

## **Effects of Social Change on the Welfare of the Elderly in Chuka Division Tharaka/Nithi County in Kenya**

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### **Abstract**

*Elderly persons are an integral part of the population in the society and the process of aging becomes a challenge to them, who, if not assisted to fit in old age, would sulk and suffer low esteem. The elderly can equally perform very important roles in society when they are given an enabling environment. The main objective of this study was to find out the effect of social change on the welfare of the elderly in terms of health services, transport services and in storied buildings. The study was conducted in Chuka division which was purposively selected because it manifested characteristics common in many other parts of the Kenya. The study adopted a descriptive survey design. A total of 292 elderly persons were selected using stratified random sampling. This formed 10% of the total population of the elderly in the division. In addition to the above respondents, 24 care-givers were conveniently sampled and interviewed at Chuka Level Five Hospital. Data was collected using an interview schedules for the elderly and for the Chuka General Hospital Medical Officer, and a questionnaire for the care-givers. Data obtained showed that social change has had negative effects on the welfare of the elderly; the services given by the care-givers were below their expectation, the elderly go through numerous challenges as they access services. There should be concerted effort to give the elderly people sufficient assistance as they age; the youth who form the majority of the care-givers should be made aware of the needs of the elderly through organized guidance and counseling sessions and the government pension scheme should be extended to cover all the elderly persons in Kenya.*

**Key Terms:** Change, Effects, Elderly, Social, Welfare

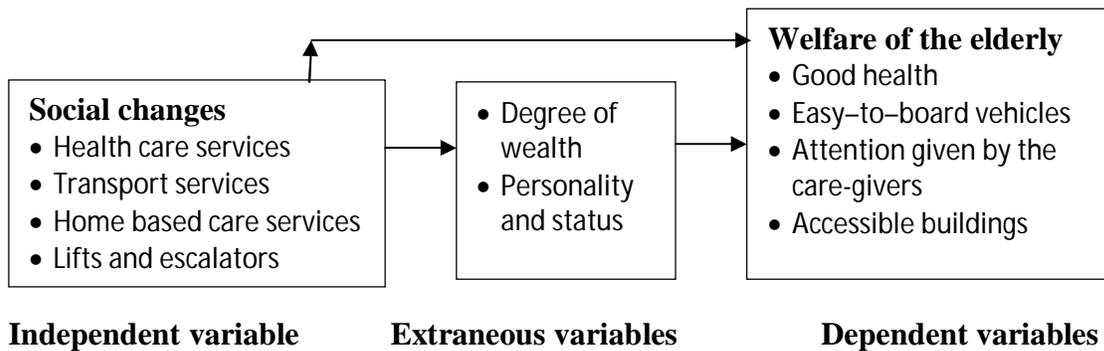
### **1.1. Introduction**

Social change in a society affects the lifestyle of the elderly in one way or another. Historically, before governmental social policies dealing with the elderly were developed, services to the elderly were provided almost entirely by the family members (Annsuppes & Wells, 2000). This was possible in Kenya since; the society was homogeneous and with limited movement. As Kenya become a money market economy, services and care of the elder diminished. The view of whom the elderly are, determines the kind of services they are given. In America, the elderly are restricted to activities that are meaningless or have limited social values (Lauer & Lauer, 2002). The Americans tend to view the old as people who have made their contribution to the society and have retired from productive activities. In many countries there is no comprehensive government policy to address the plight of the elderly hence; they are lumped up together with the physically challenged and taken care as the vulnerable group. According to Randel, German and Ewing (1996), a well-developed public service structure can provide additional resources to supplement family and community support to the elderly.

Maslow in 1968 indicated that people are constantly striving to satisfy their needs. He divided these needs into; physiological, food, pain reduction and shelter, security, safety and security, belongingness, interpersonal closeness and love, esteem, self-respect and respect from others, self-actualization, and self-fulfillment starting from the lowest to the highest. When one level of need is satisfied, people turn to the next level. The physiological needs are the most basic and, if not satisfied, dominate all others.

Frustration in meeting their need can lead to low inferiority complex. If this happens, one sulks and withdraws to loneliness. Their problem is more compounded since most of them, due to advanced age, will require assistance from others. Therefore, as people age they require a mechanism that will ensure that they are able to take care of their needs at ease which will help them live a fulfilled life. There has occurred quite a lot of change in Chuka division which has significantly affected the life of the elderly in one way or another. The conceptual framework,

**Figure 1, Demonstrates the Relationship between the Independent and Dependent Variables in the Study.**



**Figure 1: Effects of Social Change on the Welfare of the Elderly**

In Kenya, the number of the elderly people has been on the increase in the recent past which could pose a crisis in years to come. The population of those aged 60 years and above in the country currently stand at 1.5 million and is projected to rise to 2.2million by 2020 (Editor, Daily Nation, 10<sup>th</sup> Nov, 2007). In 1995, the UN estimated that life expectancy in Kenya will grow from 28 years to 83 years by 2050. Unfortunately, Help Age International Organization indicate that, at least 72% of households headed by the elderly people live on less than a dollar a day (Siringi, 2007). The study has provided information on the effects of social change in terms of health services, transport services and in storied buildings to the welfare of the elderly people in Chuka Division in Kenya.

**1.2. Objectives**

The objectives of the study amongst the elderly within Chuka community were to;

- i.* Identify social change that has taken place
- ii.* Find out how the social change has affected the welfare of the elderly
- iii.* Find out the service offered to the elderly by the care – givers
- iv.* Determine challenges the elderly encounter as they try to access the services

**1.3. Methodology**

The *Ex-post facto* research design was adopted for the study. A total of 2,920 people in Chuka Division were targeted, where a sample of 292 elderly people, 20 care-givers and one medical officer from Ministry of Health of Chuka Level Five Hospital participated in the study. Two questionnaires and an interview schedule were used to collect the needed data after validating and determining their reliability. Descriptive statistics were used to analyze the data obtained

## 2.0. Results

The study identified the social changes that have taken place and how they affect the elderly and also the challenges the elderly face.

### 2.1. Information about the Participants

The following general information about the participants was obtained;

#### 2.1.1. Gender of the Participants

Data obtained indicate a gender composition of 137 (47%) males and 155 (53%) females. This indicates more female survivors than males. However, according to Knodel and Ofsideal (2003) in Asia, demographic and social economic changes threatened the welfare of the elderly women because of their inferior social standing throughout their life course, leading to more male survivors than females. Information on Table 1 shows gender composition with their spouses.

**Table 1: Gender of the Spouse**

Spouse Gender	Frequency	Percentage (%)
Males with living Wife	38	13.0
Widower	28	9.6
Females with living Husband	104	35.6
Windowed	122	41.8

The total percent of males and females without living spouses is 52%. This shows that majority of the elderly live alone. As people age they become weak, they require somebody to keep them company, send and talk to. According to Lauer and Lauer (2002) aloneness is a problem for the aged. They need assistance either from their spouse or a hired hand.

#### 2.1.2. Education of the Elderly

Information on Table 2 shows the level of education of the aged, majority of them (51%) have only basic education of primary school level, which may mean that they are lacking in retirement benefit scheme. It may imply that they are semi or unskilled hence, rely on manual or semi-skilled jobs.

**Table 2: Level of Education of the Elderly**

Level of education	Frequency	Percentage (%)
Primary	148	51
Secondary	48	15
University	9	4
Others	87	30

These findings concur with Randelet *al* (1996) who indicated that most people in developing countries have no prospect of dependable and sustainable source of income in old age. He further maintains that although many countries have some form of social security coverage for older people, these benefits are limited to a few occupational groups. Data obtained on the Care-givers showed that 12.5% of them have only primary education and 75% have secondary education. This may imply that there is high level of unemployment among secondary school leavers in the division placing greater burden on the elderly. Also, none of the Care-taker had university education. These findings agree with Annsuppes and Wells (2000) who found out those family members, especially those who possess university education, move out in search of jobs hence leaving the elderly on their own.

#### 2.1.3. Sources of Income for the Elderly

Information on Table 3 indicate source of income for the elderly people. Results indicate that only 5.1% have retirement benefits and majority (52.1%) depend on their self-initiative. Annsuppes and Wells (2000) maintain that pressure to look for jobs in order to care for themselves contribute to more suffering to the aged.

**Table 3: Main Sources of Elderly Income**

Sources of income	Frequency	Percentage
Retirement benefits	15	5.1
Relatives' handouts	88	30.1
Self-initiatives	162	52.1
Other well-wishers	37	12.7

#### 2.1.4. The Source of Help to the Elderly

In most cases situations may arise when family members recognize that an elderly person needs assistance and though they may intend to help, they may not be in a position to. The researcher sought to find out the sources of help for the elderly. Data obtained indicate that majority (46.6%) of the elderly depend on themselves, while 40% depend on relatives and only 13.4% depend on hired hand. According to Randelet *al* (1996) most people in developing countries have no prospect of dependable and sustainable source of income in old age.

#### 2.1.5. Help to the Elderly by their Relatives

The study sought to find out the quality of the help extended to the elderly by the relatives. Results on Table 4 indicate that the help from relatives is not good (79%). This implies that the quality of help extended to the elderly by the relatives does not meet their expectations. Schaefer (2004) maintains that the low status with which the elderly people are held is reflected in prejudice and discrimination against them and this may account for the poor treatment accorded to the elderly by the relatives. Lauer and Lauer (2002) says people view the elderly as weak people who are not capable of anything, moves and think slowly, resist change, suffer from declining mental capacity and eventually become childlike in their dependence on others.

**Table 4: Help to the Elderly by their Relatives**

Help by the relatives	Frequency	Percentages %
Very good	9	5
Good	19	11
Fair	9	5
Bad	94	53
Very Bad	47	26

#### 2.2.0. Health Services

As people age they require regular healthcare services because their bodies cannot fight diseases as effectively as the bodies of the younger people. However, accessing affordable health services is an uphill task for the elderly as majority lack a sustainable source of income. Information on Table 5 shows the type of hospitals that the elderly in the division visited.

**Table 5: Kind of Hospital Attended by the Elderly**

Hospital	Frequency	Percentage (%)
Private	19	6.3
Mission	9	3.0
Public	273	90.7

Majority of the elderly attended public/Government hospitals (90.7%) which are cheap and mostly offer poor services. According to The Meru South Consultation Report (2004) in Kenya, health services are inaccessible to majority of the population and according to this report; it is harder for the elderly who have to grapple with age and scarcer resources. The 6.3% of the elderly who are able to seek medical services in private hospitals together with the 3% who seek medical services in mission hospitals make up for the small number of the elderly who according to Randelet *al*(1996) include the retired government staff and employees of private or public enterprises. Trejos (2008) however, observed that 3 out of 5 middle class retirees will probably run out of money if they maintain their pre-retirement lifestyles.

**2.2.2. Quality of Service Offered at the Government Hospitals**

Most of the elderly people rated services at government hospitals as below average (52%), 48% indicate the services as average and none indicate that the services are above average. This confirms that majority of the elderly seek medical services in government hospitals. Since, these services are below average may contribute to further deterioration of their health. Lauer and Lauer (2002) states that poor health, including chronic diseases may necessitate dependence on other for tasks the individual could normally do such as shopping, bathing, housework and meal preparation.

**2.2.3. Hospital Attendance by the Elderly**

The study sought to establish the number of times the elderly visited hospital in a period of six months. Data on Table 6 shows that elderly people require hospital services.

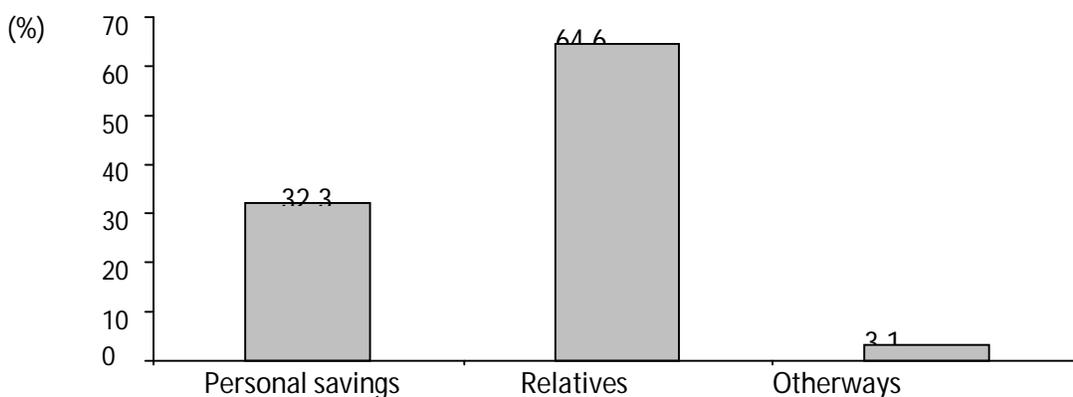
**Table 6: Frequency of Hospital Visits**

Number of Visits	Frequency	Percentage (%)
More than 6	75	25.3
5 to 6	38	12.8
3 to 4	94	31.9
1 to 2	70	23.7
None	19	6.4

Siringi (2007) noted that older people visited hospitals regularly due to the onset of diseases associated with ageing such as diabetes and high blood pressure among others. Giddens, Duneier and Appelbaum (2003) observed that elderly people suffer from more health problems than younger people and health difficulties often increase with advancing age.

**2.2.4. The Means of Meeting Medical Bill**

Data on Figure 2 indicate that majority of the elderly people have medical bills met by their relatives (64.6%). Hence, their health is at risk due to the prejudice and discriminations captured earlier.



**Figure 2: How the Elderly Meet their Medical Bills**

**2.3Transport Service**

Public service vehicles (PSVs) are a common means of transport in the Republic of Kenya, and therefore in Chuka division. Data on Table 7 gives the rating of the quality of service given in public service vehicles to the elderly.

**Table 7: Quality of Services Provided in Public Service Vehicles**

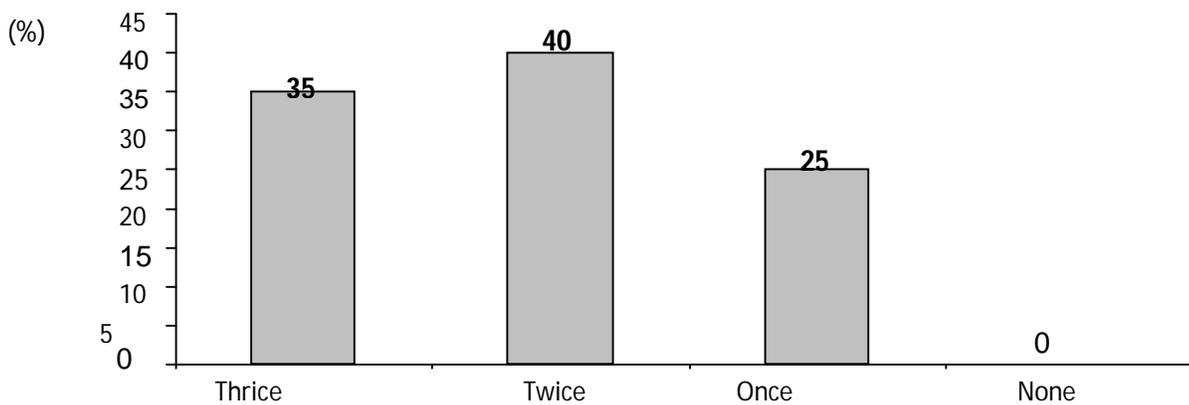
Service in PSVs	Frequency	Percentage (%)
Very good	9	5.1
Good	19	10.7
Fair	9	5.1
Bad	94	52.8
Very Bad	47	26.3

Data obtained clearly indicate that although there are public service vehicles, the quality of service does not meet the expectation of the elderly people.

According to Becker (2003) when elderly people live in areas that are accessible, they receive more care because it is easier for other people to visit them when they are conducting other business. The elderly living in remote areas may be less likely to receive care because it is more difficult for family members living elsewhere to visit them.

**2.4. Care by Care-givers to the Elderly**

The care-givers were interviewed on the number of times in a period of three months they participated in promoting the welfare of the elderly people. Results in Figure 3 shows that Care-givers participate in caring the elderly, they extended help to the elderly at least once in a period of three months. However, the frequency needs to be increased.



**Figure 3: Care-Givers Participation in Welfare of the Elderly**

Lauer and Lauer (2002) indicates that social support network of the aged is as important as living arrangement and aloneness, is a problem for the aged who are lonely because they are likely to have fewer resources to deal with the problem or with other needs they have than do those in other age groups. It is incumbent therefore the elderly people need to be given necessary support by the community they live in.

**2.5. Means of Accessing Storied Buildings**

A few houses in the division have more than one story which, are used as offices. The researcher sought to find out how the elderly people accessed the storied buildings. All (100%) indicated it by the stairs. This could be because not buildings are fitted with lifts in Chuka Division. This puts the elderly persons at a disadvantage in accessing tall buildings as Omwoyo and Kisovi (2005) observe that lifts provide a quick transport in very tall buildings.

### 3.0. Recommendations

The following recommendations were made from the findings of the study;

- i. It is clear that there should be concerted effort to give the elderly people assistance as they age. Most of the care given is either average or below average. The care-givers should be made aware of the plight of the elderly and how best to assist them.
- ii. Most elderly people rely on manual jobs and as they age and their muscles get weak, they cannot do difficult tasks hence their economic ability is eroded. There is need of a pension scheme to cover them.
- iii. Service offered to the elderly people in public hospitals needs improvement since, most of the elderly depend on them.
- iv. The care – givers needs to be equipped with the necessary skills in order to take care the elderly more effectively.
- v. There should be a way of identify the elderly in the local setting and organize for their medical care.

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