OSLO METROPOLITAN UNIVERSITY

FACULTY OF SOCIAL SCIENCES

AGING IN KENYA: A QUALITATIVE STUDY OF RESIDENTS IN AN OLD AGE HOME

BY

KHAYADI CHANYISA KEZIAH

REGISTRATION NO: S329957

Submitted in Partial Fulfilment of the Requirement for the Award of Degree of Masters in Applied Social Sciences (International Social Welfare and Health Policy) Oslo Metropolitan University

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DECLARATION

STUDENT'S DECLARATION

I, Khayadi Chanyisa Keziah, hereby declare that this is my original work and has not been submitted to any other college, institution, or university for any other purpose other than Oslo Metropolitan University for academic award.

Signed____________________________Date: _____ November 2020

Khayadi Chanyisa Keziah

Registration Number: S329957

SUPERVISOR'S DECLARATION

This research project has been presented for examination with my approval as the appointed university Supervisor.

Signed____________________________ Date: _______ November 2020

Dag Jenssen

Associate professor

Faculty of Social Sciences

DEDICATION

I dedicate this research to my daughter Gabriella Tamara Aballa, who has been my sunshine and daily source of inspiration, I love you. To my late mum, dad and brother Pamela Ashiono, David Khayadi, Devine Ashiono, and to God Almighty who has made it all possible

ACKNOWLEDGEMENT

Many people have contributed to the accomplishment of this research project and deserve my most genuine gratitude. First, I would like to thank the Almighty God for giving me strength, wisdom, guidance, and the ability to accomplish this noble academic task. It has taken His mighty hand for me to overcome the many challenges encountered all along. All glory and honour is yours forever and ever, Amen.

I would like to express my gratitude and a resounding thank you to my Supervisor, Prof. Dag Jenssen for his patience and invaluable yet insightful contributions throughout, always providing me with a sense of perspective from conceiving the study up until its completion that enriched the outcome of this study. Profound thanks to all my lecturers at the Faculty of Social Sciences, Oslo Metropolitan University, who were tirelessly involved in the noble task of instilling knowledge in my colleagues and I, through the entire master's class and laying a foundation for this scholarly work.

I am also exceptionally grateful to all the elderly who participated in this project. They were not only willing, but eager to take time to help contribute to my research despite their old age. Without their openness and support this research would not have taken shape in the way that it did. I sincerely hope that the research I have done proves to be useful to both the participating elderly persons and the more significant aging population in Kenya.

Special thanks to the Cheshire elderly home administration and management for allowing me carry out this study at their facility, I will forever be indebted.

I would also like to express my sincere gratitude to Dr Willice Abuya whose advice and conversations were all important, guidance proved valuable, providing me with much needed clarity throughout the process. I will forever be grateful for all that I have learned.

Many thanks to my international classmates in the master’s program Miki, Ivan, Sheree and Hai, your encouragement, solidarity, and diversity has been important in achieving this goal.

Lastly, I am lucky to have my sister Sheila and friends whose confidence in me was a major source of motivation throughout. As always, they continue to inspire me and encourage me on.

ACRONYMS AND ABBREVIATIONS

CDS- Central Depository System

HIV/AIDS- human immunodeficiency virus/ acquired immunodeficiency syndrome

IDP- Internally displaced persons

IDI- In-depth interview

KPHC- Kenya Population and Housing Census

NCPD- National Council for Population and Development

UK- United Kingdom

UN - United Nations

UPENN- University of Pennsylvania

UNDESA- United Nations Department of Economic and Social Affairs

USA- United States of America

Abstract

The study aimed at assessing the attitudes and perceptions of the elderly regarding the elderly homes. The specific emphasis was on understanding the elder persons perceptions, and adaptive strategies in the elderly homes. This resonated from the meanings they have towards the elderly home and the reasons for their stay there. A total of sixteen (16) respondents were selected for interviews using snowball sampling approach and the study area was Cheshire home for the elderly in Nairobi County, Kenya. Qualitative design was used in this study and in-depth interview was used as a data collection method. The disengagement and continuity theory were used as a theoretical framework.

The findings indicate that most elderly attribute their stay at the home to poor health, family alienation, poverty, and changes in the traditional care systems.

The results show that the attitudes of the elderly regarding the elderly homes differed although majority expressed gratitude and happiness for being here. The level of disengagement and continuity also differed among the residents but most skewed towards disengagement for various reasons they gave for their stay here, such as poor health, family alienation, poverty and the elderly home itself being a disengagement factor. However, some aspects such as Religion gave majority of them a sense of continuity and solace towards old age.

The strategies the elderly use to cope with old age and the new environment at the home include establishing new relationship with each other, and the staff, to fill in for the missing family structures they lost. They also attributed religion as part of their coping strategy.

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CHAPTER ONE: BACKGROUND AND PROBLEM STATEMENT

1.1 Background of the Problem

Aging and dying is often a subject not so much discussed in many societies. Perhaps this would be considered rude and uncaring. The absence of the study of the aged persons (gerontology) in most higher education institutions in Kenya testifies this. If considered at all, one would find it taught as a small elective unit under sociology and not as a program on its own. A possible effect of this is that society ends up oblivious of the challenges that older people face and how they cope with these challenges. People may as well find themselves unprepared for old age due to a lack of this awareness. The population of older people will double in the African continent in the next 20 years, and this increase provides a challenge for the whole of Africa, Kenya included, and if no planning or action is taken now, this could end up disastrous, especially in the distribution of resources (Douglas, 2016).

Population aging is a global phenomenon that is increasingly worrisome to many policymakers who must grapple with the issue amidst poverty and strangling cultural problems. Most are disadvantaged due to the lack of social security that could give them economic and social independence. The care and support that most gave in the past are dying due to urbanization factors. In a country such as Kenya, where we have a high prevalence of HIV/AIDS, children whose parents have died from it are left to be cared for by their grandparents who are old; thus, they do not have time to enjoy their aging either (Douglas, 2016). The elderly are a group most vulnerable to the ills facing Africa, including poverty, violence, and discrimination (Help age, 2013). The irony is that there is no single United Nations convention in place that protects the elderly, holding the governments accountable. A United nations' convention on older people's

rights is necessary to protect them, especially with the ever-increasing aging population (UN, 2019). It is important to remember that today's younger adults are tomorrow's older people.

In Kenya, about 6.3% of the entire population consists of aged persons above the age of 60 (UN, 2015). The number of elderly Kenyans aged 60 years and above increased from 587,983 in 1969 to 1,926,051 in 2009. This is from a total population of 10.9M to 40.9M, respectively (KPHC, 2019). Kenya can be said to be in stage two of the demographic transition, meaning that there are high birth rates and falling death rates while the population snowballs due to improved nutrition and public health. The change explains why the older adults' population could still be smaller than before, relative to the total population. Nevertheless, as a country moves to later stages of the demographic transition, the birth rates decline together with the death rates. This will slow down the population growth and give a relative rise in the aging population (Demeny, 2011).

Improvements in medical care have meant that more and more people are now joining the elderly's demographic bracket. People more often live well into their 60s and beyond. For example, between 1969 to 2019, life expectancy increased from 51.69 years to 66.4 years and is projected to increase to 72.48 years by 2050 (Macrotrends, 2010).

Unfortunately, unlike in developed countries such as Norway, where better social welfare systems targeting the old are found, similar institutions are unavailable in many developing countries, such as Kenya. Where they exist, they are often few, not well resourced, and often riddled with inept management or corruption. In the past, traditional African systems such as extended families used to cushion the aged against aging's adverse effects. Often, the young and especially women would be used as caregivers for the aged in rural communities (Douglas, 2016)

The extended family's assumption is now being tested across Africa due to factors such as capitalism and modernization. The traditional system has waned. Public programs are expected to replace them, still, they are almost non-existent in most African nations. However, Kenya is among the few countries in Africa, making small private efforts to respond to the growing need for services for the elderly. However, the current availability of much-needed services such as assisted living, nursing home care, elderly homes, and even home-based long-term care is expensive, scarce, and rare. They are far from being sufficient in dealing with the demographic changes that all African nations will, at one point, face (Douglas, 2016). Kenya, for instance, has only 16 elderly homes (The conversation, 2017)

1.2 Problem statement

The situation of the elderly in Kenya is worrying. The older people are among the most disadvantaged group of people, yet there is a relative increase in the aging population. Besides, aging naturally comes with mental, physical, psychological, and health changes that make the elderly a vulnerable group (Help age International, 2013). Most of the elderly in Kenya enter old age without any formal social security and therefore have to rely on their families. It is important to note that some do not have families and are destitute, while others have families who cannot care for them; we will meet examples of this in later chapters. Furthermore, for those with families, the family members are often in the workforce and have limited time to care for their elderly parents. For them, nursing homes for their elderly appears as an alternative.

As Douglas (2016) states, it is mostly the wealthy and middle class that can afford nursing home care for family members. This means that poor elderly persons become very vulnerable to social ills facing them.

The best elderly homes in Kenya are costly. They are found in affluent areas and are for wealthy families, and they are also very few. Other homes are run by charity organizations, mostly churches such as the Anglican and the Catholic, which entirely depend on donations. Having worked in elderly homes in Kenya and has conducted this study, am yet to come across any elderly home fully funded by the Kenyan government. Most of the homes are found in big cities such as Nairobi, Mombasa, and Eldoret and not in rural areas where older adults live.

From the above, there is a need to intensify mechanisms to cater to the needs of the elderly, their mental, physical, and psychological health. With few elderly homes combined with the waning of the traditional care system and, most importantly, an increase in the number of the elderly, it seems important that something is done. Probably having more elderly homes will be the best mechanism to help the aging.

However, in order to change or develop the situation, it also seems important to know the experiences of the elderly who actually live in elderly homes during this change of care system from the traditional family-based to the modern institution-based. What were the reasons the elderly came there? What do they think of their situation? How do they look at their own existence there? The present study examines such questions. What are the reasons behind being in the home, as explained by the elderly themselves? Of importance as well, is how the aged persons react to this move and whether their attitude towards this makes their stay in these homes in any way problematic.

1.3 Research questions and Objectives

1.3.1 Research Questions

From the above, we can formulate the following two research questions:

1.3.1.1 Which are the reasons the elderly give for their placement in elderly homes?

1.3.1.2 How do the elderly think and feel about their situation?

1.3.2 Research Objectives

1.3.2.1 To determine the reasons the elderly give for their placement in elderly homes

1.3.2.2 To assess how the elderly think and feel about their situation

1.4 Justification of the study

This study is important now for the reason that Kenya's population is increasingly becoming aged as the years go by (KPHC, 2019). Also, few studies have been carried out to assess how the old are coping with the ever-increasing challenges that come with old age. Although aging has become a fashionable area of the social sciences and behavioural research recently, sociology has invested more effort in developing other classical theories based on stratification such as gender, class, power. Less has been done to develop robust theories of aging, according to Grimley and Bond (1997). Also, as we have seen, while the traditional system that used to be employed to take care of the aged has more or less collapsed, nothing much is being done by the African governments to replace this collapsing system.

While children and women have their own specialized doctors (gynaecologists and paediatricians), Kenya has a dearth of geriatricians (zero), just like most African countries in both its public and private hospitals. The medical institutions do not specialize in the health problems that afflict the aged in society. Moreover, most African medical schools do not teach geriatrics. The doctors taking up this role often have no undergraduate or postgraduate training in geriatrics (Dotchin et al., 2013).

1.5 Scope of the study

The study focuses primarily on addressing the individual reasons the elderly persons give for being in the elderly homes and their perception and attitudes toward their situation. The site for the study was Kariobangi Cheshire home for the elderly in the Korogocho slums, Nairobi County. Thus, the study did not examine several or all the homes for the elderly in Kenya. Still, it may contribute to understanding aspects of the aging process as understood by the elderly themselves. This may be a help for future strategic planning to improve the lives of the elderly in the context of demographic change and modernization.

As it will be shown later, the study will be linked to two contradicting theories of aging: the disengagement and the continuity theory.

CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1. Introduction and Theoretical Framework

This study adopts two theories: the continuity theory of normal aging developed by Robert Atchley (1989), and the disengagement theory developed by Cumming and Henry (1961), which is believed to be the first formalized theory of aging (Noelker et al., 2006) The concepts discussed represent the key notions around which data was collected and interpreted. An interesting thing about the two theories is that they are contradictory. This lays a wide-ranging but at the same time focused foundation for understanding the topic under study well.

In the subsequent sections, I present and discuss the two theories. This is important for reviewing literature and for the analysis of the findings.

2.2 Disengagement Theory

The disengagement theory was pioneered by social scientists Elaine Cumming and William Earle Henry in their work titled *Growing Old* in the year 1961. According to them, growing old involves a gradual and inevitable mutual withdrawal that results in decreased interaction between the aging person and the society that s/he lives in. This process may be initiated by the individual or others in the situation, such as mandatory retirement at a certain age (Cumming & Henry, 1961). Thus, the theory describes the relationship between chronological age and the person's degree of involvement in social life.

The disengagement process is said to be irreversible and inevitable. Decreased involvement can occur from losses of opportunities, loss of others, and loss of vigour. And it does not only decrease when a person withdraws from society or when society withdraws from the person (Noelker et al., 2006); the aging person’s withdrawal may be accompanied by an increased preoccupation with himself. Also, certain institutions in society may make the withdrawal easy.

When the aging process is progressing, a new equilibrium is formed, characterized by a greater distance, and altered relationships. The theory is supposed to apply to the aging process in all cultures, although the beginning may be different from one culture to another. According to Cumming and Henry (1961), the disengagement theory was the only common-sense theory of the aging process. At the time, it was regarded as the only theory of aging.

When the individual starts to become less attached to the social systems that they are in, the change may be distinguished on three levels.

i) We can observe the changes in the number of people the individual habitually interacts with and changes in the amount of interaction. The purpose of the interaction, too, could change and shift in goals of the systems that the aging person belongs to.
ii) Qualitative changes in the patterns or styles of interactions between members of the society and the individual is observable.
iii) Changes in an individual's personality that causes and results in decreased involvement with others and increased preoccupation with himself (Cumming & Henry, 1961: 15).

2.2.1 Postulates/Concepts of Disengagement Theory

The disengagement theory has nine “postulates” that explain in detail the process of disengagement. Within these postulates, disengagement is regarded as an inevitable process in which main relationships or associations between an individual and other member of the society are affected and in which the remaining ones are altered in quality. Below I list the postulates.

Postulate 1*:* The expectation of death is universal, and a decrease in ability is probable, although people are different. Therefore, a mutual discontinuity of ties will occur between an individual and his society. This means that when relationships that are connecting an individual

to his social system are gradually rolled out, disengagement has occurred, and death is only the total disengagement.

Postulate 2: Norms are created and reaffirmed by interactions. This leads to increased freedom from the control of the norms regulating everyday behaviour. Once begun, disengagement becomes a circular process. This means that all our social interactions have norms accompanying them. Thus, if interactions become limited, then the control of the individual weakens. The elderly finds it hard to make new acquaintances or friends are lost through death. Society becomes a smaller place, and the person turns more into himself.

Postulate 3: The process of disengagement between men and women differs because the main role of women is socio-emotional, and the central role of men in society is instrumental. An example would be that women are primary caretakers of the family, and therefore their attachment to the family is much stronger and can adjust to a loss easily, while men mostly are providers of the family and their attachment towards their work and circle is stronger compared to women.

Postulate 4: An individual's life cycle is seen as ego change. For example, the process of aging is accompanied by a diminution in skill and knowledge. Success in an industrialized society is based on skill and knowledge; therefore, age criteria is used to ensure the young are trained to take over positions left after retirement.

Postulate 5: Disengagement happens because of an individual's and society's readiness to disengage. The relation is not symmetrical. When none is ready, then there is a continuous engagement. In circumstances where the individual is ready for disengagement, and the society is not, then there is a disjunction in individuals' expectations and that of his society. Engagement then continues. However, in the case when society is ready for disengagement, and the individual is not, then the result is disengagement. An example of this is retirement.

Postulate 6*:* If central roles for men and marriage and family for women are relinquished, the consequence is reduced social life. This results in loss of morale and crisis unless alternative options are offered.

Postulate 7*:* The readiness for disengagement begins when an individual becomes aware of how short life is and realizes the minimal time remaining. He sees his life space, and with the consequent ego depreciating, the readiness for disengagement has begun.

Postulate 8: There is a change in the quality of relationships due to lessened interactions and loss of central roles. There is a shift from vertical solidarity ties such as status to horizontal ones such as self, and there is a wider choice of relational rewards.

Postulate 9: Disengagement is a culture free concept but will always be culture-bound. Different cultures have different perceptions of aging. For example, in some societies such as Africa, where most elderly are not in the workforce, their disengagement might begin with themselves or the family, while in most developed countries, disengagement happens by loss of opportunities such as work and through retirement.

2.2.2. Strength of the Disengagement Theory

One benefit of the disengagement theory is that when the aging individuals retire and step down from responsibilities and allow the young generations to take over, the young cohort is given a chance to take up the knowledge, ideas, and skills for the betterment of themselves (Moore, 2015)

2.2.3 Criticism of the Disengagement Theory

The disengagement theory has come under fierce criticism from different authors.

According to Arlie Hochschild (1975), the theory lacks a clear definition of what aging towards disengagement is, and that it is not aging per se that causes disengagement, meaning it is not a natural phenomenon that comes with aging itself; rather, aging is a combination of factors such as widowhood, poor health and other factors associated with the nature of the society and individuals location. These factors will determine engagement and disengagement.

The study that launched the theory was the first of its kind, and it had methodological faults. The book may have been written prematurely because of the pressures on the authors to formulate a grand theory of aging, according to Peter Colman (1991).

Another criticism is that disengagement is not the end state for some elderly individuals. In some societies, it is rather the start of a process of transition and re-engagement. The elderly may become the administrators and interpreters of the moral sector of their society. Such a re-engagement process is, however, typically interrupted in a secular society. Various African communities, Lebanon and Israel, are good examples of how elders are treated with so much respect (Peter Colman, 1991).

The disengagement theory lacks a longitudinal, cross-cultural, and historical perspective. There is a necessity of collecting psychological data from many societies about aging, and historical material is also important. Cumming and Henry were mostly concerned with the USA (Guttman, 1987).

2.3 Continuity Theory

According to Robert Atchley (1989), continuity theory is a social psychological theory of continuous adult development. This theory holds that in making adaptive choices, middle and

old aged adults endeavour to preserve the existing internal and external structures. To accomplish this, they tend to use or rather are motivated by their past experiences as their first choice. The individual environment they have spent their lives in seems to offer the highest probability for successfully planning their future, and continuity becomes an increasingly first choice for most aging people

Continuity theory views both external and internal continuity as long-lasting adaptive strategies that are supported by both individual preference and social deterrent. This theory assumes progress and not homeostasis. It allows change to be coherently integrated into an individual's prior history without necessarily causing disequilibrium. This allows one to have goals towards development, and it explains how adults use concepts from their past to plan for their future and structure their choices in response to the changes brought about by normal aging (Atchley, 1989).

The degree of continuity ascribed by an individual to their lives can be grouped into three categories. *Too little continuity* means that life seems to be too unpredictable to the individual and, if he or she describes continuity as being severed, then we can call this discontinuity. The second one is *the optimum continuity. Here,* an individual sees the degree and pace of change to be corresponding to their social demands and preferences and well within their coping capacity. Third, there is *too much continuity*. Here the individual feels uncomfortably in a rut as there is not enough change to improve life. It is important to note that the assessment of all three categories should be made by the individual based on their own interpretations of their standards. Objective definitions cannot be used to classify individuals on the degree of continuity, according to Atchley (1989).

Identifiable pressures and attractions are what motivate aging individuals towards external and internal continuity. Both internal and external continuity towards aging helps individuals focus

and maintain their strengths to reduce the effects of deficits when normal aging comes. This makes continuity a preferred strategy in dealing with aging.

2.3.1 Continuity Theory Concepts

The following sections define major constructs and elaborate their operation in the context of continuity theory. The concepts are external continuity, internal continuity, and normal aging. Again, the source is Atchley (1989) unless otherwise is indicated.

i) External continuity

Contrary to the internal continuity, external continuity puts into perspective the physical and social environment structure, activities, and the role of relationships. By being in familiar surroundings, interacting with familiar people, and practicing familiar skills, the individual maintains external continuity perceptions.

Various pressures, motives, and attractions move individuals into external continuity, and these include the following, external continuity is an effective means to cope with physical and mental changes that could come with aging. Second, the external continuity of relationships serves as insurance in old age as it is motivated by predictable social support, and mostly this is the inner circle of close friends and family that travel with us. Third, older persons who have held responsibilities and roles, such as having children and jobs, have more pressure to adapt towards external continuity compared to those who do not have such roles. They are expected to present themselves in a way that is connected to their past performance. Fourth, external continuity reduces the ambiguity of personal goals that come with change, such as retirement and widowhood. This helps the persons to narrow down their personal goals and adjust to them.

ii) Internal Continuity

Internal continuity is defined by an individual in relation to a remembered inner structure. This consists of ideas, mental skills, and information stored in the mind that are organized into structures like personal goals, belief, values, coping strategies, preference, philosophy of life, personal goals, skills, and morals (Noelker et al., 2006). Internal continuity requires memory, and this poses a problem to people with amnesia or Alzheimer who are unable to present continuity of identity and self-using their memories. They do not know who their character is or was and how it fits with other characters from a dramaturgical perspective. Inasmuch as lack of internal continuity affects the individual's capacity to make choices or take actions, it also distresses those who interact with the person and expect some degree of predictability.

Internal continuity is a positive way to view inner change as linked to an individual's past and to see that as sustaining and supporting the new self. Maintaining internal continuity is very important. For example, frail elders who cannot manage to preserve a sense of continuity even by distorting reality are more likely to die than their counterparts.

Huyck (1989) has indicated the importance of maintaining some sense of both internal and external continuity. Normally aging persons adapt by choosing to preserve both internal and external continuity. The strong motives that individuals have to preserve internal continuity consist of the importance of a sense of ego, integrity, individuals' past, and acceptance of that history (Erikson et al., 1986). A perception of long-standing internal continuity increases the chances that an individual will view his or her life as having integrity as opposed to discontinuity. Also, internal continuity may also be motivated in some individuals by its enhancement of social interaction and support. It may also help meet the need for self-esteem and, internal continuity is probably also an essential part of a person's mastery and competence. Internal continuity acts as a foundation for effectual day to day decision making.

iii) Normal Aging

Normal aging refers to patterns that one experiences in human aging. It may differ from culture to culture because of a sociocultural overlay that interacts with mental and physical aging. This is the opposite of pathological aging since there is a lack of mental and physical disease. There are some individuals whose aging can be aberrant, in that it departs from the normal but is not pathological, for example, a person moving to a retirement home but who is not pathological and therefore not typical either.

Normal aging within a specific culture must show a general picture of aging that correctly represents the experiences of aging for a majority of its people. The normal aging persons in America in the 1980s were those that lacked physical illness. In this case, normal aging adults were independent adults that could meet their needs, such as housing, recreation, healthcare, income, nutrition, and clothing. They lived purposeful and active lives with adequate social standing networks and relationships. These results occurred because the aging adapts both internal and external continuity strategy in their old days.

2.3.2 The Strength of Continuity Theory

Continuity theory helps the aging to continue thinking constructively based on their interests, attitudes, family ties, and emotions. This may be useful in enabling normal and successful aging among individuals.

2.3.3 Criticism of Continuity Theory

The continuity theory has mostly and primarily been criticized for its definition of normal aging. By distinguishing between normal and pathological aging, the theory neglects the older adults suffering from chronic illness.

The theory also fails to explain how social institutions impact people and the way they age. This will probably greatly affect both their internal and external continuity. Also, the place for emotions, in theory, needs to be elaborated. The theory deserves to be clarified, debated, and tested upon, according to Huyck (1989).

2.4 Literature Review

This section will discuss in detail the literature and findings of different authors relevant to my study, and it will elaborate in detail what my study entails, including the challenges.

2.5 Concepts and Dimensions of Aging

Aging can be a complex concept to describe because societies have different informal and formal ways to describe age and the process of aging. Also, the meaning, experiences, and definitions of aging differ across time, cultures, and situations. A satisfying answer about what aging is can be answered by being keen on the social contexts in which aging is taking place (Morgan & Kunkel, 2006).

Some dimensions of aging, on the other hand, help us to understand the process of aging and the theories used in this context. This is useful in discussing different aspects of this thesis.

i. Physical aging

Physical aging is often characterized by changes such as grey hair and wrinkling skin. Changes in the immune system, reproductive capacity, and cardiovascular functioning could also follow (Morgan & Kunkel, 2007). However, this can be looked at in a different way because some changes that we think are normal could be modifiable, influenced by choice of lifestyle and culture, and even preventable. This influences the magnitude and speed of deterioration.

In the past, researchers concentrated more on the normal changes that accompanied aging. This is evident in Atchley's concept of normal aging, as discussed in the continuity theory. However,

researchers such as Rowe and Karn (1998) redefined the concept of physical aging by offering the concept of successful aging and distinguishing pathological, optimal, and usual aging. Optimal aging is characterized by minimal loss of physical function and a healthy body. Pathological aging is characterized by negative environmental impact and multiple chronic diseases. And usual aging refers to the usual or typical experience of aging and could be in between optimal and pathological aging (Morgan & Kunkel, 2007). The distinction gives us a new perspective on how we think about physical aging as a variable.

This includes changes in the sense of self, personality, and mental functioning in adult years (Morgan&Kunkel, 2006). One aspect of psychological aging is that personality does not undergo major changes. This gives the individual an aspect of internal continuity as the self-concept and esteem remain fairly stable, although it is a problem for people who have Alzheimer's to adapt to internal continuity as it requires memory. According to Morgan and Kunkel (2007), the challenges and opportunities that we encounter do vary throughout our lives and so do the strategies we use to adapt. They also acknowledge that cognitive ability could be lost as a result of aging but could also remain stable or even improve with age. Another way some adapt to psychological aging can be explained by the disengagement theory.

ii. Social aging

Social aging refers to different ways in which society helps to shape the experiences and meanings of aging. Social aging include the presupposition and expectations of those surrounding us on how we should behave, what we should and should not do at different ages, and this influences the opportunities that are open to us as we grow older (Morgan & Kunkel, 2007).

This can be seen in how age is used to assign roles in society, in the allocation of resources, how to channel people in and out of positions in social structures, and, more importantly, on

how to categorize people. A good example is how aging has been socially constructed by the visible appearance of grey hair and wrinkles and the chronological old age of 65 years and above. These criteria of old age have no effects on physical functioning and cognitive capability, but they have great effects on opportunities for people and societal interactions. Although, according to Morgan and Kunkel (2007), research in psychology and physiology has shown that in the absence of disabling disease, aging has a minimal influence on someone's functionality until around age 85, when (25% will start to become frail even in the absence of disease), this is contrary to the majority of societal assumptions. The societal views on aging will help us also understand at what point the aging in the elderly homes choose continuity or disengagement as a strategy to live.

2.6. Aging persons and their families

Families provide a source of emotional and practical support that will shift over time as their members' capacity of involvement changes over the life course. A family is a resilient institution that connects individuals' past and future in a meaningful way. Family members are pivotal convoys of support that provide continuity to individuals over time as they grow, mature, and age (Antonucci & Akiyama, 1987). Most individuals consider family roles as their core identities and have high expectations for the role that the family will have in meeting their emotional, social, and personal needs when they grow old. The family becomes a source of continuity for them (Cherlin, 2004).

Early gerontological theorists such as Cumming and Henry (1961) stated that, the importance of families to individuals increases as they age and as other social roles such as employment fade away through disengagement. The remaining life space was allocated to the remaining important familial roles. But the truth is that families carry great importance to individuals throughout their lives and not necessarily only when they age (Morgan & Kunkel, 2007).

The stereotype of sexes and aging also has been shown to depend on gendered views of family roles. Atchley (1989) believed that women, compared to men, experienced more ease of aging. Women built their primary identity on being family caregivers as opposed to employment, and this assured them a strong sense of continuity throughout their lives in the kinship system. Second, because family involved continual changes, such as the addition and departure of family members, women were accustomed to interruptions. Men, whose continuity of identity was more presumed to be in employment rather than family, could be more interrupted by retirement (Maddox, 1968). However, it is evident in today's world that both men and women hold key positions and identities both in family and employment. Still, the earlier assumptions were important in shaping various questions posed by researchers on aging topics studied from a social perspective (Morgan & Kunkel, 2007).

According to Morgan and Kunkel (2007), many families are being faced with the challenge of deciding long-term care for their aging and frail relatives or friends. Decision making on long-term care is one that has consequences for individuals, families, health care systems, and public policy. Therefore, social gerontology is a multidisciplinary field that includes aspects such as sociology of aging, psychology, the economics of aging, political science of aging, religion, and social policy and practice. Such decisions will be affected by various aspects of our society. A psychologist could be concerned with the cognitive and communication procedures of the decision-making process, while sociologists could investigate the differences in power that might arise as the older persons, families, and professionals negotiate the long-term care decision. On the other hand, professionals who support the long-term care practice will be more interested in describing effective long-term care options for families and would be keen to have the participation of the elderly themselves (Morgan & Kunkel, 2007).

2.7. Transformation of Care for the Aged in Kenya

The care of the aged has significantly changed in modern times, both in rural and urban areas. Aspects of the transformation include westernization, modern education systems, urbanization, individualization, and the introduction of foreign religions that have questioned the African beliefs and ways of life (Nyangweso, 1998).

In traditional Africa, the aged were accorded high social status and had high prestige. The knowledge that they were believed to have accumulated over the years gave them the status. Every individual in the African community had a role in fulfilling, and kinship determined the behavior of everyone, which gave each member a sacred obligation towards the extended family members, especially the elderly. This explains the importance of the extended African family in the well-being of members of the community (Mbiti, 1969).

According to Simon (1960), the aging person, particularly the gifted ones, were in frequent demand for treating diseases, exorcising evil spirits, divining the future, controlling the weather, and safeguarding the community in dangerous or delicate situations. They were the overseers at ceremonies marking birth, initiation, death, and burial, their engagement in the community was profound, and this also ensured a sense of continuity among the elderly. It was also believed that the elderly could evoke curses or blessings. This largely determined how society treated them, and because of such aspects, the elderly, especially the frail ones, were taken care of in their own homes or their children's homes. The needs of the elderly were mostly met by their children and grandchildren. In most Kenyan communities, the last-born son was to remain in his ancestral home to care for the land and the aged parents (Nyangweso, 1998).

The African way of life has been transformed by modernization to the extent the African cultural, and traditional structures have been abandoned or have disintegrated. The above-

mentioned factors influence the traditional care system of the aged not only in Kenya but in Africa as a whole. For example, individualization drives nuclear families and not extended ones, western education replaces or undermines the wisdom associated with old age and challenges the African philosophies and beliefs, western culture contributes to policies such as retirement that sees old people disengage and thus may not be accorded the same respect as in the traditional system (Nyangweso, 1998).

It is evident that the care for the elderly has changed. The elderly left in rural areas must work for themselves. Some become weak and could die due to starvation or minor illness. This has led to the adaptation of providing institutional care for the frail elderly, although the government has not prioritized this as an issue of concern. Most elderly homes in Kenya are run by a charity or religious organization, the private ones are very expensive, and only the rich can afford them. The intention of these homes is to provide a better life for the aged, but some elderly people have been against them because it alienates them from their families and ancestral land, thus disengage them. Some find them to be good because it gives them a new beginning in life and a sense of continuation. However, the available elderly homes only cater to a small population of the elderly due to limited capacity and resources, yet we have more who are in need of this institutionalized care (Nyangweso, 1998).

According to Nyangweso (1998), Kenya needs to adjust itself to the changes that impact modern care for the elderly. Many more institutions that care for the elderly should be established. He proposes this could be done on a cultural basis by, for example, different tribes such as Agikuyu, Luhya, Luo, etc., who could have their own homes, as this will ensure cultural activities that the elderly miss in the current institutions. To enhance a sense of meaningfulness and continuity, the elderly homes should introduce social activities, vocational work, and entertainment that the elderly can engage in. They should also be given access to the use of

technology such as the use of mobile phones and television, to integrate them in the modernization process.

2.8 Perceptions of the Elderly on how they want to be cared for

In a study carried out by Harrefors et al. (2009) in Sweden, the results indicate the various ways the elderly express how they want to be cared for. Some thought being cared for at their private home if possible was the best if the partners can support each other, and they could get medical care and services at home.

The elderly also acknowledged the importance of old age and nursing homes when advanced care is needed or when they are severely ill. They understood there is a limit to how long they can take care of each other and disengagement will occur at a certain point of their lives. Therefore, the old age home would be important for them.

The elderly also perceives the elderly and nursing homes as a disengagement factor between them and their friends and family. They expressed the thought of being alone and cared for by strangers, as being a horrible situation. They have a fear of not being able to express and maintain their idea of self in meaningful interaction in an elderly home but want to be cared for with dignity to the very end.

There is an absence of children in the older person's perception of care, and they talked about their partners caring for them and the elderly homes. This reflects on the Scandinavian family life, inasmuch as children are an important aspect of the family, they are not obligated to care for their aging parents in need of care. This is very different in the African context, where the immediate and extended family have a duty to care for the aging population, which in turn shapes the thinking of the elderly on how they want to be cared for. (Khayesi, 2011; Nyagweso,1998)

The Scandinavian picture on aging differs with the African context. For example, according to NCPD (2016) most aging adults in Kenya face many challenges, such as health challenges, poverty, and need for care, which to a larger extend determines their care in elderly homes and may not be in a position to negotiate what they think is best for them. (Khayesi, 2011)

Also, according to Kumar (2013) different people in different cultures have different ways in caring for the old, this includes those living alone, living in the elderly homes, living with children, living with a spouse and those living with non-relatives, each of this methods may be a determinant on how the elderly cope with old age. He also notes that the elderly home is still a new trend yet to be embraced in most developing countries. The differences in the care and how culture shape the care for the older persons can be seen above, between the Scandinavian context and the African context.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1. Introduction

This chapter deals with methodology. It describes the study design in terms of the target population, research instruments, ethical considerations, and data collection procedure. The research aims to enlighten the elderly's situation in Kenya and how the elderly homes could be of the essence in caring for the old. Of importance is to know how the elderly feel about this.

3.2. Research Design

A research design provides a framework for data collection and analysis, and a choice of a research design reflects a decision about the priority given to a range of dimensions of the research process such as understanding behaviour and the meaning of that behaviour in a specific social context (Bryman, 2012).

This thesis is interpretive research, enabling the researcher to have a wider understanding of how informants think about issues formulated in the research problem. It is qualitative because it aims to uncover the meaning, experience, and values implicit in society or culture. In this case, it seeks to understand the meanings the older adults give on elderly homes and how these meanings influence aging based on obtaining opinions, views, and behaviours in a social context. Qualitative research is an increasingly popular approach to social research, and as a research strategy, it is mainly inductive, interpretive, and constructionist.

Through the methods used in qualitative research such as interviews, social scientists learn the subject's interpretation of events, roles, institutions, and practices that make up their social world (Risjord, 2014).

3.3. Study Area

The research was carried out at Kariobangi Cheshire Home Nyumba ya Wazee. Nyumba ya Wazee is a Swahili word meaning home for the elderly. It is in Kasarani Constituency, Nairobi

County. Kariobangi is located 8.5 km from Nairobi's City Centre. The home operates in the Kariobangi and Korogocho slum area. The area has a population of 81,288 people within 2.0 square kilometres, according to KPHC (2009). It is a low-income residential area and a notorious slum area facing a wide range of socio-economic problems such as poverty and lack of basic survival needs that affect the elderly to a more considerable degree. Just adjacent to the Cheshire elderly home is the Korogocho slums, the fourth largest slum in Nairobi. The name `Korogocho` is a Swahili word meaning crowded.

The Kariobangi Cheshire home was started in the 1980s to meet the needs of the poor elderly by Help Age U.K and Caritas, Austria. Later there was a rising need to help the elderly slum dwellers, which paved the way for more donations and a day-care centre, dispensary, dining room, and a chapel for the elderly. Today the home is a permanent residence for just over forty older adults, and it has a day-care program for over two hundred older people from the neighbouring Korogocho slums. The home is being cared for by Franciscan Missionary Sisters for Africa, and their mission is to uplift the quality of life of older people in need, some with a disability, and regardless of sex, race, colour, or creed (CDS, 2020).

The place was a home for the world's oldest student, Mr. Kimani Maruge, brought here by the Red Cross after being an Internally Displaced Person (IDP) at a camp due to post-election violence in 2007 in Kenya. He attended grade 3 and 4 here before he died at age 90 in 2009.

3.4. Target Population

A population is the theoretically specified aggregate of the study element from which the sample is selected (Bryman, 2012) The target group is the elderly in homes in Kenya. One home was chosen, the Cheshire Home for the elderly in Nairobi County, but the results will be relevant for the care of the elderly in Kenyan homes. The aim was to determine the reasons the elderly give for their placement in this home and their attitude.

3.5. Sampling Size and Sampling Technique

According to Bryman (2012), one problem qualitative research faces is establishing how many people the researcher will interview if theoretical considerations guide the selection. However, he argues that the sample sizes in qualitative research should not be so small that it can make it difficult to achieve data saturation and not be so large that it is challenging to undertake an in-depth case-oriented analysis.

The research took place at Kariobangi Cheshire home, which was selected randomly among other institutions in Nairobi.

The study used the purposive technique of sampling. According to Bryman (2012), a purposive sampling approach aims to sample participants in a strategic way to answer the research question correctly. This sampling approach requires explicit inclusion and exclusion criteria, often based on the research question. In this case, snowball sampling, a technique of gathering research subjects by identifying an initial subject used to refer the researcher to the other subjects, was used. In snowball sampling, the subjects then expand the web of contact for the researcher.

To recruit informants, I used the primary administrative contacts of the Cheshire organization. They connected me to the Kariobangi Cheshire homes administration, who assisted throughout the research by introducing me to the elderly at the elderly home. They in turn, introduced me to their fellow residents at the home.

According to Bryman (2012), there is no measure of significance in qualitative research, so when one reaches the point of no new themes, one will have reached saturation. Therefore, the sample size is rarely chosen in advance for data saturation reasons. For this research, the researcher reached saturation after 16 respondents; it was clear that no significant new themes were emerging at this point.

3.6. Data Collection Method and Tool

3.6.1 In-Depth Interviews (IDIs)

In-depth interviews are a technique designed to elicit a vivid picture of the participant's perspective. It enables the researcher to address sensitive topics and, the researcher can acquire an in-depth and detailed response. They can also obtain an interpretative perspective on themes such as connections, relationships, and beliefs of a person. Besides, it enables people to share and address sensitive topics that they may be reluctant to address in a group. The ideal data collection tool for this research was an in-depth interview guide. The importance of this is that it helps the researcher keep an open mind of what he/she needs to know about, so that the theory and the concepts can emerge from the data (Bryman, 2012). First, as the researcher, I had to determine whether the respondent was eligible for the study, seek oral consent from the participant, and then proceed with the interview. This method was used for data collection as some participants were more open when interviewed alone than in groups, as this was a sensitive topic. In-depth interviews enabled the acquisition of more private and sensitive information. It was also ideal in the sense that the researcher could interact with the respondent face to face. This way, the respondent was able to give more in-depth information.

Using an interview guide, with the interviews being recorded, there was a need to assure the respondents of confidentiality and seeking consent before recording the interviews. The researcher would take notes as the interview progressed. Although the research had some sensitive topics, and some respondents were reluctant to answer most of the questions, the researcher would try to renegotiate the respondents' consent and assure the respondents of confidentiality. There were also cases where some respondents would just answer for the sake of answering. In this case, the researcher would ask a similar question but in a different way. However, one respondent did not consent to be recorded, and therefore, the researcher had to write down the responses.

3.7. Language

Most of the elderly interviewed at the Cheshire home were illiterate. They could not read or write apart from few interviewees. However, most could speak the Swahili language and their mother tongue. Kenya has different tribes and subtribes, and therefore different languages are spoken across the country. For this reason, the researcher used Swahili, which is the national language, to conduct the whole interview. The interview recordings were then transcribed into English, which was later used for the thematic analysis. It is important to note that both English and Swahili are Kenya's official languages, but most older people cannot speak or write in English.

3.8. Data Analysis

The data was analysed thematically. I first transcribed the recorded interviews, which enabled me to internalize the data. As I transcribed the data, the data was labelled according to each interview with codes such as respondent 001, 002, and so on. I then went through the data and grouped them into themes based on the research objectives: To determine why the elderly place the elderly in the elderly homes and assess how the elderly think or feel about it.

Afterward, I pulled essential data from the grouped data according to the themes, then interpreted and analysed. I then made a report as soon as I identified a fuller meaning from the above interpretations.

3.9. Understanding the Themes as a Researcher

According to the feminist standpoint theory pioneered by Sandra Harding in (1986), people in different social, cultural, or even political class have access to information that the privileged in power do not have. This access could be by virtue of one's group identity that gives them access to evidence relevant to hypothesis development and theory choice. The researcher's social location and the social location of the subjects of social science research are thought to be

relevant. According to Cartwright and Montuschi (2015), the feminist standpoint theory gives rise to a notion of insider/outsider who has a double vision. This double vision is the ability to see the world both through the social scientist's perspective and the marginalized group's experiences.

Although this is a feminist concept, it applies to this research because, alongside theoretical and methodological background, I, as a researcher, have a background from the field of study. It is a strength in this case to be a Kenyan and have first-hand information and practical experience from the area of study and understanding the local language, which was a medium of communication. One could say that this, in a sense, provided an epistemic privilege to see and understand my thoughts as a researcher and the meanings that resonated from the older persons throughout the interviews. Furthermore, it has also shaped how I could be subjected to the same social forces I was studying, and therefore helped me identify my beliefs, norms, or experiences and not allow them to shape the data collection process.

3.10 Trustworthiness

Hopefully, the above has contributed to ensuring that my research findings are credible, dependable, reliable, and valid. According to Bryman (2012), we can strengthen the credibility, transferability, dependability, and conformability of data in various ways. Ensuring credibility can be done by adopting a well-recognized research method, developing an early familiarity with the participants' culture, employing tactics to ensure honesty in informants, having debriefing sessions with my supervisor, and doing peer scrutiny research. I tried to ensure trustworthiness by recording interviews for references and triangulating the data. This was done by asking similar questions but with a different approach and trying not to be too direct. The researcher also left all the sensitive questions for the final part of the interview; a conversation was allowed to develop through the other questions until the respondent had gained confidence, then finally was asked the sensitive questions.

3.11 Ethical considerations

The present research dealt with a sensitive topic. When interacting with the respondent, there was a need to maintain their dignity, rights, safety, privacy, and well-being. Therefore, the research followed four main ethical principles to ensure all participants' safety according to (Bryman, 2012): not causing harm to participants, participants having informed consent, privacy, and not being deceived.

Confidentiality and privacy were maintained through acquiring oral consent from the participant; oral since the participants were elderly who could not read and write. The researcher would also code the interview schedules to ensure the participant remained anonymous. Participation in the research was also voluntary. No participant was coerced into participating in the research.

The interviews were carried out in an open space at the elderly home to make the participants comfortable throughout the research process and reduce their stress levels. In order to avoid deception, the interviews were kept close to the research topic to be discussed. Whatever was read out to the participants in the consent form and study sheet is what was asked. The researcher did not introduce any new topic or asked out of topic.

Finally, there was a need to seek approval from the Norwegian Centre for Research Data before carrying out this research.

3.12 Conclusion

This chapter illustrated the research design, the study site where the researcher carried out the research, and the various data collection and data analysis tools. How data was ensured to be trustworthy and reliable and the ethical considerations the researcher took into consideration.

CHAPTER FOUR: FINDINGS AND ANALYSIS

4.1 Introduction

This chapter discusses the findings based on the research's objectives, which was to examine the reasons for the placement of the elderly in aging homes and the perceptions and reflections the elderly have towards this. Throughout the study, several themes such as aging and health, family and kinship alienation, poverty, different approaches to aging between men and women, traditional care system vs. elderly homes, and religion repeatedly emerged. These will be presented below.

Below I have divided the themes to reflect the thoughts of the elderly interviewed and how they repeatedly emerged from the interviews.

4.2. Demographic and Social Characteristics

Table 4.2.1. Shows the respondents' demographic information such as sex, age, marital status, education level, and primary occupation. This was pursued just to establish the nature of the population in the study.

Table 1 Demographic Information

Respondents characteristics	Category	Frequency(N) 16	Percent(%) 100
Sex	**Female**	**11**	**69**
	Male	**5**	**31**
Age	**60-70**	**12**	**75**
	70-80	**4**	**25**
Marital status	**Single**	**2**	**13**
	Married	**0**	**0**
	Divorced	**5**	**31**
	Widowed	**9**	**56**
Education level	**Illiterate**	**7**	**44**
	Read & Write	**1**	**6**
	Primary	**6**	**37**
	Secondary	**2**	**13**
	College	**0**	**0**
	University	**0**	**0**
Main occupation before	**Employed**	**3**	**19**
	Self-employed	**5**	**31**
	Unemployed	**7**	**44**
	Retired	**1**	**6**

These statistics are essential to understand the social characteristics of the target group. They indicate minimal participation of older people age 70-80; for reasons such as poor health, this theme

will be discussed in the subsequent sections. The statistics also indicate gender imbalance in participation. Both males and females are represented in this study', but there were considerably more female respondents, at 69% than males, at 31%. The most active group was from age 60 to 70, 75%, followed by 25% at age 70-80.

The marital status is a clear indication that the respondents are quite representative of this point. They seem to have been statistically ordinary people living normal lives. Only 13% of participants have never been married, 0% are currently married, 31% are divorced, and 56% are widowed.

One important aspect is that the level of illiteracy among older people in Kenya is relatively high. This helped me as a researcher, simplify my choice of words to the respondents. 44% of the respondents are illiterate, 6% could read and write, 37% had a primary education level, 13% had secondary, and 0% had college or university education.

Their main occupation in earlier life suggests if a loss of opportunities or availability of opportunities contributes to their engagement or disengagement in their old age at the elderly home, 19% were employed, 31% were self-employed, 44% were unemployed, and 6% were retired.

4.3 Perceptions of the Elderly Regarding Elderly Homes

This section focuses on the reasons the elderly gave on why they are residents at the elderly home. It also discusses the attitude and feelings of the elderly towards their stay here. The specific themes that repeatedly resonated from the interviews will be discussed in this section, and the respondent's narratives will be presented under the identified themes.

4.3.1 Aging and Health

Health is a fundamental human right, and according to UNDESA (2015), the aging population in Kenya faces several health challenges, both physical and mental. It is increasing the demand for personal care needs among the elderly. It is evident throughout this study. All the elderly in this

home were somehow frail and sick. Dementia was evident in some of them; therefore, they could not be interviewed. Others were suffering from visual and hearing loss, arthritis, and high blood pressure. The facility has nurses who take care of the sick, but most of these diseases require specialized treatment, which the elderly have limited access to. They must wait for months to get an appointment at the Kenyatta National Hospital, Kenya's biggest referral hospital in Nairobi. The few that I interviewed were in a good mental condition but had an accompanying physical illness. The findings also indicate that most of the elderly perceive poor health as a hindrance to achieve their life goals or engage in everyday activities or just eat their favourite food.

The idea of sickness being a hindrance in achieving desired goals and loss of opportunities can be found in what a female aged 75 says:

> I have arthritis, and my condition is getting worse even now; walking is a problem, I need help to move around. I get medicine and care that I could hope for, how I wish the government could help us because you see all these faces you see are sick in different ways. We need doctors to evaluate our situations differently and better. It may help us engage in activities such as cooking, weaving, cleaning, and I loved to play soccer. I wish I could do that again. We might look old, but there is potential within us, and we could do much if it were not for sickness" (Respondent 003).

Another respondent, aged 80, talked about how ill-health is the main reason she sought help at the Cheshire home by saying:

> My daughter look at me! I am old and sick with nobody to take care of me. I cannot fend for myself, and my family abandoned me. I depend on workers here even to just move around. I am nothing if I do not get to live here. Therefore, I live here because of my poor health. I lost my sight ten years ago, and I cannot see, my back hurts most times, you see my daughter I am here on earth waiting for Gods time to die (Respondent 011).

The above reflects most elderly interviewed. Two main ideas on aging and health emerged frequently: most associate their poor health to be a hindrance to their capability level and, second, poor health is a reason for them to enter and be at the elderly home. This is often expressed in the material.

Accessing medical care for the elderly in Kenya can be challenging. The institution helps them access primary health care, which would be difficult to achieve on their own. Some like respondent 003, despite their health challenges, are optimistic about continuing their former self, which is quite impressive.

4.3.2. Family and Kinship Alienation: The Home as a Substitute

Cumming & Henry (1961) noted the importance of family. However, what happens when one is rejected by the family that is to care for them in old age? or does not have a family? That is the case for older adults at the Cheshire home. No doubt, most of them look at this home as a substitute for the missing family structure. Being rejected or abandoned in old age in Kenya is common nowadays.

I have seen older people being branded witches and are outcasted from their ancestral land or even burned to death from experience. Some respondents were brought here by their families, others came on their own, but their families do not visit them. Some express the desire to be taken care of at home or have their families visit, but others are comfortable living without their family's association. The common thing about all the interviewees is that they are alienated from their families. Therefore, most form a special relationship with each other and the staff at the home. Most express this to be a coping strategy for them.

Let us now see how rejection and abandonment by the immediate and extended families are expressed by a male aged 70. The reality is quite brutal:

> I am a lonely man, forget about my kids! They do not want anything to do with me, not even my other extended families. They took my land, said am a witch, and had me leave the village. They do not visit me here either (Respondent 011).

An example of how new relationships are formed as a substitute for the missing family structure and used as a coping mechanism at the elderly home is expressed by a woman aged 67:

> We live like brothers and sisters here. We sit down and tell stories, reminding ourselves of our younger days, eat together, and pray together. For example, I refer to him as my brother. I have grown children, but they do not want anything to do with me, so I am here. Their work is just to drink alcohol and smoke harmful drugs, but what can I do? This home is my new family, and I love them. At least I will not die a sad, lonely woman (respondent 001).

Another expression of how new relationships are formed and having a substitute family at the elderly home comes from a female aged 67:

> I like it here, all these people here are my family and the sister is like my mother, even though I am older than her. We also receive many visitors from outside who come to support us. To us, they are our friends (Respondent 007).

However, three of them expressed the importance of family and longing for something they lost, and such is a male aged 69:

> I wish to be cared for at home with my family, be around my grandchildren and children; although I know it is impossible, I just pray it could happen (Respondent 006).

From the responses above, we can say that family is vital to aging adults. The above is also reflected in the literature (see ch. 2.6 and 2.8). Although they might be separated from their real families, the elderly here build new relationships to reconnect or replace the missing family

structures to help them in everyday life. They are resilient despite the brutal reality they face, which is a clear indication of continuity in life. This gives them continuity to life as opposed to death. However, some who are separated from their real families wish they could live at home and be cared for by the people they know. The disconnection that the home represents gives them a reason to establish meaningful bonds with each other at the elderly home – to reconnect. Although the continuity theory stresses family importance when one is aging, it is evident that the elderly homes possibly disengage them from their families. The elderly themselves counters this with a re-engagement in the home itself.

4.3.3. Poverty

Old-age poverty is a challenge in most global south countries, including Kenya. According to NCPD (2016), 56.4% of older Kenyans were living in poverty, which is higher than the national average of 45.9%. Poverty emerged as one of the main themes throughout the interviews. Most elderly attribute this as one of their main reason accompanied by various health challenges to be living at the Cheshire home for the elderly. Poverty is different from illness because, unlike illness, poverty has a solution. It can be corrected. Which was what the home itself did. That is why most were thankful, which is a natural reaction

An illustration of how the elderly home is an escape from poverty is expressed by a female aged 68:

> I am here because I had nothing, I had no food, no clothes, I mean nothing. I was living in a house that the roof was falling apart. My health became worse because of the deplorable conditions I was living in here in Korogocho slums. My child, poverty, and ill-health are a curse. You can see that I am disabled. I cannot work at my age. A family member brought me here, and luckily assessed my situation and accepted me. Nobody

> visits me since then. I am thankful to be here, and I am a happier person than before, and I pray for these elderly homes work to continue (Respondent 002).

Poverty is a reality like bad health; therefore, the new home becomes a haven to them. It has sheltered them from social ills such as hunger, as stated by most. A 64-year-old male expresses this.

> This home is a saviour. I get food, clothes, medicine, and everything they could give that I did not have before. I used to sleep hungry or go out and beg. I do not have to do that anymore. I was a burden to my children, who were also struggling. They only clean people's houses to care for their families, so I brought myself here and told the sister I am here to stay if I go back, I will die. My health has improved very much since I came here

A concept of escape from old age destitution is directly illustrated by a female aged 75. The idea supports the above sentiments, and at the same time, she expresses gratitude for being accepted here:

> I am old now, and I thank God I was accepted here on compassionate grounds; I was destitute before I found myself at Cheshire's gate. I feel like I would have died if I did not get help here. I am thankful for this home (Respondent 003).

It is evident from above that poverty, family alienation, and health are intertwined; poverty affects their health, hindering them from living a normal aging life. It has made some of them disengage from their families due to the burden it brings. Some families simply do not have the means to care for their aging relatives, social and medical needs due to poverty. Some families give up on their frail old relatives, some send them to the elderly homes and never return, and some elderly find their way to the home. However, their placement in this home gives them a new meaning and a continuation of their former selves, and most expressed being happier here. Most were thankful for the help they receive at the elderly home.

4.3.4 Religion

The Cheshire home for the elderly is a faith-based institution. Kenya is a religious country. Approximately 70% of Kenyans are Christians, 25% are adherents of traditional religions, and 5% are Muslims (UPENN, 2020). The respondents attribute their lives to a supreme being. All the interviewed residents in this home are Christians. It is not a surprise but quite a natural thing to do because they are elderly, have broken relationships with their families, are in poor health, and they have been relieved from poverty and are thankful for being here. They express this quite open and straightforward in several ways, but one although Christian questioned the existence of his faith.

Religious belief is something that resonated from the interviews quite often. To most, this home is part of God's plan to help them, and prayers are an escape from their suffering. This is expressed by a male aged 60:

> This place is good, and I can say God helps the people who help the old. May He continue to bless them. I would want the houses to be increased to help more poor older people, and during my prayers, I always ask God to give our sisters strength for them to continue helping us. Where you find yourself in life is part of God's plan; maybe that is why I am here. Whenever I feel lonely or lost, I just pray (Respondent 010).

Religious beliefs and religious practices are used by the elderly to cope with their ill health and living at home. It is used as an acceptance to total physical disengagement through death but a continuation of spiritual engagement after death. This is expressed by a female aged 68:

> We go to the chapel every day to pray; we ask God to spare us the old from the hardships of this life and sickness. I pray for those that care for us. Prayers give most of us comfort, and we know God loves us.

> I look forward to dying because I have made my peace with my God. Despite being abandoned, I always look forward to a better tomorrow with God after I die. (Respondent 015).

However, very few are questioning their faith in God. They are Christians but have trouble making sense of their misery and sickness. Such is demonstrated by a male aged 75:

> Why all this suffering? Why can't God help us? My health is getting worse every day; my life is miserable. I am almost giving up; I do not feel like praying anymore neither going to the chapel.

Most elderly here demonstrate a strong relationship with God. Despite the challenges they face every day, their faith in God gives them peace and hope for tomorrow. To most, this is what has kept them alive, it seems. It has helped them accept their new environment and gives them continuity to life by feeling in the disconnection they have with their families and themselves. However, very few feel a disconnect between them and God due to the lack of solutions to the problems they face in old age. To others, it is a process of disengagement through death.

4.3.5 Traditional Care Systems for the Elderly vs. Elderly Homes

Traditionally in Kenya and most African societies, immediate or extended families were responsible for caring for the old. As we have seen, the traditional systems are collapsing due to urbanization and westernization. Kenya needs to adjust itself and includes more policies and the building of more elderly homes that will cater to the aging population's needs.

Some of the elderly, such as a female aged 64, expresses the importance of the elderly homes and the need to have more such homes.

> I wish we could have more homes to take care of us. I was lost before I came here and am thankful that more homes like this will help other old and sick people like me. I wish more could have a chance like mine because I was turned away in two homes. You even see

> kids moving from the village coming to Nairobi and leaving their desperate old parents behind. It is not good. (Respondent 004).

Others, such as a male aged 63, express the desire to have the traditional system care for the elderly due to its cultural importance and, at the same time, acknowledges the important roles the elderly homes have in society.

> How I wish children today could take care of us like we took care of our parents, you see. As a boy and a young man, I took care of my parents and grandparents until they died. I miss my family. I love them, but I feel like they do not love me. I see many older people suffer, and I pray that the government comes to our rescue and sees how these homes can help more people and urge families to continue caring for the old and offer support for them. My ancestors will be happy if I am to die in the village, but here I will die like a stranger and be buried in a strange land (Respondent 009).

A male aged 66 strongly states the importance of the traditional care system for the elderly and the need for it. If given a choice of being cared for at home, they will take it.

> It is a shame, my child. It is a shame. What have we done to deserve this? We deserve to be in the village with our families and see the next generation grow, but kids nowadays think we are a burden and do not want us around. It was not like this 50 years ago. We need to live as a community in a homestead and care for the elderly and the sick. I would be taking care of my cow and sheep and sit on the farm to enjoy the good air since I am sickly. I am here because I have no choice, and it is a shame and lonely. (Respondent 013).

The findings indicate that the elderly here have different opinions regarding how they should be cared for. They have mixed responses and are in support of the elderly homes and the traditional care system. Some thought the elderly homes are the best since the world is changing, and they

cannot rely on families to care for them. However, others, especially men, express a strong desire to be cared for by the families in their homes. There is also a difference in response between men and women. More women are flexible living at the elderly home and home, but most men express the need to be cared for at home, and challenges such as poverty, family alienation, and bad health hinder them. Therefore, they live at the elderly home by chance and not a choice. Some respondents also thought the traditional system give a higher degree of continuity by being around their families.

4.3.6 Different approach to Aging between Men and Women

Atchley (1989) attributed aging to sexes. He believed that women have more ease of aging than men due to their familial roles, such as primary caregivers. For men, their continuity identity is built around employment and being a provider, and once this is lost through aspects such as retirement, most find it hard to cope. On the other hand, women are accustomed to changes in families, such as the loss of a loved one through death. There is a noticeable aging difference in gender at this elderly home too.

The illustration below is of a woman aged 65. It indicates how women's past roles and loss of a loved one in a family shape their approach to aging and accepting their new surroundings, the elderly home. This aspect resonated throughout the interviews among women.

> I miss having my home, all my children died, and I had to accept it is the will of God. My husband left me because he could not deal with it, and he thought I killed our children. It is life, and it must go on. Even here, I accept myself. There is nothing more to hold on to apart from my new life here. I am used to pain, so it does not affect me anymore. (Respondent 014).

However, it is common in most African households for males to be the providers and bosses; usually, they are accorded much respect within the family. They also hold so much passion and

respect for their careers and circle of friends. When this is broken or taken away, most find it difficult to adjust to the changes and new environments. A 77-year-old man expresses an example of this:

> It is hard for me to be here, but I have to accept it. I sit alone most times because I do not want disturbance. I do not like being told what to do. I used to be the boss at home. I miss my friends and drinking liquor together after work. Life here is stagnant, and I wish I could go back to the good old days (Respondent, 012).

The findings indicate that men's and women's approach towards aging is quite different, which is common in the material. The women almost have a full acceptance of their situation and new surroundings. Their past experiences probably shaped this at a family level as caregivers. Their resilience, patience, and the ability to cope with life changes help them accept their aging process and their golden years' institutionalization. For men, their career and social bonding with friends have been detached from them and status within the family broken. The concept of them forming new meanings in life can be difficult, especially in the elderly home setting, where they must follow the stipulated rules.

At the elderly home, I also noticed that women make some groups and talk to each other, and even laughing. However, most men distance themselves and sit alone or together, but in most cases, not communicating with each other. Atchley's claim can be attested here.

4.4. Conclusion

As we have seen, various themes repeatedly emerge throughout the study. It is important to note that these themes relate to each other in one way or another.

The first theme that emerge and is important, is aging and health. All the elderly interviewed have health problems. It includes blindness, dementia, and arthritis. Most associate this with old-age poverty and lack of government support to care for them. The respondents indicate poor health as

one of the main reasons they are at the elderly home. All this has caused a disconnect between the respondents' former selves and their families. Optimism is shown in some despite the poor health. If it were not for bad health, they would engage in their former activities, such as playing soccer. Some rely on each other to cope with poor health and institutionalization of their lives, and others rely on their faith in God to help them cope.

Family and kinship alienation is another theme that emerge. Most respondents indicate the importance of family; however, most are separated from their families due to various reasons such as poverty and ill-health. This are reasons they are at the home. Some express the desire to be with their families while some are okay living at the elderly home. To replace the missing family structure they wish to have , the elderly at the home have formed a special relationship with each and the staff. This is how most say they cope with the void of not having families.

Old-age poverty is a serious and real issue. The findings show that most of the elderly lacked basic needs, such as food and shelter, before finding help at the home. Some also associate their health problems with poverty. Some have low-income families and are unable to care for themselves; due to poverty, most expressed they could not meet their basic and health needs, and that is how they came to the home. Most were thankful for the home.

Different approaches to aging between men and women resonate as a theme from the respondents. Compared to men, women are more flexible, adjusting to the institutionalized life, which is the elderly home. Women interviewed indicate that their past lives shape their transition into the elderly home, including loss of opportunities and a loved one through death or abandonment. Some male respondents say they have a hard time adjusting to the home because they do not have a say in what goes around. This is because of the provider roles they had and being in the workforce; however, their poor health and poverty force them to stay at the home, making them feel disengaged.

Religion embark as a theme from the respondents. Most have religious practices and beliefs that they follow. In the statements above in different themes, there is a mention of "God" and "pray" quite often. Most emphasized, they have a relationship with God. It gives them a certain equilibrium in life, and a sense of belonging. Prayers, and faith in God is also used by most to cope with loneliness, personal and health issues, which give them a continuum in life. However, one say he is a Christian, although he questions why he is suffering health-wise and socially when God is there, he feels no desire to pray amidst the misery. The thoughts lead such to disengagement between themselves and their faith.

The last theme that emerge from the findings is the perception of the elderly on the traditional care system for the elderly versus the elderly homes. This sparks different thoughts between the respondents, especially between men and women. Some, especially women, think the elderly homes are a good and better way to take care of the aging. They align and acknowledge this to changes in society, such as rural-urban migration. There is a mix of thoughts between some men and women, who support both the traditional means and the modern means of caring for the old. Some men strongly state the importance and cultural value of being cared for in their homes and not the aging home. A common denominator among all the respondents is that they are here due to life difficulties, such as poverty, collapsing of traditional means of caring for the old and ill health that emerged as themes. The respondents who have mixed thoughts or are in support of the elderly homes show some aspects continuation of their lives contrary to the ones that think only the traditional means is the best.

CHAPTER FIVE: DISCUSSION AND CONCLUSION

5.1. Introduction

This chapter sums upon discussion and conclusion based on the findings, problem statement, literature review, methodology, and theoretical framework on previous chapters.

5.2. Discussion

Our problem statement is that there is a relative increase in the aging population. The majority of the elderly in Kenya enter into old age without any formal social security and, therefore, have to rely on their families. This is problematic because the traditional family structure is collapsing, and there is a lack of mechanisms to replace such, exposing the elderly to social ills such as poverty. It means that if Kenya does not put enough measures to address the needs of the elderly early enough, such as having elderly homes as an alternative to care for the increasing aging population, it will prove to be disastrous in the coming years.

The study's objective and the problem statement is to determine the reasons the elderly give for their placement in the elderly homes and assess how the elderly think and feel about their situation at the elderly home.

This study adopts an interpretive method because the main goal is to uncover the meanings, understanding, and experiences the elderly have towards the elderly homes and how this meaning influences their process of aging.

The two theories adopted in the study are the continuity theory of normal aging and disengagement theory. These theories will be discussed according to the material's findings, and this will be used to understand the perception the elderly have regarding the elderly home and if it gives them continuity to life or disengagement.

The findings indicate that aging is a diverse process and entails different dimensions, such as physical, social, and psychological aging. Kenya being a low-income country lacks enough

policies to care for the elderly. The available elderly homes are very few and cannot adequately cater to the aging population's needs. Through the themes, we can conceptualize continuity and disengagement, as reflected by the respondents.

The elderly's reasons for being in the elderly homes and their attitudes towards are coined into two aspects according to the theories used. This is disengagement and continuity, as discussed below.

5.2.1. Disengagement

The disengagement theory involves a gradual and inevitable mutual withdrawal that decreases the interaction between an aging person and their society. It can be caused by loss of opportunities or vigour. According to Cumming & Henry (1961), The aging person withdrawal may be accompanied by an increased preoccupation with themselves or certain institutions in society make the withdrawal easy, and a new equilibrium is formed characterized by a greater distance and altered relationships

Connecting the themes with the disengagement theory, it is evident that there is a gradual and mutual decrease in interaction between society and the elderly. Most of this has been caused by the altered relationships that the elderly have with the families. The elderly home as an institution has made the withdrawal easy. Cherlin (2004) argues that the family offers emotional and social gratification to individuals when they grow old, but the respondents have broken relationships with their families. It makes them leave the environment and the people they know well to live in a new environment. This detachment from their loved ones has caused disengagement. This is expressed throughout the interviews. Some miss their homes and families. If given a chance, they will want to be with their families. The elderly therefore feel the above factors disengages them.

Various aging health complications prevent the elderly from engaging in everyday life activities. This includes activities from before, such as going to work and taking care of their families. Some of the elderly here are retired. It changed their social lives and the interaction they had with their friends. Some rely on the staff for simple tasks such as mobility. Most articulated this hindrance to their poor health. The respondents expressed the desire to engage in former activities such as working. Some think that if it were not for bad health, they would be having hobbies such as playing soccer. They feel they are hindered by their poor physical health. Therefore, to them poor health causes a disconnect between them and their possible active engagement in the elderly home and society.

When asked how they feel about the elderly homes and the traditional care system, the response is mixed. However, on the level of disengagement, it is evident that most especially men who support the traditional care system feel like the elderly home itself disengages them from their families and prospects, such as looking after their animals in the village. Nyangweso (1998) states how the elderly can be against elderly homes because they think it is untraditional and alienates them from their ancestral homes. There is nothing much for them to do at the home. They would wish to be cared for by their families. Families offer a certain equilibrium of physical and emotional continuity to the aging, which the elderly feel it is hard unless they re-create family structures within the elderly home.

Postulate 3 of disengagement states that the process of disengagement differs between men and women. Atchley (1989) had gendered views on aging. It emerges as a theme on its own- Most men find it hard to adjust to the elderly home because of the previous positions they held at work and home; women had a smoother transition living at the home and based this on their familial roles. According to most men, they feel they are being controlled by following the rules at the home while before they were in control of their own lives and their homes. The

moment they lost that superiority complex by being residents at the elderly home, their disengagement process began. To them loneliness kicks in at this point, which is a form of disengagement.

A change in an individual's personality causes decreased involvement with others and increased preoccupation with themselves, especially among men, which is evident from my observation at the home where men avoid participating in talks. They opte to stay by themselves rather than being in groups. Changes in lifestyles due to poverty increased the level of disengagement among the elderly at this home. They feel lonely, lost their families, and what they knew in life. They are now in a new environment that they need to adapt to and possibly live in for the rest of their lives. It is a natural thing for a human being rejected or abandoned to feel lonely and cut communication or interaction with the world around, which is disengagement. Most of the participants in this study are women because it was easy for them to agree to the interview, but for some men, they had to be convinced while others simply declined.

5.2.2. Continuity

The actual continuity that resonate from the material is limited compared to disengagement. It is important to note that continuity, in this case, is mostly expressed as respondents' thoughts or reflections of the past or future.

The continuity theory states that middle and old-aged adults make adaptive choices by preserving their internal and external structures by using their experience. The theory assumes progress and not homeostatic. The unique environment that the elderly have known most of their lives offers the most probability of successfully planning for their future. Structuring choices to the changes brought about by normal aging. Most continuity theory concepts such as normal aging, internal and external continuity are limited in the elderly home environment.

First of all, normal aging as a continuity theory concept suggests that there is a lack of mental and physical diseases. The aging adults can meet their needs, such as housing, medical and recreational needs. An older person moving to a retirement home departs from normal aging but is not pathological. From the findings, every individual I interviewed or interacted with have some sort of illness, and therefore, normal aging does not apply to every aging individual, they clear state they cannot take care of themselves. They, in one way or another, experience pathological aging. The elderly acknowledges poor health to be a cause of their disengagement. They respond to this by understanding that they cannot re-engage in their former activities, such as playing soccer, because they cannot change their poor health status.

The internal continuity among the elderly is mainly expressed through religion. The older persons have strong beliefs and values that help them cope internally with the aspects of life. They have religious beliefs and practices that they engage in, such as praying and going to church. Having lost the most important things in their lives, such as family, it is expected for most to turn to God for some sort of assurance. They understand they are disengaged from their families, and sickness also disengages them from performing certain activities. The elderly therefore counter this by creating new inner meaning by establishing a relationship with God. They believe God is responsible for their well-being at the home and talk to him through prayers. By doing so, they respond towards continuity to life in old age. However, internal continuity requires memory; therefore, those who have memory loss could not be interviewed because they cannot present continuity of identity and self.

External continuity emphasizes the need for familiar physical and social structures and relationships, such as friends and family, which serve as insurance in old age. According to Antonucci and Akiyama (1987), family members are a pivotal convoy of support that provides

continuity to individuals as they grow, mature, and age. It helps aging adults to cope with the changes that come with old age. According to the findings, the older people here have broken relationships with their families, which has reduced their external continuity and implies disengagement. The elderly respond by creating continuity. They establish a new meaning of family and friendship with each other and the staff. This helps them adjust to the new social environment. The level of poverty and life challenges experienced by most did not give them a chance to make any personal or future goals. Therefore, to the elderly, it is important to have the newly established relationships at the elderly home to give them a sense of continuity to life.

To the elderly, inasmuch as the elderly home is a disengagement from important aspects of their lives, such as family, they have created a new meaning of life at the elderly home and attribute this to be their haven. They acknowledge the home has given them a second chance to live, and they have to adapt to live there. All the elderly came to this home for various reasons. Therefore, they are grateful to be here. To them, this is a chance towards continuity to a better life away from poverty, loneliness, and extreme sickness. To them, this home provides a sense of continuity.

Their circumstances strongly shape the level of continuity experienced, in this case, the institutionalization of their lives, and the will to survive. Although some expresse the desire to have a continuum of their lives, they are hindered by various factors. The major one is the elderly home itself, their poor health, and alienation from their families.

5.3. Conclusion

With the analysis of the older persons' perceptions of the elderly home, it is best to conclude that disengagement in the elderly home is higher than the level of continuity. The home itself

mainly disengages the elderly in various ways. It is important to also say that both the disengagement and continuity theory are important in understanding the meanings the aging persons give towards aging and the elderly home. The above analysis expresses the meanings the elderly has regarding the elderly homes and how they feel about them. The same outlines the reasons why they are at the home and what their coping mechanism are, if its is continuity or disengagement. It is also evident that aging is environmental and culture-bound. (see chapter 2.8)

The result of the study reveals how the elderly view their stay at the elderly home. Despite some wishing for care at home, it is evident that the elderly home shields them from adverse social ills such as poverty and rejection that all have been subjected to before. The home provides them with basic needs such as food, clothes, shelter, and medicine. Since the home itself is a disengagement factor. It proves from the study to be a vital mechanism in caring for the elderly, especially from poor backgrounds. It also offers a sense of internal continuity.

Kenya needs to adjust and establish more elderly homes as a country to care for poor older people. They get a decent life here compared to living on the streets, especially after being rejected by family. The results also indicate that most of the elderly enter old age without any formal social security; therefore, they need to rely on families for care. Unfortunately, relying on families is proving to be disastrous. Having more elderly homes is essential in mitigating the problems the poor elderly experience, such as poor health, poverty, and family alienation.

5.4 Recommendation

Does this study ask for any recommendations?

An increase in the world's aging population is a reality that is already taking a toll on Sub-Saharan Africa. The care for the elderly has significantly changed, and Kenya needs to adjust

and address this issue. Based on this study's findings, the following recommendations are put forward that require government support at the national and county level, non-governmental organizations, decision-makers, families, researchers, and the elderly as the key stakeholders.

a) Due to changes associated with urbanization and migration, having more elderly homes available to cater to the elderly's needs will prove fruitful. For example, the Kenyan government can build one major elderly home per county around Kenya. This will mean the poor elderly in rural areas can easily access services and not have to travel to big cities for help. At the same time, this will preserve the cultural well-being of the elderly because they will be in a familiar environment and speak a common language that they know.
b) There is a need for more research to be done on aging. There is a lack of adequate available data to use in any comparison, monitoring, and evaluation.
c) Kenya has a dearth of geriatricians. There is a need for the Kenyan government to facilitate enough geriatricians training to help reduce the burden of disease associated with old age.
d) More policies targeting the aging population should be formulated and implemented. This policy should navigate around the social welfare and health issues of the elderly in Kenya.
e) Various stakeholders can work with low-income families by offering economical solutions, such as helping them start a business. Through this, they can generate an income and can care for their aging relatives. This move will cushion the elderly from the family alienation they face.

f) A mixed approach to care for the elderly could be implemented. It means that the traditional family care system and the elderly home care system could be used simultaneously to care for the old. For example a person placed in the elderly homes could have days off to spend with family and vice versa.

REFERENCES

Antonucci, T. & Akiyama, H. (1987). Social networks in adult life and a preliminary examination of the convoy model. *Journals of Gerontology 42*, 519–527.

Arlie Russell, H. (1975). Disengagement theory: A critique and proposal. *American Sociological Review* **40**(5): 553-569.

Atchley, R. C. (1989). A continuity theory of normal aging. *The Gerontologist 29*; 183–90.

The Kenya Social Protection Policy (2011). Ministry of gender, children and social development, Republic of Kenya.

Bryman, A. (2012). *Social research methods*. Oxford: Oxford University Press.

Centre for Affordable Housing Finance in Africa (2020). 2019 Kenya population and housing census reports. Retrieved from: http://housingfinanceafrica.org/documents/2019-kenya-population-and housing-census-reports/#:~:text=The%20Kenya%20National%20Bureau%20

Cherlin, A. J. (2004). *Public and private families*. Boston, United States: McGraw-Hill

Morgan, L.A. & Kunkel, S. R. (2011). *Aging, society and the life course*. New York, United States: Springer publishing Company.

Chesire Disability Services Kenya (2020). Kariobangi Cheshire homes. Retrieved from https://cheshiredisabilityservices.org/kariobangi-cheshire-homes/

Coleman, P., Cumming E., & Henry W. (2008). Growing old: The process of disengagement. *Ageing and Society* **11**(2): 217-220.

Cumming, E. M., & Henry, W. E. (1961). Growing old: The process of disengagement. New York, United States: Basic Books.

Dotchin, C. L., Akinyemi, R. O., Gray, W. K., & Walker, R. W. (2013). Geriatric medicine: Services and training in Africa. *Age and Ageing 42*(1); 124-128.

Douglas, R. (2016). The aging of Africa, challenges to African development. *African Journal of Food, Agriculture, Nutrition and Development* **16**.

East African Living Encyclopaedia (2020). Kenya-religion. *African Studies Centre*. Retrieved from https://www.africa.upenn.edu/NEH/kreligion.htm#:~:text=Kenya%20%2D%2DReligion,Sikhs%2C%20Parsees%2C%20and%20Bahais

Evans, J. G. and J. Bond (1997). The challenges of age research. *Age and Ageing* ***26***(4); 43-46.

Erikson, E., Erikson, J. M., & Kivnick, H. (1986). *Vital involvement in old age: The experience of old age in our time*. London: Norton.

Erikson, E. H., Erikson, J. M., & Kivnick, H. Q. (1986). *Vital involvement in old age*. New York, United States: W. W. Norton.

Gutmann, D. L. (1987). *Reclaimed powers: Towards a new psychology of men and women in*

Harrefors, C., Stefan S. & Karin A. (2009). Elderly people's perceptions of how they want to be cared for: an interview study with healthy elderly couples in Northern Sweden.

Scandinavian Journal of Caring Science **23**(2): 353-360. *later life*. New York, United States: Basic Books.

Help Age International (2013). Sustainable development in an ageing world: A call to UN Member States on the development agenda beyond 2015.

Khayesi, M. K. (2011). Information behaviour in healthcare of home-based elderly people in Nakuru District, Kenya. *Dlitt Et Phil In Information Science*.

Kumar P. A. (2013). *Living arrangements of elderly in India: A comparative study of Uttar Pradesh and Kerala*. Indian Journal of Gerontology 27; 495-518.

Maddox, G. L. (1968). *Retirement as a social event in the United States*. In B. L. Neugarten (Ed.), Middle age and aging (pp. 357–365). Chicago: University of Chicago Press.

Macrotrends (2020). Kenya life expectancy 1950-2020. Retrieved from https://www.macrotrends.net/countries/KEN/kenya/life-expectancy

Margaret, H. H. (2018). What does it mean to age successfully as a woman in modern America?" *Generations (San Francisco, Calif.)* ***41***(4): 116-123.

Mbiti, J.S. (1969). *African religion and philosophy*. London: Heinemann.

Menashe-Oren, A. and G. Stecklov (2018). Rural/urban population age and sex composition in sub-Saharan Africa 1980–2015.

Morgan, L. A. and S. R. Kunkel (2007). *Aging, society and the life course*. New York, United States: Springer Publishing Company.

Morgan, Leslie A., and Suzanne R. Kunkel, (2007). *Aging, society, and the life course*. New York, United States: Springer Publishing Company.

Nancy, C. & Eleonora, M. (2015) Philosophy of social science: A new introduction. Ch. 8: Feminist standpoint theory. *OUP Oxford Kindke Edition*.

National Council for Population and Development (2016). Kenya population situation analysis, Nairobi, July 2016.

National Institute of Aging (2020). When it's time to leave home. Retrieved from https://www.nia.nih.gov/health/when-its-time-leave-home

Nico, K. (2006) Housing the elderly in South Africa: a Free State case study. *South African Geographical Journal* 88(1); 32-38, DOI: 10.1080/03736245.2006.9713844

Nyangweso, M. A. (1998). Transformations of care of the aged among Africans - a study of the Kenyan situation. *Aging & mental health* **2**(3): 181-185.

Noelker L. S. (2006). *The encyclopaedia of aging: Fourth edition*. New York, United States: Springer Publishing Company.

Paul, D. (2011). Population and development review. *Wiley **37***; 249-274.

Risjord, M. W. (2014). Philosophy of social science: a contemporary introduction. New York, United States: Oxfordshire, England, Routledge.

Rowe, J. W. & Kahn, R. L. (1998). *Successful aging*. New York, United States: Pantheon Books.

Streib, G. (1962). Toward a theory of revolution. *American Sociological Review 27*(4), 561-562. Retrieved from www.jstor.org/stable/2090049

Simmons, O.G. (1960). *The mental patient comes home*. In: Tabbits & Denahue (Eds), Ageing in today's society. Englewood Cliffs, NJ: Prentice-Hall.

The conversation (2007). How Kenya can ensure adequate healthcare for its older people. Retrieved from https://theconversation.com/how-kenya-can-ensure-adequate-health-care-for-its- older-people- 70163

United Nations Department of Economic and Social Affairs (2016). World population ageing 2016.

United Nations Department of Economic and Social Affairs (2019). World population ageing 2019.

World Population Review (2020). Kenya population 2020 (Live). Retrieved from https://worldpopulationreview.com/countries/kenya-population/

NSD INFORMATION SHEET (DELIVERED ORALLY)

NSD REFERENCE NUMBER: 644695

AGING IN KENYA: A QUALITATIVE STUDY OF RESIDENTS AT AN OLD AGE HOME

This is an inquiry about participation in a research project where the main purpose is to understand the concept of aging in Kenya and how elderly homes are perceived by the elderly. In this letter, I will give you information about the purpose of the project and what your participation will involve.

Purpose of the project

The study will be qualitative in nature and thematic analysis will be used to analyse the primary data collected from the field. The reason is to explore what factors really play a role in the placement of the aging adults into this home for the elderly, in a once traditional society. Of importance is to also find out how the elderly feel living in the elderly homes and perhaps if these homes could be a mechanism to care for the old.

Who is responsible for the research project?

Oslo Metropolitan University is the institution responsible for the project.

Why are you being asked to participate?

The population sample will be determined in the process of data collection. The selection was through reference contacts of the Cheshire home for the elderly.

What does participation involve for you.

The participation for you involves answering and having a conversation with me on the specified study. This will be made possible through one on one personal interview, the type of information that will collected will be on your perceptions on aging and your general views on the elderly homes. The interview will last approximately for 45 minutes and will be recorded and stored electronically as an audio.

Participation is voluntary

Participation in the project is voluntary. If you chose to participate, you can withdraw your consent at any time without giving a reason. All information about you will then be made anonymous. There will be no negative consequences for you if you chose not to participate or later decide to withdraw.

Your personal privacy – how we will store and use your personal data

We will only use your personal data for the purpose(s) specified in this information letter. We will process your personal data confidentially and in accordance with data protection legislation (the General Data Protection Regulation and Personal Data Act). My supervisor Prof.Dag Jensen at Oslo Metropolitan University and I will have access to your personal data. Your name and addresses will be changed and encrypted to protect your identity.

What will happen to your personal data at the end of the research project?

The project is scheduled to end in November of 2020 and the data will be anonymised after.

Your rights

So long as you can be identified in the collected data, you have the right to:

- access the personal data that is being processed about you
- request that your personal data is deleted
- request that incorrect personal data about you is corrected/rectified
- receive a copy of your personal data (data portability), and
- send a complaint to the Data Protection Officer or The Norwegian Data Protection Authority regarding the processing of your personal data

What gives us the right to process your personal data?

We will process your personal data based on your consent.

Based on an agreement with Oslo Metropolitan University, NSD – The Norwegian Centre for Research Data AS has assessed that the processing of personal data in this project is in accordance with data protection legislation.

Where can I find out more?

If you have questions about the project, or want to exercise your rights, contact:

- Oslo Metropolitan University via my supervisor Dag Jensen. Email: dagjen@oslomet.no *or* myself Keziah Chanyisa Email: s329957@oslomet.no
- NSD – The Norwegian Centre for Research Data AS, by email: (personverntjenester@nsd.no) or by telephone: +47 55 58 21 17.

Yours sincerely,

Project Leader/supervisor Student

CONSENT FORM

NB: The consent form was delivered orally due to the nature of the respondents(old age) The same was delivered in Swahili language.

- I, the undersigned, have read and understood the Study Information Sheet provided. . .
- I have been given the opportunity to ask questions about the Study.
- I understand that taking part in the Study will include being interviewed and audio recorded.
- I have been given adequate time to consider my decision and I agree to take part in the Study.
- I understand that my personal details such as name and employer address will not be revealed to people outside the project
- I understand that my words may be quoted in publications, reports, web pages and other research outputs but my name will not be used. I understand my personal data could be stored and processed, only for academic use.
- I agree to assign the copyright I hold in any material related to this project to [name of researcher]. • I understand that I can withdraw from the Study at any time and I will not be asked any questions about why I no longer want to take part.
- I have received and understood information about the project and have been given the opportunity to ask questions. I give consent:

Name of Participant: ____________________________ Date:

Researcher Signature: ___________________________ Date:

RESEARCH QUESTIONNAIRE

NAME OF INTERVIEWER: KHAYADI CHANYISA KEZIAH

NAME OF INTERVIEWEE:

PLACE OF INTERVIEW: NAIROBI

NB: The questions changed but strictly aligned with the topic under study, or others emerged on the same topic during the interviews. All the questions were asked in the Swahili language.

To the elderly

BACKGROUND

1. Could you tell me about yourself? (age, nationality, sex,children, marriage,family,work etc
2. Would you tell me more about your family and work?
3. How was life back at home in general before you moved here?
4. Did you engage in any activities?
5. What were your functions at home (depending on 4)
6. What really happened before you came to this home?
7. When did this happen?
8. How did you decide to come here/ whose decision was it?
9. How do you finance your stay here?

BASED ON THE SITUATION AT THE ELDERLY HOME

1. How would you describe life at this home?

2. Do you prefer living here or in your own home?(depending on the answer what could be the reasons?
3. How is it living away from your family and friends?
4. Do you engage in any activities here?
5. Can you tell me how you relate to the stuff here?
6. Can you tell me how you relate to other elderly people here?
7. Do you get to engage into any activities together?
8. Do you get to talk to your family? If so how often?
9. Do your children/family come to visit you? (how often)
10. Does anyone else visit you apart from your family?(depending on answers above)
11. Could you tell me what kind of food you eat here? What's your favourite?
12. How is your health so far?
13. How do you get treatment incase you become sick?
14. Do you face any challenges here?
15. Is there anything else you want to talk to me about

THOUGHTS/FEELINGS/REFLEXION

1. Do you have any thoughts about having more elderly people being living here?
2. Do you have any thoughts about the traditional way of taking care of the elderly compared to the old age homes systems?
3. Do you have any suggestions on what is the best way to take care of the aging in Kenya?