's notion of wealth flow when the elderly were the ones to be cared for. These changes constitute a new social order created by the elderly through their ability to indulge in caretaking responsibilities against the regulatory norms, obligations and rules which had traditionally differentiated individuals' roles on the basis of gender and age. Drawing from Giddens's notion of agency which is the ability to act against all odds, it is therefore, apparent that the elderly hereby qualify as agents.

They, depending on different situations, break out of the prescriptions of traditional kinship rules and obligations to indulge in responsibilities that were hitherto a preserve of the younger members of society.

Lastly, the elderly caretakers are actors (agents) who devise different mechanisms of coping with food insecurity in their households. They marshal their knowledge, skills, technology, creativity and maneuver to give nutritional care to the children against a backdrop of their reduced physical strength, inadequate financial resources, cash economy and reduced extended family support.

In conclusion, against this background, therefore, by indulging in care giving mainly, food provision for the children, the elderly nourish, nurture and keep the society alive far beyond the call of duty and traditional care obligations. They reinvent themselves by invoking their human agency to change situations that are before them for the good of the society.

## 2.5.2 ASSUMPTIONS

Drawing from the theoretical framework, this study made the following assumptions:

1. Household composition influences the division of labour for subsistence activities
2. Food security in the households of elderly caretakers is influenced by socio-economic and cultural factors.
3. The elderly caretakers develop coping mechanisms to mitigate the problems of food security in their households.

### 2.5.3. DEFINITION OF KEY TERMS AND CONCEPTS

- Food security - Is the ability of the elderly household heads and their dependant children, to at all times, have physical and economic access to sufficient, safe and nutritious food to meet both their own dietary needs and cultural preferences for an active and healthy life.
- Socio-cultural factors– Refer to factors in the elderly households such as occupation, education, social networks and food mobilization. Others include polygyny, co-wives cooperation, food production technology and food preservation and storage methods.
- Economic factors- Refers to income levels, livelihood opportunities, unemployment and household expenditure patterns.
- Elderly caretakers – People aged 55 years and above, who primarily take care of themselves and other dependants in their households.
- Dependants – Children taken care of in the households headed by the elderly caretakers.
- Social structure- Refers to rules, norms, values, customs and resources available in society that determine care giving practices of the elderly.
- Agents- The capacity to act by giving care to dependant household members.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.1 INTRODUCTION**

This chapter provides a description of the location, physical, demographic and economic characteristics of the study site. This is then followed by an outline of the study design, study population and unit of analysis, sampling strategy and sample size. Finally, the chapter documents the methods used in data collection, how data was analyzed, challenges encountered in the field and how they were resolved. Ethical considerations that were employed during the study are also highlighted.

#### **3.2. RESEARCH SITE**

This study was conducted in Nyang'oma sub-location situated in Bondo District which was split from Siaya District, Western Kenya (See Figure 3.1). The District lies along the shores of L. Victoria and covers a total area of 1, 069 km<sup>2</sup> (GOK, 1994).

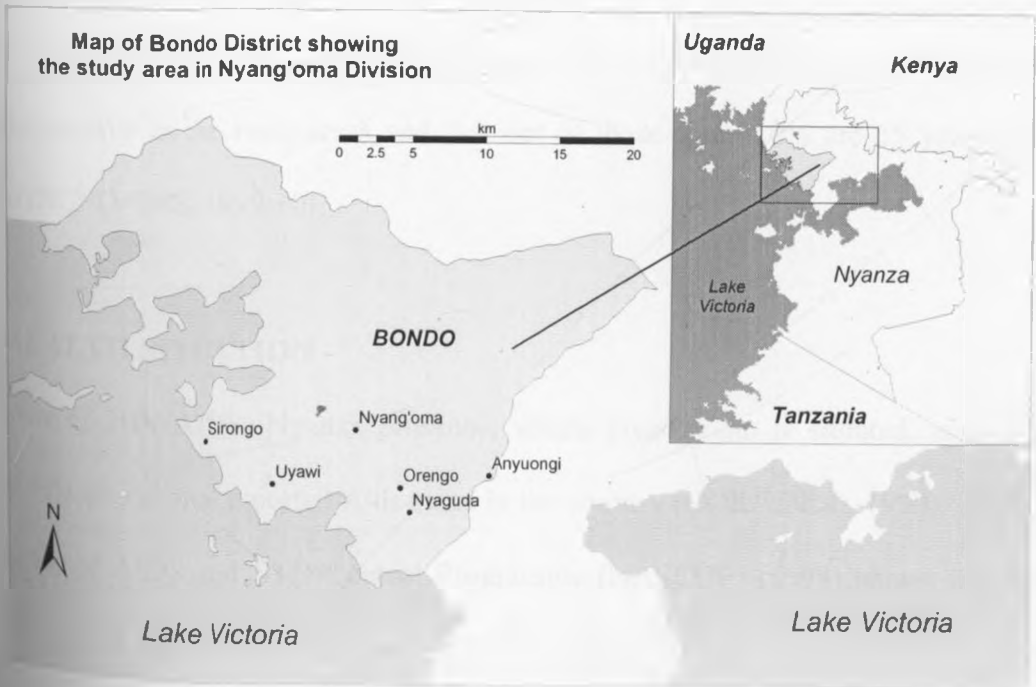
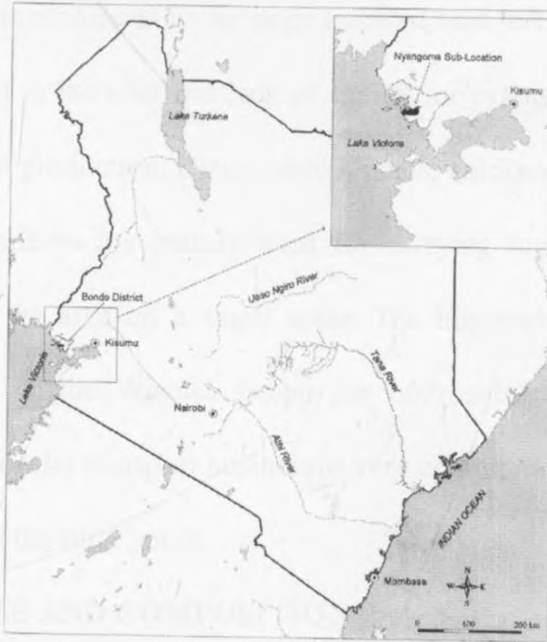
#### **3.3. TOPOGRAPHY, SOILS AND CLIMATE**

Nyang'oma sub-location lies within the Lake Victoria basin. The soil type is black cotton soil. Although the area lies in an equatorial climatic region, it experiences a strong influence from local relief, low altitude and the nearby L. Victoria. Therefore, it is mostly dry without rain in the year. Rainfall averages between 996 and 1106 mm per year.

#### **3.4. ECONOMIC ACTIVITIES**

An observation of the daily life of the people of Nyang'oma reveals that the people engage in diverse livelihood activities. The main livelihood activity is farming and crops such as maize, beans, cassava and sorghum are grown. Cowpeas, greengrams and other types of vegetables are also grown in the kitchen gardens.

Figure 3.1: Map of the study area



These have the advantage of giving cash from sales and free source of household food. However, it was further observed during field work that most households do not cultivate their entire land parcels as evidenced in the large tracts of land left fallow in the area. This was attributed to drought in the area and lack of capital for extensive farming. Livestock rearing supplements crop production. Cattle, sheep, goats, chickens and donkeys are kept in most households. Donkeys are mainly used for carrying luggage and water. Gold mining is also done in the area on a small scale. The important economic activity is fishing, which is done at the Wagusu beach for both subsistence and commercial purposes. *Boda Boda* (bicycle) transport business is very common in the area and provides income to the majority of the rural youth.

### **3.5. POPULATION SIZE AND COMPOSITION**

The area is inhabited by the Luo. According to the Kenya Government (2001) population census, Bondo district in which Nyang'oma falls, had a total population of 79, 833. Nyang'oma sub-location which was the study area registered a population of about 7,000 (GoK, 2001). The NCPD /CBS survey from 1998 indicated that just over 80% of the population live in the rural areas and that out of these some 10% are 55 years old and above (NCPD/CBS, 1999:10).

### **3.6. HEALTH SITUATION**

In terms of HIV/AIDS, Nyanza province, where Nyang'oma is situated, accounts for about 30% of the total reported Aids cases in the country (GOK/UNDP, 1999). Data from the National AIDS and STD Control Programme (NAS COP) (1998) shows that Bondo district lies in a region categorized as a very high HIV prevalence zone, with sero-prevalence rates of people between 15 and 19 years of age estimated to be between 30 and

39%. The Government of Kenya projected that the number of young adults dying annually will reach 300,000 by the year 2005 if the trend continued unabated (NASCO, 1998). Consequently, this may lead to increased number of orphaned children in need of urgent care and protection. The extended family, particularly grandparents, would then be under pressure to cater for the needs of these orphans.

Health facilities in the area include a Catholic mission clinic, government clinic in Nango and the Bondo district hospital. Local community health workers (CHWs) and traditional birth attendants (TBAs) are found in the area and they are preferred because of their cost effectiveness and accessibility. Ponds and the nearby Lake Victoria are the main water sources although the quality of water is poor.

### 3.7. ETHNOGRAPHIC DESCRIPTION OF STUDY POPULATION

The people living in Bondo district are mainly the Luo ethnic group of the Nilotic descent. Settlement in the present day western Kenya began about 500 years ago when migrant groups crossed from Uganda settling along the shores of L. Victoria. The language of the Luo is *Dholuo* (literally meaning the mouth of the Luo). The homestead, the residence of an elementary family or joint family, is generally called *dala*. A typical *dala* is surrounded by euphorbia bush fence with one main entrance (Evans-Prichard, 1949). According to Cohen and Atieno-Odhiambo (1989), to speak of *dala* (homestead) is to evoke people's experience of their landscape from which they draw their material life, values and social practices and hence create a meaningful interaction across space. On the other hand, Onyango-Ouma (2000) writes that the life world in Luo-land is almost homogenous across villages. Many people live in ordinary grass thatched house which point to the low levels of income. However, a few live in corrugated iron sheet houses. The elderly among the

Luo are highly respected since they continue to exercise their capacity of giving advice especially about farming, lineage inheritance, customs and kinship. For example, during funeral rites, the elderly are consulted to give advice on how funeral rituals are to be conducted and the customary practices that need to be followed. This status of the elderly has remained high as developing societies became incorporated into the modern industrialized world.

### **3.2.0. STUDY DESIGN**

The study design was cross-sectional, combining both quantitative and qualitative methods of data collection. Field work was conducted for 3 months in 2 phases. The first phase involved survey research for quantitative data and was aimed at obtaining baseline information on the elderly caretakers and the food security situation in their households. The second phase involved collection of qualitative data using the ethnographic methods to gather in-depth information on the subject matter of the study. All the study instruments were piloted and pretested outside the study area before embarking on actual data collection.

### **3.2.1 STUDY POPULATION AND UNIT OF ANALYSIS**

The study population included various categories of people in Nyang'oma sub-location. These were the elderly caretakers, religious leaders, social development officers, district agricultural officers, local administrators and representatives of local organizations and women groups. The unit of analysis was the elderly household heads. The elderly household heads, and, where applicable, their spouses were interviewed.



### 3.3.0 METHODS OF DATA COLLECTION

#### 3.3.1 NARRATIVE METHOD

This method collects stories which are told by people on their life experiences. It allowed the elderly household heads who were purposively sampled to bring out their life experiences with food security issues in their households. The narratives were given in *Dholuo* which is also the language of the researcher. Thus there was no need for interpretation during the entire research process. Each narrative session lasted about one hour and the sessions were held at the home of the research subjects. Through story telling, the respondents revealed the practices that they employed to secure adequate food for household members and how they had mitigated situations of food scarcity throughout their lifetime. A total of 10 narratives were collected from the elderly caretakers.

#### 3.3.2. FOCUS GROUP DISCUSSIONS

This method was used to provide qualitative data on major themes, which helped contextualize food security situation in the households headed by the elderly caretakers. Such themes included division of labour for food production, socio-economic and cultural factors influencing food security as well as the coping mechanisms adopted by the elderly caretakers. A total of 4 FGDs were conducted with the elderly caretakers selected purposively on the basis of their experience with caretaking roles and their knowledge of changes that had taken place in relation to food security in their households. Out of the 4 FGDs, two were conducted with women and the other two with male elderly caretakers. This was done purposely to ensure homogeneity of group members. Each group had 8-11 members. Data from FGDs were useful for comparison with those obtained from the other methods.

### 3.3.3. SURVEY TECHNIQUE

Survey technique was instrumental in yielding quantitative data. A standard questionnaire was administered by the researcher to a hundred (100) elderly caretakers selected through snowball sampling. This sampling strategy was preferred because it was not easy to randomly identify the elderly who were taking care of themselves and other dependants in their households. Through this strategy, one elderly care taker was identified after which, she/he in turn introduced other relevant informants to the study. The questionnaires were written in English but translated into *Dholuo*. For purposes of clarity and valid responses, it was necessary to administer the instrument in *Dholuo* language. Through the questionnaire, data on the variables that lend themselves to quantitative methods of data analysis was collected. These were mainly demographic characteristics of the elderly, their occupation and other sources of livelihoods, education and income levels and budgetary allocation to food. Each questionnaire took about 40 minutes to complete and comprised both open and closed ended questions to allow for probing, precision and efficiency during coding (Bernard, 1985; Prewitt, 1974). This method was convenient and flexible compared to the other methods used in the study since it could be administered from any place and at anytime. It was also effective in eliciting information about peoples' perceptions, beliefs and attitudes as well as private information which would have been otherwise impossible to observe, for instance, household budgets and income.

### 3.3.4 DIRECT OBSERVATION

Direct observation was useful in getting information on food and nutritional practices that better lend themselves to observation and not verbal communication by the informants. It complimented structured and unstructured interview methods. The researcher observed

daily life activities both in the households and in the open fields of interaction. The information captured included organization of household labour for food production, methods of soil fertility management, food preservation and storage methods as well as the coping mechanisms used to counter food problems in the households. According to Moser (1969), instead of asking people what they did, one can observe what they do and avoid cases of exaggeration, prestige effects and memory errors.

### 3.3.5 KEY INFORMANT INTERVIEWS

People who are knowledgeable on the situation of elderly household heads were the target of this method. These people were purposively sampled and comprised church leaders, local leaders, social development officers, agricultural officers, staff of local development agencies and leaders of community based organizations. A total of 15 key informants were selected for interviews outside the study sample to give valuable information on the changes in traditional care and food practices as well as how to assist the elderly household heads to have stable access to food.

## 3.4. DATA ANALYSIS

Qualitative data were analyzed using qualitative techniques mainly content analysis, direct quotes and selected comments from key informants. Content analysis was done to identify emerging themes in the data, which were then related to the study objectives to find out how they contributed to answering the research questions. Direct quotes and selected comments from key informants in the field also helped in understanding the worldview of the people thereby bringing out their real experiences and emic perspectives in as far as food security issues are concerned. Statistical package for social sciences (SPSS) version

11 was used to analyze quantitative data. Descriptive statistics mainly percentages and frequencies of the measured variables were produced.

### 3.5. PROBLEMS ENCOUNTERED IN THE FIELD AND THEIR SOLUTIONS

The demand for financial favours by the research subjects as a condition to participate in the study was a critical problem. This was more so because most of the elderly caretakers were poor and living under very pathetic conditions. When they were informed that the study focussed on food security, one of their serious challenges, they expected handouts in return for the interviews. This problem was resolved by adequately explaining to them the purpose of my research, which was to gather information that would eventually benefit the community by providing a basis to be used by the Government and development organizations for interventions. This helped to motivate them to cooperate during the research process. In the first phase of data collection, which was survey research, one questionnaire took almost one hour to administer and this caused complaints from the respondents who felt this was taking a lot of their time. However, as the research progressed, it was realized that the interview process went faster as a result of experience on the part of the interviewer. On average one questionnaire took 40 minutes and it became very convenient for the rest of the respondents.

### 3.6. ETHICAL CONSIDERATIONS

As a standard research practice, study data was handled with a lot of confidentiality. This was mainly because some of the elderly had lost their older children to AIDS and the dependants under their care were also either infected or affected by the disease. With full consent of the research subjects, pseudo-nyms were therefore used during recording, analysis and presentation of the study findings. As a standard research practice, informed consent of the respondents was also sought before the commencement of the interview.

Finally, for ethical purposes, the research findings were widely disseminated to share on and increase the knowledge gained from the subject matter of study. This was achieved through a feedback meeting with the local community. The community's awareness on the situation of the elderly caretakers was increased and the need to organize themselves for action planning to resolve food insecurity was identified for further discussions with the local leaders and development organizations.

In conclusion, the use of a combination of different methods of data collection in this chapter enabled the generation of data that were amenable to comparison. During field work, it became apparent that one method of data collection was not superior but only helped to compliment the other methods for validity to be realized. Overall, the research subjects were cooperative and field work was completed on schedule within three months. This was because the major problem that had the potential of compromising study data (demands for financial favours by the respondents before participating in the study) was amicably resolved by the researcher.

## CHAPTER FOUR

### HOUSEHOLD COMPOSITION AND DIVISION OF LABOUR FOR SUBSISTENCE ACTIVITIES

#### 4.1 INTRODUCTION

This chapter presents findings of the study on the composition of the households headed by the elderly caretakers as revealed by the quantitative and qualitative data. It also presents findings on how subsistence tasks are distributed among household members. The findings are then discussed and related to other studies that have been conducted on the area of food security and elderly caretakers.

#### 4.2 HOUSEHOLD COMPOSITION

The study revealed that 56% of the elderly caretakers had 4-10 dependants in their households (Table 4.1). The dependency level in the households was therefore quite high and the caretakers, majority of who were women, were highly overburdened.

**Table 4.1: Number of dependants taken care of by the elderly**

No. of dependants	Frequency	Percent (%)
1	15	15.0
2	15	15.0
3	14	14.0
4	16	16.0
5	19	19.0
6	7	7.0
7	4 <sup>p</sup>	4.0
8	4	4.0
9	3	3.0
10	3	3.0
<b>Total</b>	<b>100</b>	<b>100.0</b>

Source: Survey 2004

There were seven different categories of dependant children in the households of the

elderly caretakers. These were orphans (37%), children whose parents were too poor to take care of them (34%), children who stayed with the elderly to give them companionship (10%) and children who were neglected and abused by their parents (7%). Other categories included children from broken marriages (5%), children born out-of-wedlock (4%) and children whose parents were away in urban centres where, because of high cost of living, they could not cater for the children (3%).

The conditions which led to the increase in the number of dependant and vulnerable children must be looked at in the wider context of HIV/AIDS which left behind many orphans and the harsh economic conditions which destabilized and separated family members and marriages, among others. Most of the children therefore found themselves in the hands of the grandparents as the only relatives available to provide them with food. These factors were also observed by Ice and Yogo (2002) and Johnson *et al.* (1996) who added that older Africans gave care to children who were infected and affected by HIV/AIDS under conditions of inadequate food resources and diminished livelihood opportunities. The composition, structure and intergenerational relationships within the households of the elderly therefore changed as a result of the inclusion of these categories of children. The children had to be socialized, educated and, more importantly, provided with food, responsibilities which the elderly assumed. However, as Forsythe and Rau (1996) noted, the socialization and other basic needs that the children required at this critical period in their lives were beyond the ability of the grandparents.

The decisions by the elderly to take up the dependants for care were reinforced by the rules of kinship and affection where relatedness and emotionally driven decisions overshadowed the economic ability of the elderly to implement their decisions. Without the means but with the desire and capacity to act by taking care of the children, the elderly caretakers can be referred to as agents (see Giddens' theory on page 19). Their decision to take up the children meant that they were knowledgeable about their conditions but were prepared to tackle the challenges of caretaking responsibilities to change the adverse circumstances in which the children found themselves. The kinship rules are, in this case, the social structure which according to Giddens theory continues to produce the care

giving role of the elderly.

50% of the elderly caretakers interviewed were aged between 65 and 87 years old. The oldest caretaker was aged 87 years old (Table 4.2) which demonstrated how the elderly continued the parental role of food provision at an age when they were weak, impoverished and vulnerable to stress. These conditions undermined their ability to guarantee food security for the dependants.

**Table 4.2: Demographic Characteristics of the Elderly Caretakers**

<b>Age Range</b>	<b>Percentage (%)</b>
(55-59)	31
(60-64)	19
(65-69)	22
(70-74)	12
(75-79)	9
(80-84)	5
(85-89)	2
<b>Total</b>	<b>100</b>

<b>Gender</b>	
Male	14
Female	86
<b>Total</b>	<b>100</b>

<b>Marital Status</b>	
Married	35
Widowed	65
<b>Total</b>	<b>100</b>

<b>Type of Family</b>	
Polygynous	50
Monogamous	50
<b>Total</b>	<b>100</b>

**Source: Survey 2004**

The elderly households therefore, became social fields of cross- structural and



intergenerational interactions between the elderly and the children where values and norms regarding socialization and food provision shifted from the younger parents (some of whom had passed away) to the elderly grandparents.

Women were the majority caretakers, constituting 86% of the elderly in the survey (Table 4.2). Out of these, 65% were widowed in female-headed households (Table 4.2). The widows comprised a large proportion of de-jure female household heads primarily because women generally outlived men and partly due to the fact that some men tended to marry women who were several years younger than themselves (Clark, 1984). A majority of the widows had no stable sources of income. This finding support a study by Omiti and Obunde (2002) which found out that twice as many female-headed households (44%) as male-headed households (21%) formed the category of the very poor in Kenya. Widows assumed the responsibilities of supporting themselves and their dependant children under very limited resource conditions. According to Suda (1991), female- headed households experienced social and economic marginality in terms of their limited access to productive resources and economic opportunities. This marginalization was attributed to gender and patriarchal factors. Further, because women were the majority caretakers, they experienced a greater burden of caretaking responsibilities which included longer working hours, malnutrition, stress and ill health. Their households were therefore more vulnerable to problems of food insecurity.

#### **4.3 DIVISION OF LABOUR FOR SUBSISTENCE ACTIVITIES**

Field observation showed that the division of labour for food production was based on age and sex. Men did the clearing of land and burning of the bushes in preparation for cultivation. They also ploughed using oxen-drawn ploughs contrary to women who mainly

used the more laborious hoes. Women did the weeding, harvesting, preservation and storage of food. Children helped with light farming duties especially during non-schooling days. These included chasing away pests from the farms, looking after small animals and looking after their younger siblings when their caretakers were out in the fields. With the introduction of free primary education in the year 2002, the contribution of children in these areas reduced substantially. A majority of the children who hitherto dropped out of school for inability to pay school levies have since resumed their education. This state of affairs confirms Nasimiyu's assertion that this withdrawal of child labour from the household has created a major shortage since as women filled up the vacuum, their work load significantly increased (Nasimiyu, 1985).

Since a majority of the caretakers were women (86%), the triple roles that they assumed (productive, reproductive and community tasks) were by and large burdensome. Widows, who formed 65% of the total number of women caretakers, also combined their traditional roles of child-rearing, home maintenance and food production with those responsibilities which were traditionally reserved for men. These included among others, livestock production and the initial preparation of land before cultivation (Suda, 1991). The implication of this situation was also noted by Nasimiyu (1985) who argued that in the absence of able-bodied men and grown-up children to help with farm labour, the women's work load increased. On the other hand, Henn (1984) pointed out that some women farmers may also want to specialize or diversify their activities, but there were major constraints: the unavailability of non-family labour to help in the food farm. Combined with the additional burdens of morbidity, disability and stress that characterize old age, female elderly caretakers were left on their own with very little time and energy to engage

actively in food production.

Apart from subsistence farming, the elderly caretakers were also involved in other small off-farm activities, such as trade, for income generation purposes. This was one of the economic strategies adopted by the caretakers to diversify their sources of income. Most trading activities were undertaken after regular agricultural work in the morning and also during periods of drought when there was no farm work. The activities were seen as complementary to farm labour and were by and large sedentary for the caretakers lacked the energy required to engage in mobile off-farm businesses. These activities were therefore locally based, mostly within the homestead and neighbourhoods, used locally available raw materials, simple technology and were also less specialized. They included making mats, baskets and ropes and selling firewood, milk and fruits. They were unstable, temporary and seasonal depending on both the health status of the elderly and availability of local raw materials. Therefore, participation in these activities did not necessarily preclude involvement in agriculture. For example, sale of cattle milk and fruits were undertaken only during those periods when the cows were lactating and when the trees bore fruits.

The way in which labour was allocated between agricultural and non-farm enterprises largely depended on the seasonal demands and the level of agricultural productivity at the time. During peak periods, for example, female labour was entirely devoted to agricultural production. But during slack periods, they engaged in off-farm activities. In other cases, the energy and health condition of the elderly dictated whether to do one of the activities or both. This was because illnesses, which characterized old age, always interrupted the

daily chores and activities of the elderly.

The energy and the health condition of the elderly and the magnitude of the physical exertion involved in a particular work also determined division of labour for off-farm activities. Most often, the elderly drew on the labour of their dependant household members. However, this was also irregular as most of the dependants were going to school and only helped during weekends and school holidays. The dependant children, for example, went out looking for papyrus (*togo*) and sisal from the lake and forests for making mats and ropes, respectively. Once the children brought the raw materials to the homestead, the elderly (who in most cases could only work from a sitting posture due to old age) did the processing of the materials after which the children again helped in the transportation of finished products to the market.

In this kind of labour division where there is sole reliance on household labour mainly the weak labour force of the elderly and the irregular labour of school-going children, inefficiency, unreliability and wastefulness become the defining characteristics of production. These together combine to reduce incomes accruing from the off-farm activities. Realization of substantial returns that can adequately boost food security in the households is usually difficult. Therefore, the vicious cycle of poverty and hunger keep on engulfing the caretakers' households.

#### **4.4 ORGANIZATION OF PRODUCTION**

##### **4.4.1. EXTERNAL LABOUR MOBILIZATION**

The study indicated that slightly over one-half (58%) of the interviewees relied on their own labour for most subsistence activities. Almost all, (98%) did not realize yields that

could take them through two harvesting seasons. The elderly caretakers advanced several reasons for this short fall in food production.

Socio-cultural changes that came with modernity led to the weakening of co-wives-cooperation and collapse of the small exchange working parties (*saga*). These parties were traditionally underpinned by the cultural ideologies of mutual support and functioned to guarantee extra farm labour. However, the present households do not have a sufficient labour pool that can be readily called upon to assist and boost production. As also confirmed by Suda (1991):

The heavy burden of work load has been aggravated by the diminishing role of traditional family or kinship based social support network which provided for reciprocal exchange of labour between households to offset labour shortages. Getting a relative's child to serve as unpaid labour is becoming a thing of the past. The extended family system and its attendant obligation has been weakened by the influence of western values which have prompted a redefinition of inter and intra-household social relationships which were previously taken for granted by friends and kin (pp 7-8).

The dwindling financial income and the caretaking responsibilities that the elderly assumed hardly left anything that could be used to pay for the extra labour whether in kind or cash. As a result, these households relied largely on their own labour pool which was scarce and weak.

The elderly also mentioned lack of cash as a reason behind the difficulty in mobilizing external labour. This explanation can be rationalized within the context of monetarization of the economy in general and the commodification of labour in particular, as a result of the pervading cash economy. This makes it apparent that acquisition of extra labour can only be made through cash payment. And although in her work Suda (1991), continued to

emphasize that there were a few cases where unpaid domestic labour was associated with differential socio-economic status, where the bulk of labour was drawn from neighbours, friends and relatives who were paid in kind, the situation was different in the elderly households. Most elderly caretakers were unable to hire additional labour that was critical for generation of sufficient household food. They found themselves in the other divide of socio-economic status without the means to mobilize extra labour. In fact, most of the caretakers were the ones who were mobilized to provide service labour for either cash or payment in kind which they then used to support their dependants. For their own farm work, therefore, the elderly mainly relied on their own household labour although with occasional use of *pur wabar*<sup>1</sup> and sale of farm proceeds for cash to pay additional farm labour.

#### 4.4.2 DOMESTIC AND SUBSISTENCE WORK PATTERNS

The study found that the elderly caretakers had very little time for farming. This was because the demands of caretaking responsibilities were overwhelming. A new day dawned with a host of routine duties that never ended until the caretakers went to bed. As

Priscilla, a female caretaker aged 68 narrated:

*I usually wake up at six o'clock to go and fetch water from Nyang'oma catholic water kiosk. It is very far but I must walk the distance because the young grand daughter of eight years must take breakfast before going to school. When I get back home, I find when she has woken up. As I prepare the breakfast, I also wash her after which I search for her uniforms and books from where she abandoned them the previous day. Once these are done, she takes the breakfast and leaves for school. By the time I finish all these to go to the garden, it is already 8 o'clock and the sun is up ready to start heating. So I set off to go just to make sure I do not miss. At 11 o'clock, I rush back home to look for firewood and water for lunch.*

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<sup>1</sup> *Pur wabar* is a farming system whereby a person who lacks the energy or farm equipment but has a large area of land arranges with someone with the oxen- plough to come and plough the land after which they divide the land between themselves for crop production.

*When there is a school parents' meeting or chief's baraza, I have to finish preparing lunch by 2 o'clock so that I do not go to the meeting late. Sometimes when there is a funeral in the village, I do not go to the garden at all. It is bad to go to the garden when someone is dead in the village. Like in the past three weeks, this small village of ours buried 4 people. I have not done any good work on my garden. (Source: Interview, a female caretaker aged 68).*

Routine duties for the elderly women were by and large tedious, time consuming and labour intensive. The situation was further dampened by the tools used in production most of which were simple, heavy and less efficient. This reflects a different situation in which female elderly caretakers find themselves in today. The renewed caretaking role has added pressure to the already heavy work load that they have as women. They, as Priscilla underscores, go to the farms when they are already tired from the morning routines of caretaking and because labour is manual and very simple tools are used; productivity is dismally low. Their farm time is even reduced further by the need to go back home early to attend to other chores and responsibilities of reproduction, production and community in nature.

Similar trends have been pointed in the past. Henn (1984) for example, deduced that women's specific problems of low productivity in food farming, lack of cash to invest in modern inputs, and lack of time and money to provide adequate nutrition for their children were also related to long-standing traditions. These traditions operated at the household and village level where patriarchy remained prominent. Furthermore, a woman's attempts to increase her earning capacity by engaging in independent economic activities were severely limited by lack of time (traditional subsistence and domestic obligations take up eight hours a day) and by customary prohibitions against a woman's right to own or

control economic resources (Henn 1984).

Subsistence work patterns were also influenced by deaths occurring in the community as revealed by Priscilla's narrative (P 42). It was considered a taboo to go on with farm work when there was a funeral in the community. This was because the community believed that they could be haunted by the dead for lack of respect if daily community activities were to continue as usual before burying the body. There was therefore a lot of time lost by community members starting from the time one was pronounced dead until burial. For the elderly caretakers, the high incidents of death interfered with their already tight and demanding work pattern. These combined with their little energy to reduce production time and exacerbate food insecurity in the households.



## CHAPTER FIVE

### FACTORS INFLUENCING FOOD SECURITY IN THE HOUSEHOLDS HEADED BY ELDERLY CARETAKERS

#### 5.1 INTRODUCTION

This chapter presents the findings of the study on socio-cultural and economic factors influencing food security in the households headed by the elderly caretakers as revealed by both quantitative and qualitative data. The findings are then discussed in relation to other studies that have been done elsewhere and which have some relationship with the current study.

#### 5.2. SOCIO-CULTURAL AND ECONOMIC FACTORS INFLUENCING FOOD SECURITY

##### 5.2.1. SOCIO-CULTURAL FACTORS

In terms of education, the study found out that only 3% of the elderly caretakers reached upper primary level of education (5-8) and above. Over a half (57%) attended lower primary level of education although a majority did not actually complete the four years of lower primary education. Those who were illiterate accounted for the remaining 40% (Table 5.1).

**Table 5.1: Level of education completed by the elderly caretakers**

Level of education	Frequency	Percent (%)
None	40	40.0
Lower Primary	57	57.0
Upper Primary	2	2.0
Secondary	1	1.0
<b>Total</b>	<b>100</b>	<b>100.0</b>

Source: Survey 2004

The low level of education among the elderly caretakers, most of whom were women, partly explained the high level of poverty in their households. As explained by Suda (1991), this situation was inherited from the colonial past which institutionalized a bias in the provision of educational and employment opportunities for Africans particularly women. Women came out of the colonial system relatively deprived and vulnerable because they were less educated than men, had fewer economic and social options and earned less for their labour. Apart from the colonial system, patriarchy and gender inequalities which defined the choices of Africans in the traditional past also accounted for the women's inferior position in relation to men. Therefore, the vicious level of poverty observed in the elderly households was a reflection of both the prevailing cultural values in the traditional past and the then colonial system since this was also the period when the elderly in this study were educated. Without the necessary technical knowledge and cognitive skills, the majority of these elderly had restricted livelihood opportunities and income. The current poverty in their households is therefore understandable from the context of their background since, without education, there could not be incomes and consequently savings and investment for old age. A majority of the elderly therefore, experienced a lot of challenges in accessing food for their dependants. The prevailing conditions in their households, therefore, put them in the category of the most vulnerable in society: poor, in ill health and suffering from nutritional deficiency and stress.

One half of the elderly caretakers in the survey were in polygynous marriages (Table 4.2). This was attributed to the traditional family life in the pre-independence period. During this time, the cultural institution of polygyny was strong and functional in ensuring co-wives' cooperation and sufficient labour pool, all of which were very instrumental in

guaranteeing food security in the home. But owing to the present economic conditions, the tenets of polygyny have weakened and there is little mutual assistance that the elderly receive from their co-wives. For example, only 3% of the elderly women in polygynous marriages said that they often received food from their co-wives, while the majority (97%) reported that they did not often receive food from their co-wives. As Jennipher, a female caretaker aged 60 with a co-wife posed:

*Which co-wife can help you these days? Can she agree that she has something to give out? If she is also taking care of her grandchildren, she is as aged as myself and our husband also passed away several years ago, where can she get what to give out?.* (Source: Interview, a female caretaker aged 60).

Therefore, in the face of the current prevailing cash economy, individualism has heightened even within polygynous marriages and mutual assistance that could have enabled food sharing and exchange for the benefit of members in the homestead has diminished.

In terms of occupation, farming was the main source of livelihood for the elderly. This was supplemented by other livelihood activities like alluvial mining/*aduga*, business and fishing (Table 5.2).

**Table 5.2: Sources of livelihood for the elderly caretakers**

<b>Source</b>	<b>Frequency</b>	<b>Percent (%)</b>
Subsistence farming only	47	47.0
Subsistence farming and petty business	41	41.0
Subsistence farming, petty business and alluvial mining	6	6.0
Subsistence farming and fishing	5	5.0
Petty business only	1	1.0
<b>Total</b>	<b>100</b>	<b>100.0</b>

Petty businesses included burning charcoal, selling milk and making mats and ropes.

These were by and large temporary activities that were dependent upon factors such as seasonality and health conditions of the elderly. A bigger proportion of the elderly (89%) complained of several health hazards, risks and illnesses that they bore in old age and which increased when they performed heavy duties particularly farming. The most common illnesses identified included poor eyesight, body pains, tiredness and fatigue, dizziness, backache and joints pains. Female elders additionally suffered from reproductive health-related ailments as a result of exposure to complications and operations during their reproductive periods. Pain in the womb as a result of caesarean operations, anaemia and breast pains were mentioned as the main ailments. Moreover, the high cost of food in the area, particularly during periods of drought, and poor balanced diet compounded the health conditions of the elderly. Added to the fact that food cultivation season also came during lean times when almost all stocks from previous harvest had been exhausted, the elderly energy for farm labour productivity was drastically reduced. In his study, Shipton (1990) similarly asserted that malnutrition, illnesses, poor harvest, poverty and aggravated malnutrition could be a very vicious cycle. Low food production resulting from the illnesses and lack of energy among the elderly, however, could be resolved if access to farm capital with which to hire labour was made available.

Income from the micro-seasonal activities undertaken by the elderly was desperately low and temporary, and did not substantially address the food requirements in the households. In addition as observed by Henn (1984), the total workload for the elderly caretakers, particularly women, added up quickly when it included three occupations: farming, petty retail trade and wage labour. This workload drastically reduced productivity by limiting

the time for engagement in farming and business.

Whereas social changes have led to collapse of some indigenous social systems that hitherto provided support to relatives, certain socio-cultural systems and practices have not been rendered irrelevant altogether but still persist, though on a small scale. For example, Gilbert, an elderly informant aged 76 had this to say regarding indigenous social support system:

*I cannot do any work since I cannot walk. But I cannot sleep hungry. It is difficult to go without food at all. A sister or a brother can have mercy to give even a 2 kg tin of maize for ugali. She or he will notice your situation and you just get a surprise of gorogoro (A 2 kg tin of grain) coming. But this is only possible with your closest relative with whom you share a grandparent. (Source: Interview, a male key informant aged 76).*

Gilbert's statement underscores the value of kinship network among the local people.

When faced with food shortages, kin-based networks were invoked to externally mobilize food from relatives. The relatives could either get into a mutual agreement for the food or material good to be returned or exchanged with something else. In some cases however, the material good /food was given out without any demand on the part of the recipient party to reciprocate. Although this only happened among very close relatives and friends as Gilbert emphasized, it played a very central role in reinforcing social ties and enabling those in need to acquire food.

Study findings indicated that in the past, social solidarity, communal production and sharing of resources characterized Luo lifestyle. Odiemo, a male caretaker aged 78 revealed this in his narrative:

*Long time ago all people in the homestead ate together. The males ate in the Duol built by the elder. Females ate with their mothers. All wives to the male elderly in the home cooked their food separately and brought it to the Duol where the male ate. Any food that remained was kept to await any visitor or hungry person. Ugali was eaten with sour milk the following morning. The food regime was wide, as the ecology was rich with diverse flora and fauna. The soils were very fertile. The population was small and homes were dispersed. Men cleared land as women and children cultivated. The male elderly cultivated their own piece of land called mondo. The produce from mondo was meant to supplement those from the wives' farms. The male elder could also give out food from his farms to relatives who were in need. In case farm labour in the homestead was inadequate, the male elder hosted exchange labour parties to acquire additional labour. This kind of lifestyle ensured that the home had at all times sufficient food for its members. (Source: Interview, a male key informant aged 78).*

The collective lifestyle described by Odiemo guaranteed food security to all members in the home. Everybody had a sense of belonging and obligations to the prevailing principles of communalism and social solidarity. However, the coming of the Europeans in the 19th century brought about a rapid cultural change in the traditional African society. Communalism and social solidarity that was underpinned by the kinship ideology of mutual assistance among relatives collapsed as individualism and cash economy became the defining factors of modernization. Polygyny that functioned to guarantee adequate labour force for food production through co-wives cooperation and siblings' duty became irrelevant as resources to maintain collective production became scarce. These changes meant that families increasingly became independent relying on their own income and hard work for self-sufficiency in basic needs such as food.

As modernization and globalization intensified in most African societies, support structures collapsed and social inequalities emerged due to capitalism and the accompanying differential access to productive resources. The vulnerable, particularly the

elderly, who hitherto enjoyed protection and support from their children and society at large, were left alone in the villages to fend for themselves. As Margaret, a female informant aged 58 reiterated:

*Relatives do not help a lot these days since they equally have their own burdens. In addition, the younger generation of today does not know the value of knowing or assisting their relatives. They only care for their wives and children. So we end up fending for ourselves. If you do not have food you just go hungry. (Source: Interview, a female key informant aged 58).*

The study pointed out that those children who grew up with their parents in urban settings posed a different food security problem to the elderly caretakers upon the death of their parents. This was because having been socialized in the urban lifestyles where multinational supermarkets and modern food outlets revolutionized and diversified food retailing chain, adjusting to rural foodstuff became difficult. Information by Josephine, a female caretaker aged 69 reiterated this situation:

*The children give us a lot of problems. They want to continue with the lifestyles they were used to in towns. They fail to know that here in the village we eat traditional foods like brown ugali from sorghum with mito (traditional vegetable). They have a different eating habit and even choose what to eat. And because there is no money for what they prefer, they end up going hungry. (Source: Interview, a female caretaker aged 69).*

It is reasonable to expect that children who are used to the fast food culture of sausages, burgers, chicken and chips, would find it hard to adjust to the rural traditional delicacies such as *omena* (small fish) and *akeyo* (a species of Luo traditional vegetables). Indeed, this kind of diet soon becomes a nightmare for the young children. Other scholars have documented similar changes in urban food market. For example, Kantai (2000: 17) expressed that:

The culture of fast food is taking away something far more crucial among middle class urban dwellers: the last remaining memories of who we really are. In its wake lies the local food industry, mangled in infancy but cost effective and rich in nutrients, a mess of contradictions- mass industrial society, for one and a population, embroiled in ethnicity, still searching for its identity and finding the answer continents away.

The study indicated that child maladjustment, malnutrition, reduced health status and migration to other homes perceived by the children as 'richer' ensued as a result of the inability on the part of the elderly to meet the dietary needs and preferences of the urban-bred children. These constituted a food security problem that further stressed the elderly. The lifestyle in urban and rural settings presented the children with a lot of contradictions and adaptation in rural areas was marred with cultural shocks that had a negative repercussion on the health of the children.

Eighty eight percent (88%) of the elderly in the survey used traditional methods of food preservation and storage. These included use of ash for preserving grains, sun drying and use of salt for preserving meat and fish among other traditional methods. Storage of cereals was done in sacks which were then packed on racks in the house. Poverty and perennial famine in the area were stated as the reasons that led to the abandonment of the traditional granaries. This was because the granaries were constructed outside the house and as economic hardships intensified, theft of stored grains became rampant. Ash was preferred as a method of preservation because it was cheap and readily available. It was user-friendly since over the years it had been the main traditional preservation method in the community. Very few households (12%) used modern chemicals for preservation because they were expensive and were also perceived to change the taste of food.



Food preservation and storage methods are critical factors for household food security. Shipton (1990) underscores this fact by emphasizing that good food surplus management system requires mechanisms of saving or storage to ride over the rough patches by use of stored crops.

In terms of technology, observation in the field revealed that the use of hoes was predominant in the area. The elderly, particularly women, used hoes and other simple hand tools for food cultivation. These implements, which were manufactured by the informal sector, were cheaper than the factory made counterparts. However, unlike factory made tools, they were heavy and less efficient. There was little of oxen element in most of the elderly households. In the few households with the oxen-plough, its use and control were under the authority of men. These factors limited food production since the area was dry and the potential was low. The opening up of more land could make up the potential. But because of the inefficient farm implements, the elderly opened up very little land.

As Buvinic (1930) observed, most of the productive and reproductive activities carried out by women were tedious, time consuming and highly labour intensive. This led to inefficient production and marginal wages/incomes. Ability to produce adequate food (that can take the household members between two harvesting periods) was therefore compromised. Technology therefore, is an important component of culture constituting the knowledge system, tools and skills which people use for sustainable exploitation of the environment. High level of technology within a society reflects the stage of human development because the people are adequately equipped to exploit their natural resources. Use of higher technological methods in food production enables internal

sustainability with food and surpluses which can be used to mobilize additional income for higher living standards.

### 5.2.2. ECONOMIC FACTORS

The study indicated that economic recession which resulted to increased unemployment and the accompanying increase in dependency ratio and high cost of food undermined household food security in most households in the study area. Most affected by these changes were the elderly caretakers.

However, the caretakers explained that their own impoverished status would not have been a major cause of food insecurity in their households if their younger relatives were employed. The following explanation by Ogutu, a male caretaker aged 70 revealed this deplorable state of the elderly caretakers:

*I do not have anybody to rely on for support. The children whom I took to school with the hope of helping me have come back home for lack of jobs. They now idle with me in the village. Some of them while still looking for jobs in town have abandoned their wives and children here at home. They go out there and do not even bother to send money for upkeep of their children and wives. I am now left with the burden of feeding the younger children and the wives of older children who are unable to cater for themselves. (Source: Key informant interview, a male caretaker aged 70).*

The deteriorated economic conditions brought multiple economic effects one of which was unemployment among the young people from schools and colleges. Having invested all their resources and assets in the education of their children, the elderly were hardly left with anything but the expectation of support accruing from the returns of their children's education. This expectation was, however, shattered when the children failed to get absorbed into the job market. The situation added more stress to the already vulnerable

elderly caretakers by increasing the dependency ratio in their households. This meant that in these households, incomes of fewer earning adults were sustaining more dependants. Over the past decade, the Kenyan economy has been affected by inhibiting internal and external factors that have had adverse effects on rural and urban livelihoods. The result has been soaring unemployment and heightened retrenchment of workers, both in the public and private sector, leading to increased poverty levels.

Most affected by the retrenchments have been the workers in the lower cadres who often become victims of retrenchments and the young graduates from schools and colleges who enter the job market at a time of SAPs and employment freeze. Without income, these people get involved in a growing number in the casual labour market. But the problem of casual labour is that the incomes are low and unstable. In this environment of uncertainty, it is hard for the people to adequately meet their basic needs and those of their dependants like elderly parents in the villages. In most cases, therefore, the elderly are left alone to fend for themselves as cash remittances from their urban children become unreliable.

This finding affirms studies by other scholars. A study conducted by Cohen and Atieno Odhiambo (1989) for instance, found that in Siaya (formerly the district incorporating Bondo), shortfalls in food stocks developed as a result of diminishing of remittances sent by Siaya men (and occasionally, also women) working outside the region. Without incomes for food, it was reasonable to expect that the elderly, together with their dependants, would continue to suffer malnutrition and poor balanced diet, which further reduced the energy available for food generation.

Study findings indicated that a substantial proportion of the elderly (67%) only earned as little as Kshs 2000 and below in a month from all their income generating activities (Table 5.3). The business activities were seasonal and gave marginal returns.

**Table 5.3: Monthly income for the elderly caretakers**

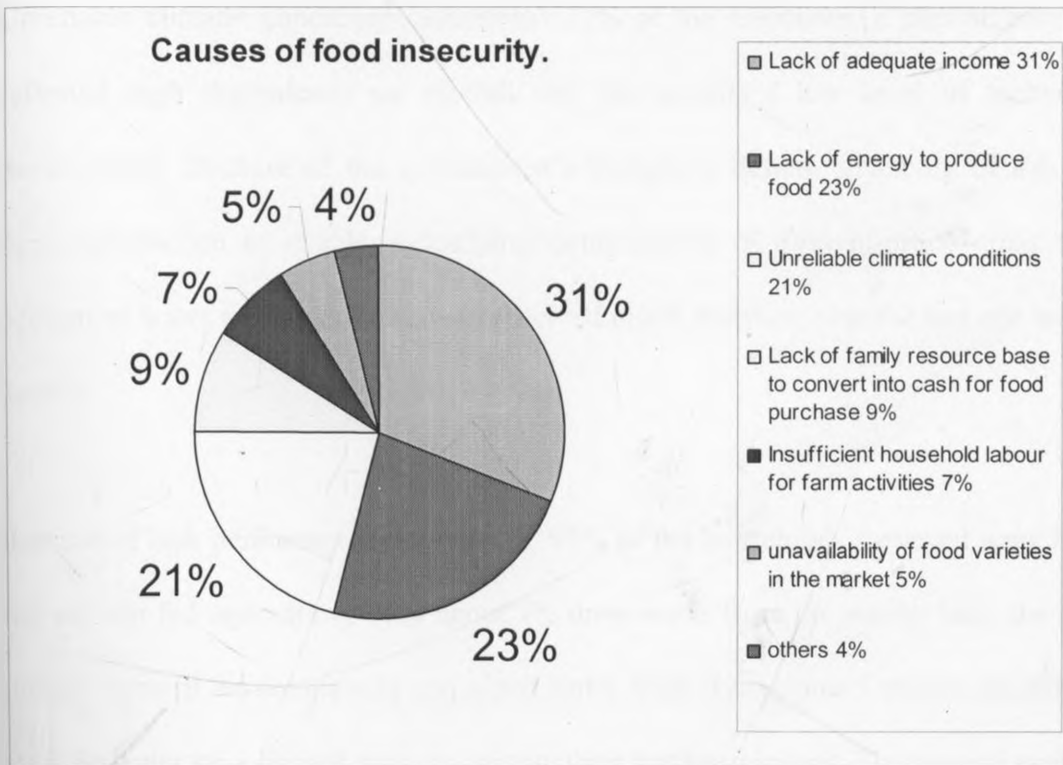
<b>Income</b>	<b>Frequency</b>	<b>Percent (%)</b>
Below Kshs 1000	50	50.0
Kshs 1000 – 2000	17	17.0
Kshs 2000 – 5000	24	24.0
Above Kshs 5000	4	4.0
None	5	5.0
<b>Total</b>	<b>100</b>	<b>100.0</b>

**Source: Survey 2004**

The operation of the elderly in the marginal and less lucrative business areas was, however, attributed to their conditions: lack of capital, ill-health, and reduced energy- which combined to inhibit their indulgence in meaningful and profitable ventures. A further 5% had no stable income.

The study further found out the main causes of food insecurity in the households headed by the elderly caretakers. These are shown in the pie chart below (Figure 5.1). Among the causes, inadequate income constituted 31% of the responses in the survey. This underscored poverty as a major contributing factor to food insecurity since, without income, accessing food even when it was made available in the market was difficult. This finding confirmed Fleuret's (1986: 228) assertion that cash may mean survival and its lack was a fundamental reason why individual households and groups failed to cope with prolonged food shortages.

**Figure 5.1: Causes of food insecurity**



**Source: Survey 2004**

On the other hand, food security definition recognizes that poverty is a major cause of food insecurity and that poverty eradication is essential to improve access to food. Maxwell and Slater (2003) similarly asserted this when they argued that food security was not so much a problem of production or availability, but also one of access to food and faltering development. The poor must have economic access to food through opportunities to earn adequate incomes. The two scholars added that although food must be made available either from domestic production or from imports, often, it was necessary for the government to have policies which stimulated people to produce more food and to strengthen safety nets and anti-poverty programmes for the disadvantaged groups (Maxwell and Slater, 2003:38). It is apparent therefore, that the elderly caretakers, as a disadvantaged group, should be financially supported to have access to food.

Unreliable climatic conditions constituted 21% of the responses, a phenomenon which reflected high dependency on rainfall and the country's low level of technological development. Because of the government's budgetary deficit, financing of sub-surface dam construction to enable agricultural communities in drought-prone areas to have permanent water for irrigation has not received much attention over the last one and a half decade.

Because of lack permanent water sources, 95% of the households surveyed were found to rely on rain-fed agriculture. Only about 5% drew water from the nearby lake, the few sub surface dams in the community and piped water from Nyang'oma Catholic mission. They used the water on a limited scale to irrigate their kitchen gardens. The general problem of water in the area therefore, was a major hindrance to the realization of household food security. As a result, annual sustainability with internal food production was often untenable for most households which meant that food must be imported from outside the area. As Mr Achon'ga -The Government's District Farm Management Officer elaborated:-

*Rainfall here is very unreliable. And it just comes when, for instance, maize has started to grow then it disappears. And you see here because also of very high temperatures and very high transpiration rates, if rain disappears just for one week you will find the maize wilts completely to no recovery stage. And even when in a season farmers manage to cultivate, food would be available for only about four months from internal production. The rest of the year they will depend on imports of maize from Western Province and vegetables from Rift Valley Province. It's very difficult and that's why you would find quite a number of people, particularly the elderly, cannot afford one meal a day. It is very difficult because you see these imports are expensive. (Source: Key informant interview, the District Farm Management Officer (GOK)).*

The following comments from Odiemo, a key informant aged 78 years further pointed at the grim picture of the situation in which the local people found themselves in the face of

over-reliance on rain-fed agriculture:

*We are just defeated. We have plenty of fertile land that should be cultivated but even if the people try, there is no rain and the crops end up wilting. Now that this year's single rainy season is coming to an end, we shall only cultivate again next year. We have a lot of famine because there is very little water. When you go to other neighbouring places like Gem, you find very green surroundings with trees and fertile soils planted with, bananas, potatoes, everything. But this one of ours is dry and bare of any green cover. You can see for yourself how the crops have failed. Know that there are some households here now who have not harvested anything completely and have nothing to even taste from the farm. (Key informant interview, a male caretaker aged 78).*

Therefore, and specifically for the area under study, which experienced yearly drought conditions, counter measures should be stepped up to include early warning system and human-made technological innovations (construction of more sub-surface dams and boreholes) for irrigation purposes. These will compliment rain and so reduce reliance on rain-fed agriculture. Food production could, as a result, improve.

Lack of a family resource base to convert into cash for purchase of food constituted 9% of the responses regarding causes of food insecurity. Most of the elderly caretakers interviewed pointed out that among other factors, expenses such as health care and funeral costs incurred when their older children became sick and finally died resulted in the loss of the family resources particularly livestock and cash savings. They were left impoverished without any asset to dispose of for cash during periods of food scarcity.

According to Sophia, a female informant aged 62, it was difficult for the elderly to provide adequate food to the dependants since, as caretakers, other household expenses such as health care and education also took a substantial portion of the little available resources. For example, the study indicated that a vast majority (89%) of the households

had dependants of school-going age, which meant that the elderly must, apart from food, cater for the school and health needs of the dependants (Table 5.4).

**Table 5.4: Number of households with dependants of school-going age**

Households	Frequency	Percent (%)
Households with dependants in school	89	89.0
Households without dependants in school	11	11.0
<b>Total</b>	<b>100</b>	<b>100.0</b>

**Source: Survey 2004**

An interview with Christina, a female caretaker aged 79 and who was found preparing a concoction of herbs further demonstrated how the competing responsibilities and expenses had a bearing on household budgetary allocation. She had the following to say when probed on why she could not take the baby to hospital:

*Look at that table. (On the table were Kshs 30 in coins). I have just received the money from selling bananas to children in the nearby Wambarra primary school. This is all I have in the house. This child slept hungry last night because I did not have food. I would rather spend the money to buy food for him and prepare the free herbal medicine from the bush than to spend it all on modern medicine and leave the child to go hungry again.* (Source: Interview, a female caretaker aged 79).

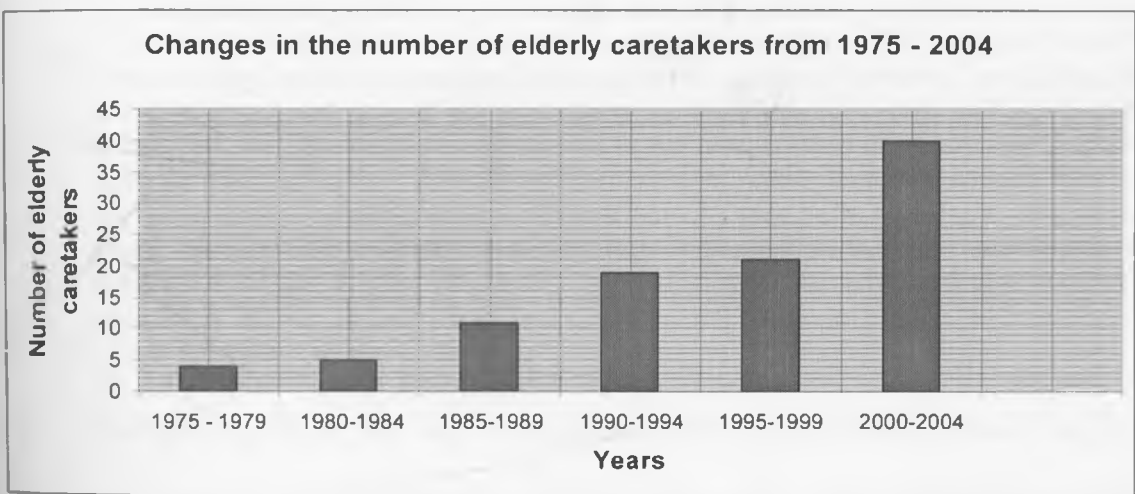
The situation cited above pointed at how the elderly engaged in difficult decision making processes to try to balance the allocation of their meager incomes for the competing needs of food and health care. The caretaking responsibilities were far beyond their income. This in turn implied that stable access to food in their households could only be guaranteed if



holistic interventions focusing also on the other areas of basic needs like health and education for the dependants were mounted.

The study found out that 80% of the respondents became caretakers in a span of 14 years (1990-2004) compared to only 20% who were giving care in the same duration of time (1975-1989) (Figure 5.2 below)

**Figure 5.2: Changes in the number of elderly caretakers from 1975-2004**



**Source of data: Survey 2004**

The unprecedented rate of involvement of the elderly in the caretaking practices coincided with a period of increased rates of deaths from HIV/AIDS that claimed the lives of many young adults between 1990 and 2004. Adult prevalence rates were projected to steadily increase to 13.5% by June 2000 (NASCOP, 1998). This was also the highest ever period which saw most elderly assuming caretaking responsibilities for the orphans left behind. These deaths had negative impacts in the households in terms of food security as a result of the loss of household labour for food production, loss of family assets arising from

healthcare costs and funeral expenses, and finally, loss of family incomes. The following narrative by Maritha, a widow caretaker aged 77 revealed the grim picture of the conditions in which the elderly found themselves. The sentiments also demonstrated how deaths from HIV/AIDS impoverished families and compounded the problem of food security:

*For a longtime until three years ago, my life was good and comfortable. My son who was working in Nairobi could remit to me money to buy food. Together with the food I grew on the farm, there was no hunger in my home. But that ended then. Trouble started when I lost my son. One year after his death, his wife also passed away. I am now left in this home alone with two of the surviving grandchildren. Look at that kraal (she points to the right of her house). That was where my six cows and two goats were sleeping before the disaster struck. But now the kraal is empty. As you can see I have started pulling down the fence around it to use as firewood for sale to buy food. When the funerals ended, nobody among the relatives offered to assist the orphans. I am left with the grandchildren to take care of but without any wealth. Three cows were sold to get money to treat my son. The rest were slaughtered in the funeral when he finally died and later when his wife and child followed. I was left empty-handed without any animal that I can sell to get money to buy food for the grandchildren. Since then, when I get food, we eat, when I fail, we sleep hungry and God has been good with us because to-date no grandchild has passed away because of hunger. (Source: Narrative, a female caretaker aged 77).*

One important finding of the study was that availability of land, a main factor of production, was not a major problem of food security and livelihoods in the households surveyed. The mean acreage for all households under study was 1.2 hectares. Most elderly caretakers concurred that they had plenty of land. This could be part of the reason why a majority of the elderly caretakers (83%) relied on own-farm production as opposed to purchase of food from the market (17%).

The land was used for subsistence farming and kitchen gardening which provided the households with food and cash. However, most households experienced annual food deficits because of perennial drought, unreliable climate and inability to use modern farm

inputs. Perennial drought in the area made it difficult for people to cultivate twice in a year (during long and short rains).

Inability on the part of the elderly to use modern farm inputs was attributed to several factors. One of the main factors was that although just over half (55%) of the households used manure from cowdung, goat and chicken droppings, direct observation revealed that these were haphazardly and inconsistently applied because the elderly did not have the time and labour that the manure work required. In addition, low income and energy levels and lack of skills among the elderly inhibited the use fertilizers, mixed cropping, crop rotation and terracing. Fertilizers and modern seeds, for example, were expensive and capital intensive whereas manure required labour. These were beyond the means and ability of the elderly. The low income also prohibited the ability to hire extra farm labour and animal tract technology (oxen plough) to open up more areas for high crop production.

The study found out that during bumper seasons, the elderly sold out their surplus reserves for cash for purchase of the much needed non-farm foodstuffs like cooking oil and sugar. This disposal of reserve grains for cash was sometimes uncontrolled leading to household food shortages during lean periods. On the other hand, some households which failed to realize adequate yields consumed all the proceeds without leaving any for seeds. These reasons for shortfalls in food stocks have also been emphasized by Cohen and Atieno Odhiambo (1989). They attributed them to exhaustion of stores of food from previous harvest and short supplies resulting from an effort to accumulate cash from food and other purchases through the sales of 'surplus grains' during food growing seasons.

## **CHAPTER SIX**

### **COPING MECHANISMS ADOPTED BY THE ELDERLY**

#### **CARETAKERS**

##### **6.1 INTRODUCTION**

Following on from chapter four and five which discussed household composition and division of labour for subsistence activities and the factors influencing food security in the households of the elderly caretakers, this chapter presents findings of the study on the coping mechanisms used by the elderly caretakers to mitigate the effects of food insecurity. The findings of the study have been interpreted to show how they relate to other studies done elsewhere and that have some relationship with this current one.

##### **6.2. COPING MECHANISMS**

As a fore discussed in the preceding chapters, several conditions and factors in the elderly households undermined their ability to guarantee food security. Although external interventions are needed to alleviate some of the food security challenges, this chapter demonstrates that as actors in their own right, the elderly have the capacity to adopt mechanisms against all odds to change situations facing them. This capacity is inherent in them as human beings in the form of knowledge, skills, creativity and judgements which they invoke, marshal and employ to interact with other actors and exploit the space and environment for enhanced living conditions.

The ability of the elderly to adopt different mechanisms to cope with food insecurity in their households fits neatly within Gidden's structuration theory. This is illuminated and

put into better perspective in the following quotation from Mathews, a male key informant aged 79:

*The elderly also maneuver. I can sometimes lack even a single cent but you cannot fail to get an elderly with some little money kept in a much hidden place in the house or in the clothes he/she is wearing. The business that the elderly can do is sedentary in nature. An elderly can send a grandchild to go and harvest some traditional tobacco which he/she planted in a small area in the garden. So he/she can be selling the tobacco in small quantities from where he/she is seated. (Source: Interview, a male key informant aged 79).*

The above words underscore the notion of agency by revealing that the elderly, despite their vulnerable conditions are creative and innovative. Without income and energy for work and mobility all of which limit the latitude of opportunities available for food mobilization, the elderly sought to counter situations of hunger by indulging in sedentary activities in order to earn a living.

It is important to note that the inherent capacity of the elderly to act and change situations does not however imply that they operate on the same plane with the rest of the society members. They, to the contrary, only optimize their accumulated skills, knowledge and other resources and capacities to indulge in actions that aim to address the unfolding food needs.

The study found out eight main coping mechanisms adopted by the elderly caretakers. These were alluvial mining (*aduga*), gathering of wild vegetables, reduced consumption and initiation of sedentary and micro businesses. Others included payment of farm labour in kind, (*pur wabar*), service labour and disposal of family assets for cash or food (Table

6.1).

**Table 6.1: Coping mechanisms adopted by the elderly caretakers**

Coping Mechanism	Percentage (%)
Gathering of wild vegetables only	43
Gathering of wild vegetables with sedentary business and reduced consumption	43
Gathering of wild vegetables with sedentary business and service labour	2
Gathering of wild vegetables with <i>Pur wabar</i> and disposal of family assets for cash/ food	3
Gathering of wild vegetables with payment of farm labour in kind and alluvial mining	6
Sedentary business only	3
<b>Total</b>	<b>100</b>

**Source: Survey 2004**

Lack of factors of production mainly capital, and reduced health status restricted the elderly to operate in the peripheral and less profitable alluvial mining/*aduga*. *Aduga*, (according to the local people of Wagusu village where mining takes place) means washing soils from the gold mines using mercury to isolate smaller gold particles. This is opposed to the actual labour-intensive mining that is mainly a preserve of the younger members of the community with skills, resources and energy. The elderly indulged in *aduga* only to earn a small income for the much needed household food.

When faced with hunger and food crises, the elderly also invoked their pool of indigenous knowledge of traditional leafy vegetables to identify and gather wild edible species that grew locally. Methods of preparation and cooking of these vegetables were also informed by the same knowledge, and were aimed at destroying any toxic substances in the wild vegetables. The gathering economy played an important role in the lives of the elderly by

affording them alternatives of survival. It also epitomized the notion of agency since, as the custodians of the esteemed indigenous knowledge, they were empowered more than the rest of the society to identify safe traditional vegetables that did not pose serious threats to the well-being of consumers. Cohen and Atieno Odhiambo (1989) made similar point. They argued that the regularly experienced hunger in Siaya district of Western Kenya reinvigorated the gathering economy in the countryside, in which the grain diet was supplemented as much as possible by the collection of wild vegetables, seeds and small animals and insects. The following report by Odiemo, an elderly informant aged 78 further affirmed the practice and the theoretical position:

*We eat the wild vegetables from the bushes. People look for them and whatever is found is gathered for food. So long as it is edible and cannot cause harm to life it is just gathered for consumption. These elderly wives of ours also know how to differentiate the species that are edible and safe from harm from those that are dangerous to life.*

However, the destruction of the environment as a result of population explosion and increased human activity for both physical and agricultural development were reported as the major factors that contributed to the extinction of a number of the edible wild vegetables. There were no visible efforts to conserve the environment and even encourage domestication of the vegetables.

The elderly caretakers also coped with food insecurity in their households by employing the mechanism of reduced consumption. This took the forms of skipping lunch to keep the food available for the much valued supper and eating light meals mainly fruits or boiled water during the day to ensure that full meal was taken at supper. On the extreme, some just sacrificed themselves by going hungry to preserve the little food available for the

young dependants. This last option (self - denial for the sake of children) epitomized what Shipton (1990) referred to as selective deprivation which, according to him, was itself a socio-structural cause of food insecurity since it had to do with who ate what at meal time. Although the elderly went hungry with good intentions: that of ensuring that the children fed, its repercussions had detrimental effects. For instance, much as they did this, a number of the elderly also complained that their health, energy and ability to undertake food generation activities were further compromised by the inadequate intake of food. These austerity measures were aimed at ensuring that the money and food reserve available were economically used until such a period that the food crisis eased and the elderly could begin to reap harvest from the farms.

The study also revealed that the elderly countered their reduced energy and lack of cash for farming by adopting certain mediums of exchange. These included payment in kind for hired labour mainly through crops from previous harvest, or leasing out their oxen to energetic people with oxen-drawn ploughs, who used the oxen to plough both their farms and the elderly's own farms in rotation. This system of farming was called *pur wabar* and was very instrumental in enabling the weak elderly to acquire farm labour.

During drought seasons normally between August to January every year when there was no farm work in the community, the elderly initiated micro-businesses as off-farm activities for the much-needed income for food purchase. These were mainly sedentary in nature (*ohand abedo*) for they lacked the energy required for mobile businesses. They initiated businesses such as weaving traditional baskets, trays and ropes and making brooms using their traditional knowledge and locally available materials. They also sold



traditional tobacco from their farms. These businesses were carried out from their homesteads. Some of the elderly also bought vegetables and fish for resale in the local market (*abedo*). These small scale businesses were particularly common among the elderly because they lacked the energy to move over long distances to buy the items from the source.

The study findings also indicated that the elderly indulged in service labour to earn income for purchase of food. They were hired to do casual jobs such as weeding and tilling for cash. Some, particularly women, were also hired as house helps.

When situations became unbearable even after maximizing their potentials, the elderly resorted to the disposal of their family assets for cash or food. A majority of them said that at the onset of drought and famine around August of every year, they divested from cattle keeping by liquidating them. This was because during drought periods, no farm work was done and the cattle were liquidated to provide capital for micro-business. The proceeds from the businesses were then used to buy food for the household members. Invigorated cattle sale was also witnessed during the same period to counter losses associated with the death of the cattle as a result of the drought-related epidemics.

In conclusion, the findings in this chapter affirm Giddens' thesis, namely that, as agents, the elderly have the skills, knowledge and creativity to counter food security challenges. It is apparent therefore, that any interventions which aim at mitigating the food challenges in the households of the elderly caretakers are bound to bear fruits if the creativity, knowledge and abilities of the elderly are incorporated. Indeed, this is the only way that

the elderly could meaningfully gain since the interventions would be so relevant to their situations that they would own the process of change.

The study has also shown that there is a positive relationship between humans and their ecology. The elderly have demonstrated this relationship by using their indigenous knowledge system to exploit the locally available environmental resources mainly plants, animals and insects as cheap sources of food. Destruction of the environment which, as the elderly activities have shown, sustains people with food is therefore, a recipe for hunger, poverty and death. It is, therefore, apparent that local communities should step up the conservation of biodiversity.

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## **CHAPTER SEVEN**

### **SUMMARY, CONCLUSIONS AND RECOMMENDATIONS**

#### **7.1 INTRODUCTION**

The general objective of the study was to investigate factors and conditions and how they influenced food security in the households headed by the elderly caretakers. Specific objectives were to determine household composition and its influence on division of labour for subsistence activities, investigate socio-cultural and economic factors influencing food security and finally, to examine the coping mechanisms used by the elderly to counter food insecurity in the households. In this chapter, the salient findings in regard to each specific objective is summarized and conclusions drawn. Finally, recommendations for policy, practice and research are also spelt out in this chapter.

#### **7.2 SUMMARY AND CONCLUSIONS**

From the study findings, it is clear that the elderly caretakers faced a number of factors and conditions which had profound effects on their ability to guarantee food security in their households. Household composition was found to influence both the division of labour for subsistence activities and food security. A majority of the households had 4-10 dependants and therefore, a relatively larger labour pool to draw from for farming and other income generating activities. The household members who were mostly children, assisted with farm work and other income generating activities by performing a variety of roles which were differentiated by their ages and sex. The absence of able-bodied adults in the households, mainly as a result of HIV/AIDS deaths left the elderly to solely rely on their own labour and that of the younger children. However, the study also indicated that

the labour force provided by the children was not permanent as it was affected by the newly introduced free primary schooling. The children only assisted the elderly during weekends and holidays. In most cases therefore, the elderly were left alone to rely on their own labour. This meant that regardless of how many children were taken care of in the household, the income and labour contribution of the elderly were the main determinants of food availability in the households. But the reduced physical strength of the elderly often reduced their capacity to produce adequate food. It also resulted in inefficiency, unreliability and wastefulness when undertaking income generating activities. These combined to have a spiral effect of food and income deficits in the households.

The study findings showed that a number of socio-cultural and economic factors influenced food security in the households surveyed. The overriding socio-cultural factors were low levels of education, poverty, reduced extended family support and seasonal livelihood activities. More women than men were illiterate, a fact attributed to the colonial system at the time which discriminated against women's education. Patriarchy and gender factors which determined individual choices in the past also heightened women's marginality by denying them access to productive resources and income earning opportunities. Without education, it was reasonable to expect that women were to be restricted to subsistence farming and home making which offered little chances of progress, investment and savings for future social security. At old age therefore, most households were impoverished with farming as the main source of livelihood. Indulgence in off-farm activities was also affected by the reduced health status and lack of energy among the elderly caretakers. Poverty also accounted for the continued use of the less efficient and labour intensive simple tools and traditional farming methods. It also

inhibited the acquisition of external labour and modern farm inputs. The potential of farm land therefore remained unexploited and internal sustainability with food was untenable in most households. The situation was aggravated by dwindling cash remittances and support from extended family members. This left the elderly alone to fend for themselves and the dependants. In addition, the modern family set up and the accompanying migration of family members to towns left many elderly isolated in the villages. This resulted in loneliness and psychological stress, conditions which increased tremendously with the additional pressure of care giving role in the household.

Economic factors mainly unemployment, high dependency ratio and high cost of basic needs were found to influence food security in the households under study. Since the withdrawal of donor aid to Kenya in the 1990s and the low economic growth rate, unemployment crisis in Kenya has heightened resulting into lose of livelihoods for many household members. Cash remittances which came from the working urban dwellers to their relatives in the villages diminished leaving the elderly to fend for themselves and their dependants. HIV/AIDS compounded the dependency ratio in the households since a few elderly were taking care of many orphans left behind as a result of the death of their parents. These elderly were also too impoverished and weak to counter the demands for food in the households. Furthermore, the need for shelter, health and education for the dependants added pressure on the scarce household resource base since they competed for the meager household income making it difficult to fully meet food requirements.

Despite the constraints above, the study showed that the elderly adopted coping mechanisms to counter situations of food insecurity in their households. As agents, they

marshalled and creatively employed their traditional knowledge system, skills and other inherent capacities to maneuver and get some food or cash to purchase food. Gathering of wild vegetables and insects, service labour, disposal of assets and reduced consumption were employed by the elderly to counter situations of food insecurity in the households. These showed how the elderly maximized the use of their inherent human capacity and potentials to create change. The actions also enabled the perpetuation of society since as care takers of younger children, the elderly became actors at the centre of society life.

In the final analysis, the conditions and factors in the households headed by the elderly caretakers combined to dampen the ability of the caretakers to guarantee food security for themselves and their dependants. Shortage of household labour as a result of the temporary labour of the school-going children, reduced energy of the elderly and inability to hire external labour compromised food production. Furthermore, dominant socio-cultural and economic factors mainly income poverty, dwindling extended family support, unemployment among the youth and cash economy negatively influenced food security in the households. And although the elderly adopted counter measures to the food insecurity problems, the overall resource condition in the households remained very low and most households could not afford three meals a day which pointed to the urgent need for multifaceted food security interventions.

### **7.3 RECOMMENDATIONS**

Following through from the study findings and discussion, a number of recommendations can be made to improve food security in the households of elderly.

1. The Government should include the new caretaking role and needs of the elderly in the national policies on the elderly, poverty reduction and food security. This will make the policies more responsive to the emergent problems facing the elderly and give a framework for interventions. Furthermore, food security and poverty reduction policies should not only emphasize own-farm production, for the elderly caretakers lack the energy to produce food, but also provide the framework of financially assisting the households to purchase the food from the market.
2. Financial support and training of the local community structures such as self help groups and community-based organizations are necessary to sustain and increase local capacity to mobilize capital and offer material assistance to the households.
3. Enhanced access to farm capital and training on sound agricultural practices is vital if the elderly have to be sufficient with food. This capital will be used to acquire the much-needed farm labour and purchase of modern farm implements and inputs for improved food production.
4. Efforts should be stepped up by the civil society, private sector collectives, donors and the government to stem the increasing rate of HIV/AIDS, increase access to antiretroviral drugs (ARVs) and give material support to those families affected and infected with the virus. This will in effect address the root cause of problems that underlie the need for the caretaking responsibilities of the elderly.
5. Further integrated research encompassing agriculturalists and anthropologists is needed to intensify farming of traditional vegetables and drought-resistant crops such as cassava, finger millet and sorghum among the rural poor population. This research should focus on four key areas. First, the research should develop and increase access of the community to breeds of the crops that have a short



maturation span. Second, there is need to investigate mechanisms of reintroducing and making acceptable traditional vegetables to the rural communities. Third, investigation on how to preserve and propagate indigenous knowledge systems on biodiversity conservation, farming practices, food preparation and storage is important. Such knowledge systems are sustainable because they are built on the cultural values, practices and technology of the people and can be modified to suit the food security needs of different communities and regions. Finally, a comparative study of child-headed households will be vital in future to estimate the differential level of vulnerability to food problems between the elderly and child-headed households. This will help isolate relevant interventions for each of the caretaking categories.

It is worth noting however, that interventions from the above recommendations would be more relevant if the change agents made them holistic to not only address the situation of food insecurity but also to ameliorate the accompanying health and educational challenges in the households. This would be keeping with the study finding that food, education and health care are related and compete for the limited household resources. Hence intervention in one of them would not be sustainable if challenges in the others are not addressed.

## BIBLIOGRAPHY

Bernard, R. (1988). *Research methods in cultural Anthropology*. London, Sage Publications.

Buvic, M (1983). Women's Issues in Third World Poverty.: A policy Analysis. pp14-31. In: Myra Buvinic et al., (eds). *Women and poverty in the third world Baltimore*: The John Hopkins University Press.

Caldwell, J.C. (1982). *Theory of Fertility Decline*. New York: Academic.

Carter, A.T. (1988). "Does culture matter?" The case of the demographic transition. In: Daniel S.S. (ed.) "Does culture matter?" An exchange. *Historical methods*, 21(4), 160-188.

Clark, M.H. (1984). 'Women-Headed Households and Poverty. Insights from Kenya'. *Singu: Journal of Women in Culture and Society* 10(2): 33-354.

Cattel, M.G. (1993). Caring for the elderly in sub-Saharan Africa. *Ageing international*, 20 (2), 13 – 19.

Cohen, D.W. and Atieno-Odhiambo, E. S. (1989). *Siaya: The Historical Anthropology of an African Landscape*. Nairobi: Heinemann Kenya.

Dwyer, J. W. and Coward, (1992). *Gender, families and elder care*. London: sage publications.

Daily Nation (2000). "We are spending a lot of time turning the bodies than turning the soil". Daily Nation, December 1st, Nairobi.

Evans-Prichards, E. E. (1949). Luo Tribes and Clans. *Rhodes-Livingstone journal*, 7, pp. 24-40.

FAO (Food and Agricultural Organization) (1996). *Synthesis of the Technical Background Documents*. Rome. World Food Summit, 13-17 November 1996. Rome: FAO.

Fleuret, A. (1986). "Indigenous Responses to Drought in Sub-Saharan Africa". *Disasters* 10 (3): 224-9.

Forsythes, S. & Rau, B. (eds) (1996). *AIDS in Kenya: Socio-economic impact and policy implications in Kenya*. AIDSCAP Project. Arlington, VA: Family Health International.

Giddens, A. (1984). *The constitution of society*. Cambridge: Polity Press.

Hancock, J., D. Nalo, M. Aoko, R. Mutemi, H. Clark and S. Forsythe (1996). The macro-economic impact of AIDS in Kenya. In: S. Forsythe and B. Rau, (eds.). *Aids In Kenya*. Arlington, Virginia: Family Health International.

Hungerud, Angelique (1988). Food Surplus Production, Wealth and Farmers. Strategies in Kenya. In: Cohen (Ed): *Satisfying Africa's Food Needs*. Boulder, Co.: Lynne Rienner pp. 153 -89.

Henn, J. (1984). Women in rural economy: past, present & future. In: Hay, M.J & Stitcher, S. (eds.) (1984). *African Women South of Sahara*. New York: Longman.

Hunter, S., & Williamson, J. (2000). *Children on the brink; Updated estimates and recommendations for intervention*. Arlington, VA: USAID.

Ice, G.H. and Yogo, J. (2002). *Caregiving in Africa: The Toll of the HIV/AIDS crises on older caregivers in Kenya*. Ohio: Institute of the African Child.

Institute of Economic Affairs (IEA) (2001). "*HIV/AIDS in Kenya: Burying the future.*" *Kenya at the Crossroads. Scenarios for our future*. Institute of Economic Affairs. Society for International Development- A Research Compendium: Nairobi.

Institute of International Studies (IIS) (2003). *Food Security and Emergencies. An Issue Paper*. Institute for International Studies (IIS): Copenhagen.

Jean, H. & Stitcher, S. (eds) (1984). *African Women South of the Sahara*. New York: Longman.

Johnson, M., Noman, C. & Stangard, A. (1996). Three anthropological perspectives addressing the influences of HIV/AIDS on the Bukoba urban and rural societies of Tanzania. In: C. Carbrea, D. P.H. & F. Stangard (eds). *AIDS and the grassroots: problems, challenges and opportunities*. Gaborone: Ipelegeng Publishers, pp. 145 – 174

Kantai, P. (2004). *Fast food culture*. Ecoforum Vol. 24 No. 1: 17. Environment Liaison Centre International: Nairobi.

Kayongo-Male, D., & Onyango, P. (1984). *The sociology of the African family*. London: Longman.

Karl, M. (1984). "Women Land and Food Production". Pp 73-82. In: *Women in Development. A resource Guide for Organization Action*. ISIS: New Society Publishers.

Kilbride, P.L. and Killbride, J.C. (1997). Stigma, role overload, and delocalisation among contemporary Kenyan women. In: Weisner, T.L. et al. (Eds.). *African families and the crisis of social change*. Connecticut: Bergin and Garvey.

Kilbride, P.L. (1985). *Cultural Persistence and Socio-economic Change among the Abaluyia: Some modern problems in patterns of child care*. Seminar Paper No. 170. Institute of African Studies: University of Nairobi.

Kilbride, P.L. and Kilbride, J. (1993). *Changing family life in East Africa. Women and Children at risk*. Nairobi: Gideon S. Were Press.

Institute of International Studies (IIS) (2003). *Food Security and Emergencies. An Issue Paper*. Institute for International Studies (IIS): Copenhagen.

Jean, H. & Sticher, S. (eds) (1984). *African Women South of the Sahara*. New York: Longman.

Johnson, M., Noman, C. & Stangard, A. (1996). Three anthropological perspectives addressing the influences of HIV/AIDS on the Bukoba urban and rural societies of Tanzania. In: C. Carbreva, D. P.H. & F. Stangard (eds). *AIDS and the grassroots: problems, challenges and opportunities*. Gaborone: Ipelegeng Publishers, pp. 145 – 174

Kantai, P. (2004). *Fast food culture*. Ecoforum Vol. 24 No. 1: 17. Environment Liaison Centre International: Nairobi.

Kayongo-Male, D., & Onyango, P. (1984). *The sociology of the African family*. London: Longman.

Karl, M. (1984). "Women Land and Food Production". Pp 73-82. In: *Women in Development. A resource Guide for Organization Action*. ISIS: New Society Publishers.

Kilbride, P.L. and Killbride, J.C. (1997). Stigma, role overload, and delocalisation among contemporary Kenyan women. In: Weisner, T.L. et al. (Eds.). *African families and the crisis of social change*. Connecticut: Bergin and Garvey.

Kilbride, P.L. (1985). *Cultural Persistence and Socio-economic Change among the Abaluyia: Some modern problems in patterns of child care*. Seminar Paper No. 170. Institute of African Studies: University of Nairobi.

Kilbride, P.L. and Kilbride, J. (1993). *Changing family life in East Africa. Women and Children at risk*. Nairobi: Gideon S.Were Press.

- Manguyu, F.W. (1991). *The challenge of AIDS in women adolescents and children: The women's perspective*. Nairobi: African Fertility Society.
- Maxwell, S. & Slater, R. (2003). *Food Policy: New & Old*. The Courier, 197: 22-23.
- Mbilinyi, M. (1990). "Structural Adjustment" Agribusiness and Rural women in Tanzania. In: Bernstein et al (eds.): *The Food Question: Profit Versus people?* London: Earthscan. pp. 11-24.
- Mboya, P. (1965). *Luo customs and beliefs*. Kendu Bay: African Herald Publishing House.
- Ministry of Health and National Aids Control Council (MOH/NACC) (2001). *Aids in Kenya. Background, protections, impact, intervention and policy*. 6th edition. National Aids Control Programme (NASCOP): Nairobi.
- Ministry of Planning and National Development (1997). *Second Welfare Monitoring Survey (WMS II)*. Government of Kenya.
- Moser, C.A. (1969). *Survey methods in Social Investigation*. London: Heinmann.
- Nasimiyu, R. (1985). Women in Colonial Economy of Bungoma: Role of Women in Agriculture, 1902-1960. In Were, S.G. (1985) (ed.). *Women and Development. Journal of E.A. Research and Development*. Vol. 15, 1985:56. Nairobi: Gideon Were Press.
- National AIDS Control Programme (NASCOP) (1998). *National sentinel surveillance: AIDS cases by province and district*. Nairobi: KNACP.
- National Council of Population and Development (NCPD), Central Bureau of Statistics (CBS) (office of the vice president and ministry of planning and national development) (Kenya) and macro International Inc. (MI). (1999). *Kenya Demographic and Health survey 1998*. Calverton, Maryland: NDPD, CBS, MI.
- Nyambedha, E.O. Wandibba, S., & Aagaard Hansen, J. (2003). "Retirement lost" – The

- new role of the elderly as caretakers for orphans in western Kenya. *Journal of cross-cultural gerontology*, 18, 31 – 48. U.S.A: Kluwer Academic Publishers.
- Omiti, J. and Obunde, P. (2002). *Towards Linking Agriculture, Poverty and Policy in Kenya*. Discussion paper No. 032/2002. Nairobi: Institute of Policy Analysis and Research, occasional paper series.
- Onyango-Ouma, W. (2000). *Children and Health Communication: Learning about Health in Everyday Relationship among the Luo of Western Kenya*. PhD Thesis: Institute of Anthropology: University of Copenhagen.
- Poonawala, S., & Cantor, R. (1991). *Children orphaned by Aids: A call for action for NGOs and donors*. Washington, DC: National Council for International Health.
- Preble, E.A. (1990). Impact of HIV/AIDS on African Children. *Social Science and Medicine*, 31 (6): 671 – 680.
- Prewitt, K. (1974). *Introductory research methodology*. Occasional Paper No. 10. Institute of African Studies: University of Nairobi.
- Potash, B. (1986). Wives of the grave: widows in a rural Luo community. In: B. Potash(ed.). *Widows in African societies*, pp. 44 – 65. Stanford university press.
- Pottier, J. (1999). *Anthropology of food: The social dynamics of food security*. Malden: Blackwell Publishers.
- Republic of Kenya (1994). *Siaya district development plan, (1994 – 1996)*. Nairobi: Government Printer.
- Republic of Kenya /UNDP (1999). *Kenya National Human Development Report*. Nairobi: United Nations Office in Nairobi (UNON)
- Republic of Kenya. (2001). *PRSP, (2001-2004). The people and government of Kenya, Poverty Reduction Strategy Paper for 2001-2004*. June 2001- volume 1 and 2.

- Sangree, W.H. (1997). Pronatalism and the elderly in Tiriki, Kenya. In: Weisner, T.L. et al. (eds.). *African families and crisis of social change*. Westport : Bergin and Garvey.
- Schoepf, B.G and Schoepf, C. (1990). Gender, land and Hunger in Eastern Zaire. In: Huss-Ashmore, R. and Katz, S. H. (eds.) *African food systems in crises. Part two: Contending with change*. New York: Gordon and Breach, pp. 75-106.
- Seymour-Smith, C. (1986). *Macmillan Dictionary of Anthropology*. London: The Macmillan Press.
- Suda, C. (1993). The impact of changing family structures on Nairobi children. *African Study Monographs*, 14 (2): 109 – 121.
- Suda, C. (1991). Female Labour Contribution in Home Management and Agricultural Production in Siaya District. In Were, S.G. (1991) (ed). *Women and Development In Kenya*. Institute of African Studies: University of Nairobi.
- Shipton, P. (1990). African Famines and Food Security: Anthropological Perspectives. *Annual Review Anthropology* 19:353-94.
- Whisson, M. (1964). *Change and challenge: A study of the social and economic changes among the Luo*. Nairobi: Christian Council of Kenya.
- Whitehead, Ann. (1981). “I am hungry, mom”. The politics of domestic budgeting. In: Young et al (eds.). *Of Marriage and the Market*. CSE Books pp. 88 –111.
- Whitehead, Ann. (1990). Food crises and Gender Conflict in the African Countryside. In: Bernstein et al. (eds.): *The food question: Profit versus People?* London: Earthscan, pp. 54-58



## APPENDICES

### APPENDIX 1: QUESTIONNAIRE FOR THE ELDELRY CARETAKERS

#### SECTION 1: DEMOGRAPHICS OF THE RESPONDENT

Date.....

1. Name .....
2. Village .....
3. Age .....
4. Gender

- (01) Male
- (02) Female

5. Marital status
- (01) Married
- (02) Divorced
- (03) Widowed
- (04) Single

6. Marriage relationship
- (01) Levirate
- (02) Non-levirate

7. Type of family
- (01) Polygynous
- (02) Monogamous

#### SECTION 2: SOCIO-ECONOMIC AND CULTURAL FACTORS OF FOOD SECURITY

8. Level of education completed

- (01) None
- (02) Primary
- (03) Secondary
- (04) Others (specify)

9. How many children do you have? .....

10. How many people do you take care of in your household? .....

11. Please indicate the composition of your household by gender and Age in the table below

HH Members	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10
Gender										
Age										
Relationship to HH head										

12. Do you have dependants of school going age in your household?

(01) Yes

(02) No

13. If Yes, please indicate the members and level of education

Member	Gender M/F	Age	Own child/ dependant	None	Pre-primary	Primary	Secondary	College
1								
2								
3								
4								

15. Apart from your own children, when did you start caring for the other dependants in your household?.....

16. What is your occupation? .....

17. Do you have any other source of income?

(01) Yes

(02) No

18. If yes, what are the other sources of your income?

(01) Subsistence farming

(04) Business

(02) Mining

(05) Others (specify)

(03) Fishing

19. Do you rear livestock?

(01) Yes

(02) No

20. If yes, specify which kinds of livestock .....

21. What is your average income per month?

- (01) Below kshs. 1000      (03) Ksh. 2000- 5000
- (02) Ksh 1000- 2000      (04) Above Ksh. 5000
- (05) None

22. Out of your total income, approximately how much do you spend on food in a month?

- (01) Half of income      (03) All
- (02) Quarter of income      (04) Don't know

23. Is the money you allocate for food enough for your household food requirements?

- (01) Yes
- (02) No.

24. If no, explain

.....

25. What was the reason (s) for taking up the dependants for care?

- (01) Because they are my relatives
- (02) Because they are orphans
- (03) Because their parents are away in urban centres where they cannot cater for their upkeep
- (04) Because they are born to a single mother who is unable to care for them
- (05) Because their parents are too poor to care for them
- (06) Because we wanted somebody to live with for companionship
- (07) Others (specify)

26. Were you happy to take care of the dependants?

- (01) Yes
- (02) No

27. If no, give reasons.....

28. Do you face any problems in providing food to the dependants in your household?

- (01) Yes
- (02) No

29. If yes above, which specific problems do you face in providing adequate food to those under your care?\*

- (01) Lack of adequate income to purchase food
- (02) Unavailability of food varieties in the market
- (03) Lack of energy to produce /cultivate land for food production and engage in income generating activities
- (04) Insufficient household labour for subsistence farming
- (05) Lack of family resource base to be converted into cash for food purchase

(06) Poor harvest caused by unreliable weather

(07) Others (specify)

30. Do you think your problems are special and different from the other categories of caretakers?

(01) Yes

(03) Don't know

(02) No.

31. If yes, explain .....

32. Do you receive assistance with food from outside your household?

(01) Yes

(02) No

33. If yes, from where

(01) Co-wives (04) Local organizations

(02) Relatives (05) Others (specify)

(03) Friends

34. If from co-wives above, how often do you receive assistance from them?

(01) Very often (03) Seldomly

(02) Often (04) None

35. In which other ways do you cooperate with the co-wives to support the people you are caring for? Prompt:

(01) Exchange of labour for farming activities

(02) Inter-household exchange of food

(03) Sharing of food from the farm

(04) Others (specify)

36. Are there organizations in the community, which assist elderly caretakers?

(01) Yes

(02) No

If yes, specify.....

37. How does the community view assisting the dependants in your household?

(01) Positively (03) Don't know

(02) Negatively (04) Neutral

Please explain your answers.....

38. What do you think the community can do to help the dependants under your care?

.....

**SECTION 3: FARM CHARACTERISTICS AND FOOD PRODUCTION**

39. What is the size of your farm in Acres?.....
40. Which are the major food crops that you grow?.....
41. What proportion of the farm is under food crops e.g 1/4, 1/2?.....
42. Do you grow any cash crop?  
(01) Yes  
(02) No
43. If yes, what are the advantages of growing the cash crops (explain advantages of each cash crop).....
44. Do you have a kitchen garden?  
(01) Yes  
(02) No
45. If yes, what do you grow in the kitchen garden and what are their advantages?  
.....
46. Have you received any assistance from any organization for your farming activities?  
(01) Yes  
(02) No
47. If yes, above, specify which kind of assistance and by whom? (Prompt: training, loans, farm inputs etc).  
.....
48. How do you preserve household food?.....
49. How do you store household food? .....

**SECTION 4:  
HOUSEHOLD LABOUR CONDITION AND ORGANIZATION OF PRODUCTION**

50. How many members of your household provide labour for subsistence farming?  
.....
51. Is the labour from your household enough for subsistence farming requirements?  
(01) Yes  
(02) No

52. If no above, how do you get extra labour for farming?

- (01) Hire of labour for cash
- (02) Use of gifts
- (03) Use of loans of food
- (04) Small exchange working parties
- (05) Payment in kind
- (06) Etc (Specify)

53. Please indicate the number of persons that work on your farm by gender and age. Also indicate the average number of hours each person works on a daily basis.

Gender M/F	Age	Working hours per day				Worker status	Notes
		Land clearance	Tilling	Weeding	Harvesting		

**KEY ON WORKERS STATUS**

- Male Elderly caretaker - (ME)
- Female elderly caretaker- (FE)
- Casual labour - (CL)
- Own children - (OC)
- Dependants – (DP)
- Unpaid family - (UF)

54. Who is responsible for hiring of labour on the farm?

Prompt: explanation should include the gender and reasons why this household member undertakes this role.

55. Do you use farm inputs on your farm?

- (01) Yes
- (02) No

56. If yes, specify the type of input used.....

57. Do you experience any health hazards, risks or problems when cultivating on your farm?

- (01) Yes
- (02) No

If yes above, which health problems do you experience?

- (01) Body pains
- (02) Tiredness and fatigue
- Etc. (specify)

58. What is the number of kilograms of grain food stuff do you produce per season?  
 (Specify for each grain crop) .....
59. On average how many kilograms for each of the grain crops would be adequate to  
 feed your household members between 2 harvesting seasons?  
 .....
60. What is the main source of your grain foodstuffs?  
 . (01) Own farm production  
 (02) Purchase from the market
61. Do you belong to any self-help group or community-based organizations?  
 (01) Yes  
 (02) No
62. If yes, specify reasons for joining the group or organization  
 .....

## SECTION 5: COPING MECHANISMS

What measures do you take to cope with food problems in your household?

- (01) Reduced consumption
- (02) Disposal of Assets/family resources for cash/food
- (03) Buying in small quantities
- (04) Use of kin and friends networks
- (05) Joining of savings groups and credit organizations
- (06) Initiating micro-business
- (07) Gathering economy
- (08) Borrowing money to purchase food
- (09) Burning charcoal
- (10) E.t.c. (Specify

64. How do the dependants cope with the food problems in your household?.....

65. How do these affect their lives?

- (01) Leads to school drop out
- (02) Lowers performance in school
- (03) Irregularity in attending school
- (04) Early marriage
- (05) Child labour
- (06) None
- (07) Etc (specify)

66. As an elderly caretaker, how do you think the food problems in your household can be solved?.....



## **APPENDIX 2: OBSERVATION GUIDE**

### **1. Social, economic and cultural factors of food security**

- Occupation of the elderly household head and other subsistence activities
- Inter household food exchange/co-operation for food production (co-wives co-operation , exchange of labour, assistance by relatives)
- Methods of soil fertility management (use of fertilizers, mulches, inter cropping , compost heaps etc.

### **2. Organization of labour for food production.**

- Division of labour for farming and subsistence activities.
- Who makes decision on allocation of resources and tasks for food production.

### **3. Farm characteristics and food production**

- Land size and crops grown
- Proportion of land under food and cash crops
- Availability of kitchen garden and types of vegetables grown
- Livestock rearing and use of livestock products ( milk , cowdung and meat etc).
- Food processing methods
- Yields indicators (seed quality, harvest quality and quantity).
- Health status of household members (Allocation of food, type of food consumed etc)
- Food preservation and storage methods

### **4. Coping Mechanisms**

Coping mechanisms adopted by the elder household heads to counter problems of food insecurity.

### **APPENDIX 3: NARRATIVE GUIDE FOR ELEDERY CARETAKERS**

Life-course experience with the dependants under the care of the elderly highlighting the following themes:-

- ◆ When and reasons for taking up the dependants for care
- ◆ How are the dependants assisting the elderly with food production and subsistence activities (division of household labour).
- ◆ Problems experienced in catering for the dependants
- ◆ Coping mechanisms adopted to counter the problems of food insecurity in the households
- ◆ The view of the community with regard to the caretaking responsibilities of the elderly household heads.

## APPENDIX 4: INTERVIEW GUIDE FOR KEY INFORMANTS

### 1. Knowledge about elderly hood and care obligations

- ◆ Definition of an elder among the Luo
- ◆ Traditional role of the elderly in care giving practices
- ◆ Changes in the roles of the elderly and causes of the changes
- ◆ Traditional role of polygamy and levirate/wife inheritance in the support of children (probe if there was co-wife cooperation, Inter-household food exchange to counter food insecurity in the household /homestead.
- ◆ Have there been changes and why?
- ◆ Which categories of dependants did the elderly household heads take care of ?
- ◆ How did the elderly take care of the dependants in their households
- ◆ Which categories of dependants do the elderly take care of presently?
- ◆ How do they take care of them presently?
- ◆ Is there a difference in the way care was done in the past and present?

### 2. Food Security

#### **Household composition and farm labour organization.**

- ◆ How does the age and physical strength of the elderly affect their farm work for food production? Does this undermine food security?
- ◆ How do they cope with their condition?
- ◆ At times of labour shortages within the elderly households, how do they mobilize extra labour ?

(Probe if also done through exchange of gifts, hire of labour, exchange of working parties, etc). Explain

**(ii) Socio-economic and cultural factors of food security**

- What are the food security problems experienced by the elderly caretakers?
- Are these problems special and different from those of the households of younger caretakers? (probe to find out how and why)
- How can these problems be solved?

**3. Coping Mechanisms**

- How do the elderly cope with food problems in their households? (probe if this involve divestment, reduced consumption , buying in small quantities, austerity, disposal of assets, use of kin and friends networks, joining savings groups and credit schemes etc).

**4. Impacts**

- How do the conditions and coping mechanisms of the elderly caretakers impact on their living conditions (probe if these result into stress, burden, fatigue, reduced health status etc).

**5. Support Systems**

Are there local organizations within the community supporting the elderly caretakers?

## APPENDIX 5: FOCUS GROUP GUIDE FOR THE ELDERLY CARETAKERS

### 1. Subsistence activities and source of income

- Household subsistence activities
- Assistance from outside, including remittance from working family members, any donations or gifts from community members/organizations

### 2. Food Security

#### (i) Farm labour organization and food production

- How do you divide your household labour for food production?
- When household labour force is not enough, how do you mobilize extra labour?

#### (ii) Socio-economic and cultural factors of food security

- ◆ Do you use any method of soil fertility management?
- ◆ How do you preserve and store food in your households?
- ◆ Do you rely on your own – food production or purchase food from the market?
- ◆ Do you face any problems in providing food to the dependants under you care?
- ◆ What causes the problems?
- ◆ How can the food security problems be solved?
- ◆ Who else helps you to feed the dependants under your care?
- ◆ How do you cope with the food security problems in your household?

- ◆ How have the problems and coping mechanisms affected your living condition and general health?

### 3. Support system and cultural values regarding the elderly

- ◆ Are there local organizations within the community which support the elderly caretakers?
- ◆ How are the elderly caretakers looked upon in the community presently?
- ◆ What can the community and the development organizations do to help the elderly caretakers?