SOCIAL CONTEXT OF AGEING IN MATINYANI WARD, KITUI COUNTY, KENYA

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DECLARATION

I understand that plagiarism is an offense, and I declare that this thesis is my original work and has not been presented to any other institution for any other award.

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DEDICATION

To my family-husband and daughters, I may not have enough to give you, but I can show my love by dedicating the fruits of this work to you. I hold in high esteem the support you gave me during the course of this research.

ABSTRACT

The number of people over 60 years is on rise across the globe. As the aged population increases, so are the concerns that accompany old age care. Aging occurs within the context of family, community and society and these have been documented in the West, Asia, Africa and parts of Kenya. Empirical studies in Kenya and Kitui County indicate that socio-economic concerns, challenges and support mechanisms are key aspects of aging context. However, research and discourse has not explored the social context of aging in Matinyani Ward, but have looked at perceptions of aging and factors influencing life of the aged persons. Consequently, this study sought to investigate the socio-context of aging in the study area. The specific objectives of this study were to: assess the socio-economic concerns among the aged; identify the challenges faced by the aged population; and, to evaluate the social support mechanisms for the aging population. The research was guided by Cummings and Henry's (1961) disengagement theory. The study adopted a concurrent mixed research design which lends itself to qualitative and quantitative research methods. The study population was 3,444 with a sample size of 189 comprising 105 women and 84 men, where 29 key informants were purposively sampled and 160 respondents were determined using Kothari (2004) formula. Quantitative data were analyzed with Statistical Packages for Social Science (SPSS) version 26 to generate descriptive statistics in frequencies and percentages which were presented in tables and charts. Qualitative data were analyzed thematically and presented in form of narratives and verbatim reports. Findings on the study indicated that gender, family, age, religion, education and income level social economic factors influenced the lives of the aged in rural areas. Challenges like dependency (93.8%)**,** poor health (83%)**,** abuse (81.3%)**,** and neglect (50.6%) affected the lives of the aged. Further, the study noted that family and relatives were major source of support for the aged, at 62.5% of the respondents while the government, NGOs and churches contributed by 18.75%, 12.5% and 6.25% respectively. The study recommends setting up of an updated register for the aged persons. Secondly, proper social support policies should be set up to support the aged persons. Further studies need to be done on the life experiences of aged women living and taking care of their grandchildren.

Key Words***: Aging, Social Context, Elderly, Socio-economic Concerns, Social Support, Matinyani Ward***

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LIST OF ABBREVIATIONS AND ACRONYMS

AU	**:**	African Union
CSPF	**:**	Consolidated Social Protection Fund
EU	**:**	European Union
FGDs	**:**	Focus Group Discussions
HIV/AIDS	**:**	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
NACOSTI	**:**	National Commission for Science, Technology and Innovation
NGO	**:**	Non-Governmental Organization
NHIF	**:**	National Health Insurance
OPCT	**:**	Older Persons Cash Transfer Programme
SCG	**:**	Senior Citizens Grant
SDGs	**:**	Sustainable Development Goals
SEKU	**:**	South Eastern Kenya University
SHIF	**:**	Social Health Insurance Fund
SPSS	**:**	Statistical Package for Social Sciences
WHO	**:**	World Health Organization

OPERATIONAL DEFINITION OF TERMS

Aged: It refers to individuals in advanced age, specifically above 60 years of age for this study.

Aging: It refers to the ways in which society profiles and the process of increasing age. It focuses on biological changes, roles of the aged, relationships and cultural links.

Challenges: Difficulties encountered by the aged in their daily lives. For instance, mobility problems, isolation, poverty, dependency, etc.

Gender: Socially acquired notions of masculinity or femininity.

Social Context: It is the environment of relationships, cultural norms, social roles, and institutions that define interactions and behaviour.

Social: It is the way in which the lives of people are shaped through interactions, roles, relationships and positions in the society.

Socio-economic factors: These are elements influencing the aged concerning the social and cultural environment. E.g. age, gender, cultural bias, etc.

Support mechanisms: They are the tenets of sustenance or provision for the aged. For instance, government support mechanisms, the family, and social pillars.

CHAPTER ONE

1.0 INTRODUCTION

1.1 Background Information to the Study

The ageing process entails changes in a person's life, including social and physical transformation. Scholars (Aboderin, 2016; Bloom, 2011) argue that ageing, is founded on biological and social perspectives. The biological perspective presents that human beings undergo physiological changes where the body's functional capacity declines. It increases mortality caused by bodily changes, and the body's ability to defend against diseases, stress, and homeostatic challenges declines. Thus, the biological perspective of ageing aligns with the process a person undergoes as they advance in the lifecycle (Adamek et al., 2022). The number of aged has proliferated during the 21st century, as well as social transformations of the aged.

A report by UNDESA (2022) indicates that 60 or older will be 1.5 billion by 2050 globally. The rise in population comes with diverse living experiences among the aged, including socio-economic influences, challenges and coping mechanisms (Herbert, 2021). The low- and middle-income countries (LMICs) will experience the most significant change so that by 2050, they will host 67 per cent of the world population over 60 years (United Nations, 2020).

UNDESA (2022) shows the number of aged persons will increase from 74.4 million in 2020 to 235.1 million by 2050 in Africa. This demographic shift will intensify pressures related to poverty, dependency, healthcare demand, and the need for stronger social protection systems. Alternatively, the population of aged persons is projected to rise steeply from 2.6 million in 2020 to 10.7 million by 2050 in Kenya. This rapid growth is likely to intensify challenges such as dependency, poor health, neglect, and economic abuse, while straining existing social support system (Ajani & Oyekola, 2022). Kitui County, with a population of 79, 670 persons above 60 years as per KNBS (2019), faces unique socio-economic and health challenges associated with aging.

According to KNBS (2019), Matinyani Ward hosts 3,444 persons aged 60 years and above, reflecting a significant demographic shift. Youth out-migration has intensified care burdens, with older persons increasingly responsible for grandchildren and household sustenance amid declining social support (Mwangangi & Musyoka, 2022). These dynamics heighten vulnerabilities to dependency, neglect, poor health, and economic strain, thereby necessitating a deeper investigation into the social context of aging in the ward. Existing studies by Aboderin & Gelfand, 2019; Sudharsanan & Bloom, 2018; and Ajani & Oyekola, 2022) further project an aged population increase in Africa, as shown in Table 1.1.

Table 1.1 Projection of Aging Population in Africa (in millions) by 2050

Country	Population 2020	Projected Population 2050
Nigeria	10.9	33.2
Egypt	7.4	23.1
Ethiopia	5.7	19.7
South Africa	5.2	12.6
Algeria	4.0	12.8
Democratic Republic of Congo	4.0	13.7
Morocco	3.9	9.8
Tanzania	2.7	9.3
Sudan	2.2	7.5
Kenya	2.6	10.7

A report on older people in the European Union's rural areas shows that the proportion of people over 65 could be 30% of the European Union (E.U.) population by 2030, with higher concentrations of the population being in rural areas within the border regions or remote areas. Smith and Carragher (2019) found that older rural populations need more access to transport and support networks. Moreover, there needs to be adequate information about service availability.

The planet continues to grapple with sustained change in the population's age structure as the number of the aged people increases. This demographic change results in population aging, increasing the population's median age and a subsequent shift toward older ages (Cohen & Greany, 2023). Consequently, aging population engenders the socio-economic experiences of the aged and the challenges associated with the aged population in rural areas. It also necessitates the need for coping mechanisms to be used against the socio-economic concerns and the challenges.

Santhalingam et al. (2022) suggest that age has a strong relationship with the quality of life of the aged. The findings of their study note that the rate of dependency increases with age in Sri Lanka. Moreover, the young aged (below 60 years) tend to have a better quality of life compared to those over 70 years. Furthermore, older women are more likely than men to suffer from physical abuse and accusations of witchcraft in Sri-Lanka.

Fletcher et al. (2021), in their study on the role of education on cognition in the aged in the United Kingdom, note that education levels affect the aged people's life experiences. Those with higher levels of education are likely to be healthier, live longer, and experience fewer cases of morbidity. Religion and spirituality are also integral in the life of the aged. According to Malone and Dadswell (2018), religiosity and spirituality in old age may play a role in supporting the aged in old age. They provide social support and connectedness and offer a sense of meaning to their lives. Moreover, spirituality offers a sense of faith, peace, and inner faith.

In research done by Help Age international in 2015 on “Elder Abuse in Health Care Services in Kenya,” it was found that the aged suffer destitution, reduced ability for work, and harsh living conditions. Research by Kilbride (2016) shows that 63% of the aged people did not see anything good about being aged. These findings may be a pointer to the damaged traditional support mechanisms, poverty, and lack of government support. These socio-economic aspects affecting the aged are a basis for the study of the socio-economic aspects of the changed in rural areas.

Different authors have examined socio-economic factors such as gender, religion, education, and geographical location, and their influence on the lives of the aged in rural areas (Dermatis et al., 2022; Gordon & Hubbard, 2020; Kabole et al., 2013; Oksuzyan et al., 2008; Zwedu et al., 2023). They assert that gender plays a significant role in shaping health outcomes, with older women often reporting poorer health and being more exposed to discrimination and social isolation than men. This disparity is evident in both developed and developing countries, with aged women in rural areas facing the greatest socio-economic disadvantage, often remaining the poorest.

Kitui County, with a population of 79, 670 persons above 60 years as per KNBS (2019), is also subject to socio-economic issues. While Dermatis et al., 2022; Gordon & Hubbard, 2020; Fletcher et al., 2021; Kabole et al., 2013; Oksuzyan et al., 2008; Rouhani & Zoleikani, 2013; Somrongthong, 2017; Zwedu et al., 2023 discuss socio-economic factors influencing the aged in rural areas including age, religion and income level. In Kitui County, Muindi, Maithya, and Barasa (2022), assessed the socio-economic challenges of OPCT in Mulundi Sub-Location, Kitui County, highlighting that income level, education level and age impacted on the lives of the aged at varying levels. While this study by Muindi et al. (2022) assessed social economic challenges in Kitui County, it did not delve into the aspects of support systems and socio-economic concerns affecting the aged in the region. In the current research, there is an extended focus to include support mechanisms and the socio-economic concerns of the aged in Matinyani, Kitui County.

Globally, the rapid ageing population present a variety of challenges, including disease burden, for instance, in America, Cohen and Greaney (2023) investigated ageing in rural communities and found that mental health issues are challenging for aged people in rural regions. This is evidenced by high suicide rates among the aged in rural areas. Moreover, the study noted that access to quality healthcare and services posed a unique challenge to the aged in rural areas. This is because rural areas face a shortage of healthcare specialists and efficient healthcare facilities. Limited access to healthcare facilities causes suffering among rural residents. In addition, they contribute to reduced quality and availability of in-person services, which is detrimental to the aged populations living with chronic diseases.

Furthermore, the stigma was identified as rampant in rural areas, and could cause older people to resist essential care in old age from neighbourhoods, government, or health facilities.

In Ireland, isolation and loneliness have been found as strong determinants of aging in rural areas (Herbert, 2018). Herbert's (2018) study on how social relationships influence ageing and quality of life in Ireland found that isolation and loneliness are rampant in rural areas. The aged demands are high and include participation in social and physical activities, yet they find themselves excluded and isolated to create space for the younger people. This contributes to isolation from family, friends, and neighbours. The study also found that older people in rural areas have limited access to information and social services like healthcare and consequent malnutrition. The study agrees with Favaro-Moreira et al. (2016) cross-sectional study, which notes that ageing results could result in malnutrition.

In Africa, Mefteh (2022) in Ethiopia has identified poverty, malnutrition, and isolation as significant challenges for the aged in rural areas. Isangula (2022) and Kivelia and Kirway (2021); note that the aged people living in rural areas have health complications like malnutrition and immobility. Common complications for the aged include hypertension, mobility problems, and diabetes. Similarly, South Africa has extreme poverty for the aged. Biyela (2019) argues that the aged are predisposed to poverty. South Africa's Department of Economic and Social Affairs Programme asserts that people have reduced working hours or no work as they age because they either retire or develop health complications. Many countries even lack savings or social protection plans, thus leaving the aged with inadequate assets to protect them in old age.

Similarly, East African countries have diverse challenges and problems for the aging populations. For instance, in Uganda, Knizek et al. (2021) studied the struggle for survival in a rural district in Uganda. The qualitative study found that the aged in rural areas experience extreme poverty as they rely on their children for support. With the prevalence of HIV/AIDS, children are orphaned and left in the hands of their grandparents.

In Tanzania, Kivelia and Kirway (2011) studied the challenges facing the aged and found out that the aged in Tanzania do not have efficient access to health facilities. They are also disrespected and depressed. In addition, they lack financial support and security. The findings are supported by Isangula's (2022) results in "the dangers of being old in rural Tanzania: a call for interventions for strengthening palliative care in low-income communities," ageing in rural areas is portrayed as dangerous. The dangers identified in the study include relying on children and grandchildren for support and taking care of the grandchildren. In addition, the aged in rural areas face challenges in accessing health care.

In Kenya, Kabole et al. (2013) investigated the social context of abuse among aged people in Emuhaya District. The authors found out that the aged encounter either single or multiple cases of abuse. In addition, the results pointed out that different people have diverse views on the aged, and poverty was the epicentre of the abuse. Suke (2020) investigated the socio-economic characteristics of aged persons in Kilgoris, Kenya, and their nutritional status. The research found that access to health care was difficult. Moreover, the aged were left alone, with little to nothing to eat, thus contributing to health problems. These studies by Cohen and Greaney (2023), Favaro-Moreira (2021), Herbert (2021), Isangula (2021), Knick (2021), Kivelia and Kirwa (2020), Mefteh (2023), Suke and Zwedu et al. (2023) imply that there are immense socio-economic issues facing the aged. The studies have generally focussed on the social difficulties faced by the aged without delving into rural residences. Moreover, these studies neglected the socio-context issues of the aged in rural areas of Kitui, thus necessitating the need for this study.

Research done in Kisii County by Amollo (2015) on socio-economic factors influencing violence against older persons found that the aged are abused and neglected thus causing mistrust, mental and psychological harm. The authors assert that abuse and mistreatment are major socio-economic issues among the aged in Kisii County.

Support mechanisms have been adopted differently across the globe. For instance, in the United States, the available support mechanisms include nursing homes for the aged and home care programs for the aged populations (Harrington et al., 2016). Despite the efforts

to ensure effective care for the aged, there are still issues of poor handling for the aged, neglect, abuse and substandard care (Stone, 2000). In the United Kingdom, aged support is provided by funding from both the government and private contributions (Moriarty et al., 2016). However, the care for the aged has become extremely costly leaving some aged homer carers unpaid. Consequently, the aged are faced with substandard care due to high-cost burden leading to neglect.

Rath and Panigrahi (2017) studied the social support approaches for the rural aged in Odisha, India pinpointed that family support was core to the extended support of the aged in old age. Similarly, Khandre et al. (2022) studied the social support status of the aged in selected villages in India and China. Using an observational cross-sectional study design, the studies found that family support was an essential tool for the aged in rural areas.

In Sub-Sahara Africa, support mechanisms are weak and poorly developed, and most of support comes from families and informal networks (Help Age International, 2021). The informal systems face huge challenges at rural areas due to financial constraints and poverty, leaving the aged under inadequate support (Help Age International, 2016). According to help Age International (2016), these systems have remained ineffective towards protecting the aged.

In East Africa, there is a combination of emerging aged support mechanisms and informal family-based system. Golaz et al. (2017) asserts that the aged in Uganda mainly rely on family care for all support whereas Mdoe et al. (2016) posit that the aged are majorly taken care of by the community in rural areas. Both Uganda and Tanzania are implementing social support mechanisms for their aged citizens such as the Senior Citizens Grant (SCG) in Uganda (Byaruhanga & Debesay, 2021).

In Kenya, there are notable approaches towards the support for the aged from the government such as the National Policy on Older Persons and Ageing (2009) and Open Cash Transfer Program (OCTP) for the aged. However, these programs have not been a success due to bureaucracy and poor infrastructural challenges where some aged are left

from the program despite being aged (Obiero & Muchiri, 2021). Besides, the aged persons have had to leave the burden of primary care to their families. They are forced to care for their grandchildren whose parents work in urban areas or have died of HIV/AIDS. The problem is compounded by a lack of adequate data and policy by the government to address the aging concern (Kenya National Commission on Human Rights, 2009).

In Kitui County, Kenya, there is a limited support mechanisms mechanism for the aged with care for the aged solely coming from the community and the family (Mwangangi and Musyoka, 2022). Mwangangi and Musyoka (2022) argue that Kitui County has put in place some measures to help the aged like food distribution of meals for the aged, but there is lack of program sustainability. Further, social support systems in Kitui are largely informal with little government and nongovernmental organizations effort to formalize the mechanism for the aged support. Mwangangi and Musyoka's (2022) study investigated the social well-being of the aged in Kitui County but neglected the challenges and social support mechanisms available for the aged.

Although global and African studies have highlighted socio-economic challenges affecting older persons, they often generalize ageing experiences and overlook the realities of rural contexts. In Kenya, existing studies have mainly focused on either socio-economic status or social well-being but have not adequately examined how support systems interact with these challenges. Specifically, in Kitui County and particularly Matinyani sub-county, there is limited research integrating socio-economic concerns, social support, and coping mechanisms, creating a gap that this study seeks to fill.

1.2 Statement of the Problem

The global population of the aged is on the rise, with those aged over 60 years projected to reach 1.5 billion in 2050. This rise, alongside the fast-changing social settings, has left aged people in rural areas vulnerable to negative social life experiences. Available data indicate that the aged are affected by several socio-economic issues such as gender, religion, income levels, and education levels. They also face many challenges like abuse, diseases, poverty, dependency, isolation, and physical frailty.

Moreover, the support mechanisms available, such as families, governments, and Non-Governmental Organizations (NGOs), are limited. There are also prevalent issues of insufficient meals, rejection, and loss of self-esteem, loneliness, poverty, abuse, and poor physical health because they are negatively cast as a burden to their abled family members. While these challenges have been identified globally and regionally, Matinyani region of Kitui County is not devoid of these adversities. The aged in this area still face vast socio-economic concerns, economic challenges, and limited support mechanisms. The interplay between social challenges and socio-economic instabilities therefore needs to be examined.

Kenya's aged population has also been left without adequate social protection and support, thus exposing them to isolation, costly health care, poverty, and untreated health issues. This is despite the establishment of the legislative draft policy in 2009 that sought to address the rights of the aged in Kenya, which has failed to achieve its intended objectives. There have been strides to help and cushion the aged from social and economic challenges (Help Age International, 2021). Efforts from the Sustainable Development Goals (SDGs), Vision 2030 Pillar, the World Health Organization (WHO), the National Policy on Ageing in Kenya (2009), and the AU Agenda have sought to address the needs of the aged. However, these initiatives have not borne fruits because there is still widespread abuse, poverty, neglect, discrimination, and fragmented social support infrastructure.

Social support mechanisms available have not been investigated in the study area. Moreover, studies have focussed on the above aspect due to its importance in government open cash transfer programme (Muindi et al., 2022). However, despite their role at old age, support mechanisms have not been fully explored.

Most existing studies on ageing have focused on single dimensions, either socio-economic conditions such as poverty, income, education and health, or on social support mechanisms such as family care, NGO interventions, and government programs (Aboderin & Gelfand, 2019; Suke, 2020; Muindi et al., 2022). Globally and in Kenya, these studies often treat challenges of ageing in isolation, without capturing how economic realities, lived challenges, and support systems interact. In Kitui County, for example, research highlights

poverty, illness, and informal family support, but does not connect these to the broader challenges of dependency, abuse, or neglect that the elderly face. Consequently, no study has integrated socio-economic factors, the challenges of ageing, and the support systems available to the elderly in rural Kitui, and specifically in Matinyani Ward. Hence, this study sought to investigate the life experiences of the aged and to explore their living context with regard to the challenges they face, the socio-economic issues they encounter, and the support mechanisms available to them—all of which have not been adequately explored. Failure to explore how these three aspects interact limits a holistic understanding of the ageing experience and constrains the development of comprehensive interventions to improve the wellbeing of older persons in rural contexts.

1.3 Objectives of the Study

The overall objective of this study was to examine the social context of the aging and its influence on the wellbeing of aged persons in Matinyani, Kitui County, Kenya.

1.3.1 Specific Objectives

i. To assess the socio-economic concerns influencing the wellbeing of the aged in Matinyani Ward, Kitui County.
ii. To identify the major social challenges faced by older persons in Matinyani Ward, Kitui County.
iii. To evaluate the support mechanisms for the aging population in Matinyani Ward, Kitui County.

1.4 Research Questions

The research questions below provided a guiding framework for the study:

i. What are the socio-economic concerns for the aged in Matinyani Ward?
ii. What are the major social challenges faced by the aged populations in Matinyani Ward?
iii. What are the support mechanisms available the aging population in Matinyani Ward?

1.5 Justification of the Study

The study was carried out in Matinyani Ward, Kitui County because the area presents a unique and pressing context for examining the social aspects of ageing. The ward has a high proportion of elderly persons, largely due to the migration of younger generations to urban centres in search of employment, leaving ageing parents behind with limited support. Social challenges such as poverty, food insecurity, and reliance on subsistence farming further strain the well-being of older person's while access to healthcare and social services remains inadequate.

Culturally. Matinyani reflects both respect for elders and negative perceptions linked to witchcraft accusations, which expose some elderly persons to neglect or discrimination. At the same time, government and NGO interventions such as the *Inua Jamii* cash transfer program and church-based support groups are active in the area, offering an opportunity to assess their effectiveness.

1.6 Significance of the Study

The findings of this study will inform key policy frameworks on ageing in Kenya, namely the National Social Protection Policy, the National Policy on Older Persons and Aging, and the Kenya Health Policy. Specifically, they will highlight gaps in social support, community roles, and cultural practices that affect the aged, while also generating data to strengthen community-based programs and healthcare systems in rural contexts. Moreover, the evidence will support the implementation of Kenya Vision 2030 in alignment with the Sustainable Development Goals (SDGs), particularly in addressing poverty (SDG 1), promoting health and well-being (SDG 3), and reducing inequalities (SDG 10) among older persons.

In addition, the findings of this research may be a paramount reference point for African Union Agenda 2063, and African Development Priorities. The A.U. 2063 Agenda seeks to enhance inclusivity by encouraging age inclusive social programs as per aspiration 1 of the AU Agenda which seeks to enhance a Successful Africa Based on Inclusive Growth and Sustainable Development.

Moreover, information gained from this study may help the ageing agenda in Kenya and the world by informing the social pillar of Vision 2030 and the strategies for the Sustainable Development Goals (SDGs). The results may provide information to the social development players to foster social development strategies that aim at inclusive care of the aged in rural areas. Further, the results may be used as a reference point for implementing the Kenya Kwanza Agenda on the aged. The government has allocated a budget for the aged under the program "*Pesa kwa Wazee."* The findings will be a guide to identifying the challenges faced and the vulnerability of the aged in the region. This may pave the way for the successful implementation of the program. While the Kenya Kwanza Agenda highlights its commitment to achieve 100% health cover through Social Health Insurance Fund (SHIF) for all citizens, including the aged, make the *pesa kwa wazee* program efficient, and promote education and training for caregivers, this study's findings will be useful in providing the necessary information concerning the issues and social context of living in rural areas for the aged in Kenya. Such information may act as the cornerstone for taking care of the vulnerable group of senior citizens in Kenya.

Further, the findings will contribute to the scholarly discourse on ageing in rural contexts by providing empirical insights into the social dimensions of ageing, the economic challenges faced, and the support systems available to older persons. The study will further enrich the literature by generating context-specific evidence on the lived experiences of ageing in rural areas, thereby addressing existing knowledge gaps and informing future research on ageing and social policy.

1.7 Scope of the Study

The study is geographically limited to Matinyani Ward, Kitui County, which consists of rural villages where a significant proportion of the aged persons resides. Moreover, it only focused on persons aged 60 years and above, their caregivers, and key community stakeholders such as local leaders, health workers, and religious representatives. Thematically, the study explores the study explores the social context of ageing, with particular attention to social economic dimensions as they manifest in Matinyani Ward. The findings are therefore context-specific, but may provide insights applicable to other

rural settings within Kitui County and beyond. However, this study excluded elderly persons in urban areas and institutional homes.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Overview

This section reviewed the literature guided by the study topic and objectives. The chapter focuses on the socio-economic concerns of the aged in rural areas, challenges faced by the aged in rural areas and the available support mechanisms. The chapter also includes theoretical framework and the conceptual framework.

2.2 Theoretical Framework

The study was guided by the disengagement theory. Cumming and Henry formulated the disengagement theory in the 1960s. The theory posits that successful aging includes the acceptance and desire for people to detach from active life. According to Cummings and Henry (1961), disengagement theory has five tenets. Firstly, people disconnect from social links and friends as they age. This is because their ability to interact or engage with their social networks falls over time. The second tenet is that as a person disengages, the social norms that guide interactions fall. Thirdly, the disengagement process is different for men and women because women take the socio-economic role while men have the central role in life. The fourth postulation is that knowledge and skills deteriorate as a person ages, and older adults disengage from their positions, leaving them for young persons (Dowd, 1975). Lastly, total disengagement occurs when the society and the person are ready to undertake it, and the aged withdraw their roles. The theory postulates that people disengage from social relationships because their interaction abilities deteriorate with age.

The theory was used by Sommers' (1977) study on disengagement of older persons in urban areas. The study found that withdrawal among the aged was not inevitable, unlike Cummings and Henry proposal that aging was inevitable, but was pressured by external factors like illness, widowhood and forced retirement. Her findings propose that disengagement is situational. There are current developments on the theory by Gonot-Schoupinsky, Garip, and Sheffield (2021), who through the Engage-Disengage Model proposes that healthy aging is guided by a balance between voluntary withdrawal and

active participation. The engage-disengage model states that engagement and disengagement are adaptive.

The disengagement theory suited this study because it highlights key issues prevalent in literature and Matinyani ward. For instance, withdrawal among the aged in Matinyani, Kitui County. Aged persons often reduce participation in social and productive roles due to poverty, ill-health, and weak support systems. This framework helps explain how neglect, loneliness, and isolation arise as both individual adaptations and consequences of broader socio-economic constraints.

The study's findings resonate strongly with disengagement theory by illustrating how ageing in Matinyani Ward is marked by both voluntary and enforced withdrawal from social and productive life. Patterns of poverty, ill-health, and weak support systems constrain the agency of older persons, producing forms of disengagement that are less a matter of personal choice than structural compulsion. This underscores the theory's relevance in explaining how isolation, dependency, and socio-economic vulnerability are simultaneously shaped by individual adaptation to ageing and by systemic marginalization within rural contexts.

2.3 Socio-Economic Concerns Influencing the Social Life of Aged in Rural Areas

Socio-economic factors shape the experiences of ageing in profound ways across global, regional, and local contexts. Education, for example, has consistently been linked to wellbeing in later life. Fletcher et al. (2021) showed in the United Kingdom that higher education levels are associated with better health, stable income, longer life expectancy, and access to secure retirement benefits, while Qin et al. (2021) reported similar patterns in China, where elders with limited education, especially in rural areas, faced poorer self-rated health and restricted income opportunities compared to their urban counterparts. African studies suggest that these disadvantages are even more acute in low-resource settings: Ondigi and Ondigi (2012) associated illiteracy with unemployment and persistent poverty in old age, and Muindi et al. (2022) observed that in Kitui County, illiterate older persons were sometimes unable to access government transfers such as the OPCT, or were

defrauded by intermediaries. These findings demonstrate that although education universally influences ageing, its absence has particularly damaging consequences in rural Africa where illiteracy directly constrains livelihoods and access to protection, underscoring the need to examine this dynamic in Matinyani Ward.

Closely related to education is income, which determines the quality of life in old age. In high-income settings, poverty among the aged is often cushioned by pensions and state benefits. Devereux et al. (2009) noted in England that older persons rely heavily on such programs to secure basic needs. In lower-income contexts, however, the picture is starkly different. Santhalingam et al. (2022) in Sri Lanka found that financial insecurity increases sharply with age, particularly for those over 70, while Isangula (2022) in rural Tanzania highlighted how older persons with little or no income struggled to afford food, healthcare, and palliative services, leaving them vulnerable to neglect. Comparable results were reported by Mbuthia (2023) in Kitui, where even strong reliance on family support could not prevent persistent poverty, food shortages, and inadequate healthcare. Together, these studies suggest that while poverty affects the elderly globally, its consequences are more severe in rural Africa where household incomes are fragile and formal protections remain weak.

In addition to education and income, religion and spirituality have been identified as vital resources that shape ageing. Malone and Dadswell (2018), in a qualitative study of older adults in the United Kingdom, found that religious practice provides social support, a sense of meaning, and emotional stability, while also reducing isolation and discrimination. Indler (1987) echoed this observation, emphasizing the role of spirituality in fostering resilience and contentment in old age. These insights point to religion as an informal mechanism that cushions older persons in the absence of formal support, a theme particularly relevant to Matinyani, where religious life is deeply embedded in community structures.

Gender, finally, adds another dimension to the socio-economic determinants of ageing. Evidence from high-income contexts shows that women often fare worse than men in terms

of frailty, disability, and isolation: Gordon et al. (2017) found higher frailty indices among women in the United Kingdom, while Gordon and Hubbard (2020) documented similar patterns in Australia, with women over 65 experiencing more chronic conditions and higher rates of loneliness. In African contexts, the vulnerabilities of elderly women are compounded by structural inequalities. HelpAge International (2004) and Kamau (2013) observed that older women in Kenya often lacked land rights and were vulnerable to abuse and economic dependence, while Mbabu (2017) noted that widowed and divorced women suffered higher levels of poverty than married women. In Kitui County, Mbuthia (2023) confirmed that women formed the majority of the aged and were disproportionately affected by food insecurity and poor health. These findings suggest that while gender disparities in ageing are universal, they are intensified in rural Africa by entrenched inequalities in land ownership, economic independence, and social support.

Taken together, the reviewed literature highlights how education, income, religion, and gender collectively shape the wellbeing of the aged. While studies from high-income contexts emphasize pensions, retirement security, and health systems, research in rural Africa highlights illiteracy, fragile incomes, gender-based exclusion, and reliance on kinship systems. Yet most existing studies examine these dimensions in isolation, overlooking how they interact to shape ageing outcomes. The present study addresses this gap by integrating these socio-economic concerns into an analysis of ageing in Matinyani Ward, thereby contributing a holistic understanding of how structural disadvantage and cultural resilience intersect in shaping later life. This study addressed that gap by analyzing how socio-economic realities interact persons in Matinyani Ward, thereby offering a holistic understanding of rural ageing.

2.4 Social Challenges Faced by the Aged in Rural Areas

The experience of ageing is invariably accompanied by a spectrum of challenges, though their intensity and manifestation differ across contexts. Mental health concerns have increasingly attracted global attention. In the United States, Cohen and Greaney (2023) observed that older persons in rural areas are particularly vulnerable to depression, psychological distress, and elevated suicide risks, with limited access to mental health

services aggravating these outcomes. Comparable psychosocial struggles emerge in African contexts, where Mefteh (2022) reported that Ethiopian elders living in extended households often endured loneliness, grief, feelings of inferiority, and a sense of being a burden to their families. These findings suggest that while mental instability in later life is universal, its severity in rural areas stems from weak support systems and inadequate psychosocial services. This observation is particularly pertinent to Matinyani Ward, where formal mental health services are scarce and the elderly must rely on fragile family and community networks for emotional wellbeing.

Physical health deterioration and access to healthcare present further obstacles. In high-income settings, research emphasizes frailty and chronic illness, with Gordon et al. (2017) showing that women in the United Kingdom face higher frailty indices than men, and Gordon and Hubbard (2020) demonstrating similar patterns of chronic disability and isolation in Australia. In low- and middle-income contexts, however, health decline is magnified by poverty and systemic barriers to care. Santhalingam et al. (2022) revealed in Sri Lanka that advancing age correlates with reduced quality of life due to socio-economic constraints on health outcomes, while Biyela (2019) in South Africa found that poor diet, social isolation, and rising medical costs intensify the vulnerability of the aged. Tanzanian studies echo these challenges: Kivelia and Kirway (2011) documented elders' exclusion from healthcare facilities, and Isangula (2022) noted the absence of palliative care for the rural aged. In Kenya, Suke (2020) similarly reported that elders in Kilgoris often lacked healthcare access, worsening malnutrition and illness. Taken together, these studies demonstrate that while health decline is a common feature of ageing globally, its impact is disproportionately severe in rural Africa, where limited infrastructure and unaffordable medical care exacerbate already fragile health. For Matinyani Ward, the implication is that the interaction between poverty and weak health systems must be central to understanding ageing outcomes.

The indignity of neglect, discrimination, and abuse compounds material and health challenges. Kabole et al. (2013) established in Emuhaya, Kenya, that more than 80 percent of older persons had experienced abuse, largely tied to poverty and economic

marginalization, while Mefteh (2022) described Ethiopian elders' feelings of neglect within families where they were perceived as unproductive. These studies reveal that beyond structural deprivation, social exclusion undermines the dignity of the aged. For Matinyani Ward, such evidence raises the question of how cultural expectations and household dynamics shape the treatment of older persons, particularly when economic resources are limited.

Poverty and food insecurity consistently emerge as defining features of ageing in rural contexts. Knizek et al. (2021) demonstrated in Uganda that older people live in extreme poverty, while Owoko (2012) in Siaya, Kenya, showed that many elders survived days without food. Isangula (2022) similarly highlighted chronic hunger among the aged in Tanzania, exacerbated by the absence of sustained livelihoods. In Kitui, Mbuthia, Mwangi, and Owino (2022) reported that poverty, illness, and food insecurity persist despite reliance on family ties, underscoring the insufficiency of kinship networks in contexts of economic marginalization. These findings make clear that poverty is a global problem but acquires particular urgency in rural Africa, where weak institutions and fragile incomes converge to entrench deprivation. For the current study, this highlights the necessity of interrogating how older persons in Matinyani sustain basic needs such as food in the absence of stable income streams.

Structural barriers further intensify the vulnerability of the aged. Mbuthia et al. (2022) emphasized that in Kitui, poor rural infrastructure, limited health facilities, and economic marginalization systematically restrict access to essential services. Compared with high-income countries, where state systems mitigate the risks of ageing, these findings suggest that ageing in rural Kenya is compounded by systemic exclusion that reinforces individual vulnerability. This points to the importance of situating the experiences of the aged in Matinyani within broader structural dynamics that shape access to resources and services.
In sum, the literature demonstrates that the challenges of ageing encompass not only mental and physical health decline, but also social neglect, entrenched poverty, and systemic marginalization. These difficulties appear globally but converge with particular severity in rural Africa, where fragile health systems, limited infrastructure, and structural inequalities

exacerbate the hardships of later life. The present study builds on these insights by examining how such challenges manifest in Matinyani Ward, thereby contributing a contextualized understanding of the daily struggles of the aged persons in rural areas.

2.5 Support Mechanisms for the Ageing Population in Rural Areas

Studies in the United States indicate that recreational activities and facilities are key support mechanisms for the aged. For example, Bone et al. (2020) revealed that the aged should be engaged in recreational activities as it lowers depression. Sports and social activities were found to relieve the aged of depression. Additionally, Harington et al. (2016) assert that the United States uses nursing homes and home care programs for the aged. Although these efforts to care for the aged have been revamped, there are still problems such as poor treatment, discrimination, neglect, abuse, and low-quality services (Stone, 2000).

Similarly, the United Kingdom has its own support system for the aged which is funded through a combination of government and private contributions (Moriarty et al., 2016). The care takers are paid through the contributions from both parties; however, the cost of care has become very high, making it difficult for some caregivers to receive payment. As a result, many aged people receive low-quality care, and some are neglected due to financial pressure.

In East Asian countries and China in particular, family members are charged with the responsibility of taking care of and supporting the aged (Wang et al., 2020). Wang et al.'s study on family support, health, and living satisfaction among the Aged: in China, found that care from adult children was a source of satisfaction and well-being for the aged. Similarly, Peng et al. (2019) revealed that aged parents are satisfied when they get emotional support from family members. Family support through regular communication with the aged parents, financial support, and healthcare improves their mental state and living satisfaction.

According to Rajan and Balagopal (2017), India faces a declining number of available caregivers because of rising expectations and the out-migration of young people to overseas nations for education and work-related roles. The book highlights the shrinking traditional support system of the aged and the onset of old-age care homes in India. It also underpins the limited government support for the aged in India, given the states have legislated the care of the aged by their heirs and children. Also, Rath and Panigrahi (2017) examined how rural aged people in Odisha in India are supported and found that family support is a key part of their well-being in old age. Likewise, Khandre et al. (2022) studied aged people in selected villages in India and China. Using a cross-sectional study, they found that family support plays an important role in the lives of aged people, especially in rural areas.

In Sub-Saharan Africa, support mechanisms for the aged are still weak and underdeveloped. Most support comes from families and informal community networks (HelpAge International, 2021). These informal systems face many challenges in rural areas, especially due to poverty and limited resources, making them unable to fully meet the needs of the aged (HelpAge International, 2016). As noted by HelpAge International (2021), these systems have not been effective in protecting older people.

In East Africa, there is a mix of new support mechanisms and traditional family-based care. According to Golaz et al. (2017), aged people in Uganda mostly depend on their families for support. Similarly, Mdoe et al. (2016) found that in Tanzania, the aged in rural areas are mainly supported by their communities. Both countries have introduced social programs to support older adults, such as Uganda’s Senior Citizens Grant (SCG) (Byaruhanga & Debesay, 2021).

In Kenya, Kamau's (2003) survey on livelihood challenges and coping mechanisms among the aged found that family networks were the largest coping mechanisms for the aged, where children played a huge role by visiting and sending cash donations through MPESA to their aged parents. Njenga (2016) states that African parents provide care for the aged with the hope that they will be paid back in old age. This structure played a significant role

within the kin. Njenga says that the broken structure of the extended family leaves the aged persons poor and ravaged by hunger, starvation, and malnutrition. Besides, they cannot access social services. However, Kabole et al. (2013) narrate that the structure has been broken down, and the once-respected traditional African system is viewed as out-dated. As such, Kabole et al. (2013) note that the aged are perceived as a burden to the family. Kariuki et al. (2013) postulate that the aged in Kenyan rural and urban areas no longer receive jobs while the effects of HIV and AIDs have weakened the traditional family structures.

The government also plays an integral role in supporting the aged. For instance, the *pesa kwa wazee* program in Kenya plays a huge role through the OPCT program. Kasyoka (2023), in her study on the socio-economic impacts of the cash transfer program on the aged in Mulundi Sub-Location, points out that those above 65 years in Kenya mainly relied on family members, well-wishers, and the government through OPCT. Mbabu (2017) and Omollo (2017) have OPCT was identified an important source of income.

Mbuthia, Mwangi and Owino (2022) studied the closeness as a mediator in providing and receiving social support on the social well-being of older persons in Kitui County, Kenya. The study found that relationships with support staff influenced how social support was received by the aged. This, in return, affected the support satisfaction. Also, the government has introduced several initiatives to support the aged, including the National Policy on Older Persons and Ageing (2009) and the Older Persons Cash Transfer Program me (OCTP). However, these programs have not been fully successful due to bureaucracy and poor infrastructure, which have left many aged people excluded (Obiero & Muchiri, 2021). Many older adults are also responsible for raising their grandchildren, especially when parents are absent or have died from diseases like HIV/AIDS. The lack of reliable data and clear government policies has made it harder to address aging issues effectively (Kenya National Commission on Human Rights, 2009).

In Kitui County, support mechanisms for the aged are still founded on traditional family care (Mwangangi & Musyoka, 2022). While the county has introduced measures like food distribution for the aged, these programs are not sustainable. According to Mwangangi and

Musyoka (2022), support systems in Kitui remain mostly informal, with little involvement from the government or non-governmental organizations in building long-term solutions for aged care. A blend if challenges facing regional to local rural areas formed a strong basis for this research.

In Kitui County, support mechanisms for the aged are still founded on traditional family care (Mwangangi & Musyoka, 2022). While the county has introduced measures like food distribution for the aged, these programs are not sustainable. The lack of sustainability is largely due to inadequate funding, poor infrastructure, and overreliance on short-term relief interventions rather than long-term planning. This challenge is compounded by weak implementation of national ageing policies, such as the National Policy on Older Persons and Ageing (2009), which has not been effectively localized to rural settings. According to Mwangangi and Musyoka (2022), support systems in Kitui remain mostly informal, with little involvement from the government or non-governmental organizations in building long-term solutions for aged care.

2.6 Research Gap

Despite valuable theoretical and empirical contributions, existing literature on ageing in rural contexts remains fragmented. Many studies privilege single dimensions such as abuse (Kabole et al., 2013), health outcomes (Suke, 2020), or dependency (Owoko, 2012), without interrogating how socio-economic factors, lived challenges, and support mechanisms intersect to shape ageing experiences. Broader regional and national analyses (Santhalingam et al., 2022; Biyela, 2019; Mefteh, 2022) further generalize ageing, thereby obscuring the distinct socio-cultural and economic realities of rural Kenya. Within the Kenyan context, research has largely examined cash transfer programs or socio-economic status (Muindi et al., 2022; Mbuthia et al., 2022; Mwangangi & Musyoka, 2022), but offers limited insight into the systemic interaction between poverty, gender, health disparities, and fragile support networks. Consequently, little is known about how these dynamics collectively configure the daily lives of older persons in specific rural localities. This is because no study has comprehensively addressed the three aspects together, rather focuses on single aspects of socio-economic concerns, challenges and support mechanisms. This

study addresses that gap by situating ageing within the lived realities of Matinyani Ward, Kitui County, with a comprehensive focus on socio-economic factors, challenges, and support systems.

2.7 Conceptual Framework

The conceptual framework in figure 2.6 shows how the research relates to the literature.

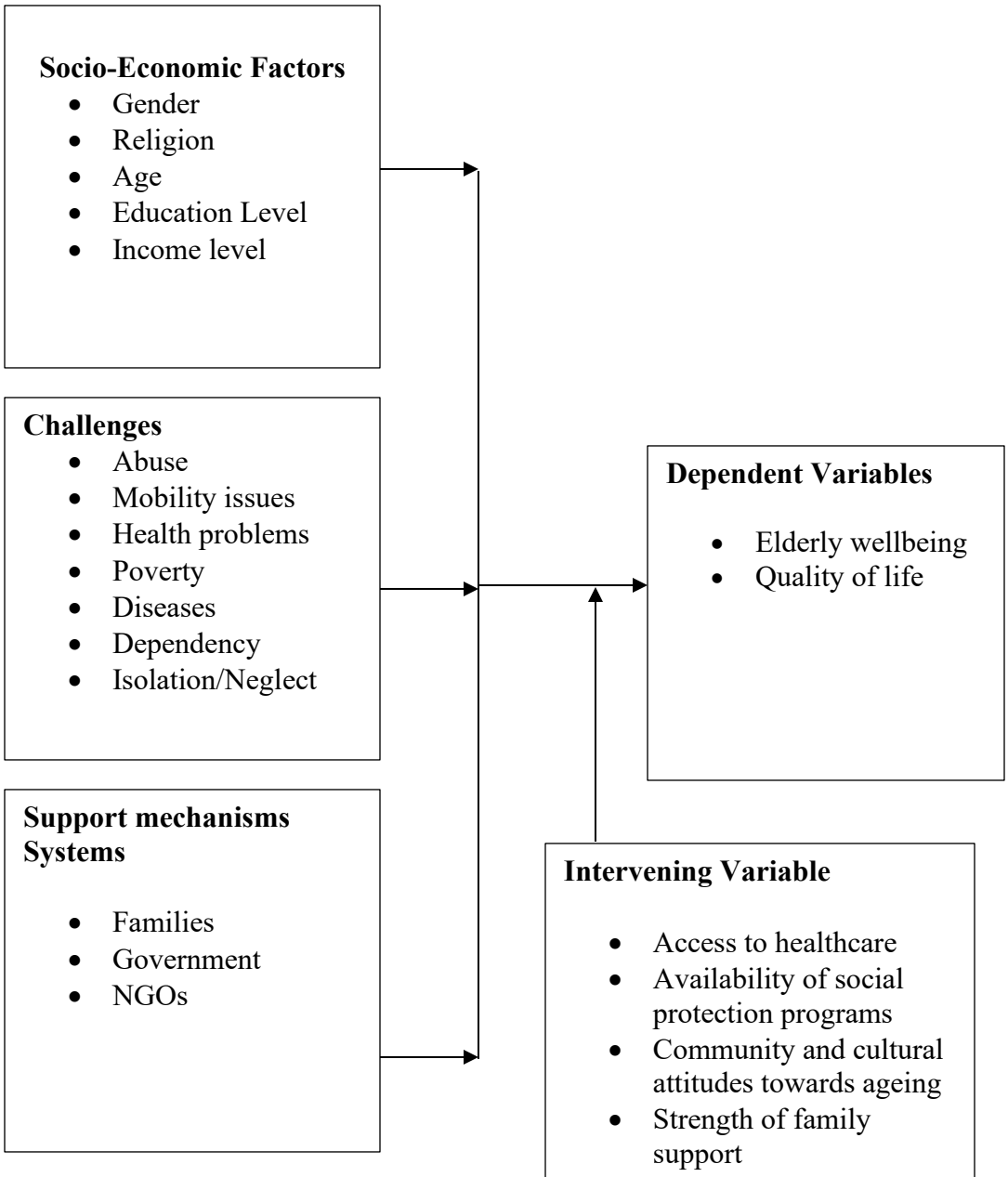

Figure 2.1: Conceptual Framework

Source: Researcher (2024).

This study is guided by the dependent variable: the wellbeing of elderly persons in Matinyani Ward, Kitui County. The quality of life of older people is influenced by various social, cultural, economic, and health-related factors (independent variables). By focusing on the dependent variable, the research seeks to establish how the social context of ageing shapes the lives of the elderly and determines their vulnerability, support systems, and overall wellbeing.

Socio-economic characteristics such as gender, age, education, religion, and income structure the daily conditions of older persons, predisposing them either to resilience or to vulnerability. For example, older women often face heavier caregiving burdens and higher socio-economic marginalization than men, while education and income levels determine access to healthcare, food security, and social participation. Religion, by contrast, offers social networks and psychosocial support that can buffer isolation and neglect.

These socio-economic conditions interact with challenges such as abuse, poor health, mobility limitations, poverty, and dependency. The presence or absence of adequate support systems moderates the effects of these challenges. Where support is strong, the adverse effects of poverty or ill-health are cushioned, leading to more positive social experiences in old age. Conversely, weak or unsustainable support mechanisms amplify vulnerability, deepening neglect, isolation, and dependency.

Thus, the framework highlights ageing as an outcome of intersecting influences: socio-economic status shapes exposure to challenges, while support systems mediate their impact. The social context of ageing in Matinyani Ward is therefore not determined by any single factor but by the cumulative and interactive effect of these variables.

CHAPTER THREE

3.0 RESEARCH METHODOLOGY

3.1 Overview

This chapter described the research methodology used in collecting, analysing, and presenting data. This chapter covers the research design, study location, data collection tools, validity and reliability of research tools, data collection procedures, ethical procedures in the research, and data analysis and presentation procedures.

3.2 Research Design

The study adopted a purposive sampling method to select key informants. Twenty-nine key informants were purposively chosen, including one ward representative, four chiefs, village elders, and religious leaders from the four locations. This number was considered adequate because it captured diverse perspectives from formal administrative leaders, custodians of local culture, and faith leaders who play central roles in shaping community responses to ageing. Their inclusion ensured that the study incorporated institutional, social, and cultural dimensions of support for the aged, which could not be obtained from household surveys alone.

Systematic random sampling was used to select the 160 aged respondents from 1,519 households. A sampling interval of 11 was applied, giving each household an equal chance of inclusion, thereby minimizing bias and enhancing representativeness. This method was justified because it allowed the study to generate reliable quantitative data on socio-economic factors, challenges, and support systems among the aged while ensuring coverage across the four locations of Matinyani Ward.

Purposive sampling, on the other hand, was the most appropriate strategy for selecting key informants since these individuals held specialized knowledge and insights derived from their positions and lived engagement with aged populations. Their perspectives enriched the study by providing qualitative depth, validating household data, and highlighting structural and institutional issues that affect the social context of ageing. By combining

systematic random and purposive sampling, the study ensured both statistical rigor and contextual richness, thereby aligning the sample with the research objectives.

3.3 The Study Area

The study was conducted in Matinyani area a rural area in Kitui County. It is located 21 kilometres from Kitui town. It is located at Latitude -1°18'0 and Longitude 37°55'0.02 and covers 264.2 square kilometres with a population density of 181.0/km^2. The area is semi-arid, which receives long rainfall around March and April, and one short rainfall around October to December. It has a total population of 47,811 out of which 3444 people 60 years and above (KNBS, 2019). The ward has four locations: Matinyani, Kauma, Mutulu, and Kalimani, which were included in this study. According to Ocharo et al. (2019) the Akamba people are the primary ethnic group, whose religion is predominantly Christianity. The main economic activity is subsistence farming. There are some entrepreneurship groups from women practising table banking and basket weaving. Despite these economic efforts, there is extreme poverty, food shortage, and low literacy levels. The map of Matinyani Ward is shown in appendix I. Matinyani was chosen for this study because of its high population of the aged as per 2019 KNBS data. Besides, many aged people in Kitui County, Matinyani included, live in rural areas and rely on substance farming which is adversely affected by inadequate rainfall, thus high rates hunger and poverty (Ocharo et al., 2019).

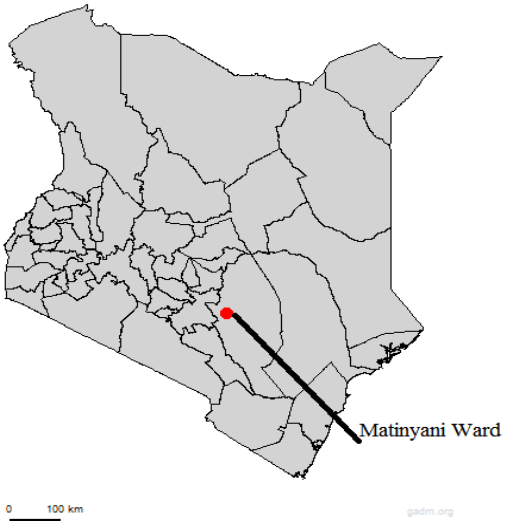

Figure 3.1: Map of Matinyani Ward.

3.4 Target Population

The study population was men and women above 60 years old in Matinyani, Kauma, Mutulu, and Kalimani locations in Matinyani Ward. There are 3444 people over 60 years, out of which 1371 are male and 2073 are female, based on census report (2019) drawn from Kenya National Bureau of Statistics.

3.5 Sampling Procedures and sample Size

The study adopted a purposive sampling method to select key informants. Twenty-nine key informants were purposively selected (one ward representative, four chiefs, three village elders, three religious leaders from each location, and four village elders/ village administrators) from the four selected.

Systematic random sampling was used to sample the participants in the households for the study. The households were assigned numbers using the framework provided by the Kenya Bureau of Statistics, where there were 1519 households. The aged population households of 1519 were divided by the sample size of 137 in the four locations to get a sampling interval of 11. Papers were numbered and wrapped 001 to 011 and dropped in a container. The papers were picked and selected the 11th household, giving a total sample of 160 households in the study. Added to the purposively sampled respondents, a total of 189 respondents were identified. Table 3.1 below represents the sampling frame to be used.

The sample size included forty (40) aged men and women were drawn from each location in addition to 29 community leaders as shown in Table 3.1.

The sample size in the study was determined using the following formula according to Kothari (2004).

$n = z^2. p. q.N /e^2 (N - 1) + z^2. p. q$

Where; n = desired sample size, z = value of standard deviation at 95% confidence level (in this case 1.96), e = desired level of precision (±5%), p = sample proportion in target population, q = 1 – p and N = size of population

$n= 1.96^2*0.11*0.9*1519/0.0025*1518+ 1.96^2 *0.11*0.89$

$= 571.285/4.171$

=137 (minimum sample size)

Table 3.1: Sampling Frame

AREA	Respondents	Key Informants
	Aged men and women	Community leaders
Matinyani	40 (20 men and 20 women)	1 Local chief
		Three village elders
		Three religious leaders
Kauma	40 (20 men and 20 women)	1 Local chief
		Three village elders/ admins
		Three religious leaders
Mutulu	40 (20 men and 20 women)	1 Local chief
		Three village elders/ admins
		Three religious leaders
		One ward representative
Kalimani	40 (20 men and 20 women)	1 Local chief
		Three village elders
		Three religious leaders
Total	160 (80 men and 80 women)	29 (25 men, 4 women)
Total Sample Size	189 ((105 men and 84 women)	

Source (Author, 2024).

3.6 Research Instruments

The data collection tools for this study were survey questionnaires, Key informant interview guides, direct observations, and focussed group discussions (FGDs) guides. The combined use of these tools will increase accuracy, data reliability and depth. Multiple tools in data collection will help in cross-checking of data from different areas. Table 3.2 below presents the linkage between the research objectives, data sources, instruments, and analysis techniques.

Table 3.2: Link between Research Objectives, Data Sources and Analysis

Research Objective	Data Source	Instrument	Method of Analysis
1. To assess the socio-economic concerns influencing the wellbeing of the aged in Matinyani Ward	Aged men and women (160 household respondents)	Structured questionnaires (closed and open-ended)	Descriptive statistics (frequencies, percentages, charts) and thematic analysis for qualitative responses
2. To identify the major social challenges faced by older persons in Matinyani Ward	Key informants (chiefs, elders, religious leaders) and household respondents	Key informant interviews, questionnaires, and direct observations	Thematic analysis of narratives; descriptive statistics for frequency of challenges
3. To evaluate the support mechanisms for the aging population in Matinyani Ward	Families, government, NGOs, churches; household respondents and FGD participants	Focus Group Discussions (FGDs), interviews, and observations	Thematic analysis of qualitative data; triangulation with descriptive statistics

Source (Author, 2024).

3.6.1. Questionnaires

A questionnaire includes listed questions that aim at collecting data from specified respondents. In this research, questionnaires shown in Appendix II were used to carry out interviews using open and closed questions for the 160 respondents. To address the first objective, which sought to assess the socio-economic factors influencing the quality of life of older persons in Matinyani Ward, questionnaires were employed to capture demographic details such as age, gender, religion, and education, as well as quantitative data on income sources and employment. The questionnaires were personally administered and created personal contact with key respondents, which gave room for further probing. Data from the respondents was collected using the local language. The open-ended questions were suitable for the collection of data because they allowed the respondents to communicate

freely without being forced to fit within the answers. The close-ended questions gave the respondent a set of answers that closely mirrored their views.

3.6.2. Key Informant Interview

Key informant interviews are qualitative in-depth interviews that target people who have first-hand knowledge on the community. Such people include community professionals, experts, and leaders with a specific knowledge and understanding of the activities of the community. The second objective, which aimed at identifying the challenges faced by the aged, was best catered for through interview schedules. These provided detailed narratives on issues such as health problems, neglect, abuse, dependency burdens, and economic struggles, while allowing for probing to gain deeper insights into the lived experiences of respondents. Key informant interviews can be carried out though face-to-face or telephone interviews. Key informant interviews helped in triangulating data obtained from key respondents on the scope of the study. In-depth interviews provided an effective way of collecting data while exploring complex social behaviours and experiences related to old age. The study used a semi-structured interview guide to allow for both consistency and flexibility concerning the responses.

The key informants were purposively selected based on their knowledge and position in the society. They included a total of 29 key informants: ward representatives, chiefs, village administrators or elders, and religious leaders, were engaged in interviews to understand the socio-economic issues facing the aged, challenges faced by the aged, and the available support mechanisms available to help the aged based on the Interview Schedule on (Appendix III) was used. An interview guide was used for the key informants as it allowed for adjustment of questions during data collection. Interviews are flexible and also give interviewees a chance to talk freely about their experiences. The research topic is wide and interviews were suitable for their flexibility.

3.6.3 Direct Observations

According to Mugenda and Mugenda (2003), direct observation is a method of data collection that entails watching processes, behaviours, environmental setting, and

interactions as they occur or appear. For instance, observing how an old person walks to determine if they have mobility issues is a direct observation. Field notes were taken to describe observations taken. Direct and personal techniques in data collection offered the interviewer the opportunity to observe things associated with the study, especially the experiences, socio-economic aspects, physical state of study participants, family role in supporting the aged, government plan structures, and economic indicators. Observation was employed to complement the data by enabling the researcher to directly witness the living conditions, health status, and support structures of the aged, thereby validating and enriching the information gathered through questionnaires, interviews, and focus group discussions.

3.6.4 Focus Group Discussions

Focus Group Discussions refers to a qualitative research method for data collection where a selected group of people engage in a discussion about a specified topic, usually facilitated by a moderator (Mugenda & Mugenda, 2003). It is usually semi-structured and carried out through allowing open discussions to solicit opinions, views and perceptions of the group participants. This approach seeks to collect the attitudes, views, perceptions, experiences and way of life from the participants. Three groups focussed groups were purposively selected two based on gender and a third based on location. The focus group discussions' guide was to carry out the discussions with themes as shown in Appendix V, which was derived from the interview guides.

FGD was used for collection of data the support systems available to the aged, share collective views on family support, open cash transfer programme, church participation, and the role of NGOs, while also serving to validate the patterns observed in the questionnaire data. The first group had nine participants was purposively selected from Mutulu, Kalimani, and Kauma locations. Each location produced three respondents, one woman and two men. The participants were purposively selected based on their roles in the community such as women and men leaders in their locations or community groupings. The second group was composed of 10 respondents from Matinyani location, comprising

of five men and five women. The third group was composed of 8 respondents from Kalimani location, comprising of four men and four women.

3.7 Validity of Research Instruments

Kothari (2004) argues that a research instrument is valid if it actually measures what it is supposed to measure and when the data collected accurately represents the respondents' opinions. The content validity of the data collection tool was determined in two ways. The first method included a discussion with the supervisors and lecturers from the department to harness their views and recommendations. The other method entailed piloting in four locations. The two ways were considered enough because they ranged above 10 percent, as proposed by Mugenda and Mugenda (2003). The unnecessary items were discarded. The piloting procedure included questionnaires, interviews and observations. Observations helped in the identification of confusing research questions and assess the potential length of the survey. The feedback attained from this pilot study helped in revising the research questions to fit the study objectives. Interviews were also used for piloting using an interview guide, two trials of an interview guide enabling an evaluation creating a room for practicing the research questions interview during real time data collection. Observations were also used to test the checklist for the observations so as to enhance clarity and identify possible challenges during data collection.

3.8 Reliability of Research Instruments

Reliability of the questionnaire was assessed using the test–retest method. The instrument was administered twice to a group of aged respondents from outside the main study sample, with a two-week interval between the two administrations. The responses obtained in both rounds were compared, and a Pearson correlation coefficient of 0.77 was established, indicating strong consistency of the instrument. A reliability coefficient of 0.77 was therefore considered sufficient, since values above 0.7 are regarded as acceptable for social science research instruments (Mugenda & Mugenda, 2003; Kothari, 2004).

3.9 Data Collection Procedures

A pre-test was first implemented before the main study. The research questionnaires were personally administered to the respondents, which provided an opportunity for clarification from the 2019 KNBS report. The questionnaire contained parts A, and B. Part A sought to collect information about demographics, while part B sought to establish the social context of living of the aged in rural areas. There was observation of the settings and the respondents during the administration of the interviews guided by the questionnaire. Upon completion, the questionnaires were collected, and data was stored in a safe locker.

3.10 Data Analysis Procedures

Qualitative data was analysed based on narrative and study themes. The interpretation of the data was done within the frame of reference of the research objectives. Interviews and direct observations were cleaned and reviewed on the research site. They were then recorded in notebooks, from where they were sorted into various themes and categories. Descriptive statistics was used to analyse data from the three objectives. Thematic analysis was also used to complement descriptive analysis.

Data collected on the challenges faced by the aged in Matinyani ward was analyzed thematically. Interviews were transcribed through repeated reading of records. The themes were then discussed, reviewed, and refined before being named, as Hirose and Creswell (2023) suggest. The data was checked for quality and completeness. All this was founded on the theoretical framework for the study to derive conclusions. The collected data was subjected to organizing and clustering based on the views of respondents, narratives of intimate and personal experiences drawn from direct observations, and opinions expressed by the respondents. Qualitative narratives were used to analyse socio-economic concerns for the aged in rural areas and support mechanisms identified by the respondents.

Quantitative data was entered into an excel worksheet and analysed using SPSS (version 26) from where frequencies, graphs, tables, and percentages were employed in data summarizing. The results were presented through charts, graphs, and tables.

Triangulation was applied to enhance the validity and reliability of findings. Quantitative results from SPSS were compared and interpreted alongside qualitative themes, ensuring that statistical patterns were corroborated with narratives from participants. This integrative approach provided a comprehensive understanding of the socio-economic concerns, challenges, and support mechanisms of older persons in Matinyani Ward.

3.11 Ethical Considerations

This study adhered to the highest ethical standards to protect the rights and welfare of participants. Ethical approval was first sought through an introductory letter from South Eastern Kenya University (SEKU), followed by a research permit obtained from the National Commission for Science, Technology and Innovation (NACOSTI Permit No: 178925). Further consent was obtained from the Matinyani Ward Administration Office, authorizing the research within the study area.

Written informed consent was sought from all respondents before participation. The consent forms, provided in advance, explained the purpose of the study, procedures involved, and the voluntary nature of participation. Respondents were informed that they could decline or withdraw from the study at any point without facing any penalty or adverse consequences. The objectives of the study were also explained verbally to ensure understanding, particularly for participants with limited literacy levels.

Confidentiality and anonymity of participants were strictly maintained. Respondents were not required to provide identifying information such as names, phone numbers, or personal addresses. Instead, all responses were coded, and no identifiers were linked to the datasets. Data collected were stored in password-protected files on the researcher's computer, with encrypted backups kept on external storage devices accessible only to the researcher and supervisors. This ensured that the information remained confidential and secure throughout the research process.

To safeguard participants from potential harm, the study design and questions were reviewed to ensure they posed no physical, psychological, or social risks. Respondents

were assured that the study was purely academic, with no commercial or political interests, and that their contributions would only be used to advance knowledge and policy on ageing.

CHAPTER FOUR

4.0 RESEARCH FINDINGS AND DISCUSSIONS

4.1 Overview

The chapter presented the results of the study on the social context of aging in rural areas. This chapter presents the results of the study in alignment with the research objectives. It begins with an overview of the socio-demographic characteristics of the respondents, followed by an examination of the socio-economic factors influencing the lives of the aged. The chapter then presents findings on the challenges experienced by older persons before concluding with an analysis of the support mechanisms available to them. This organization ensures a coherent flow of results that directly corresponds to the study objectives.

4.2 Socio-Demographic Characteristics of Respondents

The first part of the questionnaire sought to determine the socio-demographic details of the respondents. This included assessing the gender, age, education level, education level, marital status, and religious affiliations.

One hundred and sixty (160) questionnaires were issued out to adults aged 60 - 100 years. The collected questionnaires were edited for completeness and consistency. The questionnaire's return rate was 100%. According to Mugenda and Mugenda (2003), any response rate above 60% is usually considered adequate for qualitative and quantitative analysis. Qualitative data was used to compliment quantitative data and consequently conducted FGDs on aged persons where the three focus group discussions were conducted. There were 29 key informants engaged in key informant interviews.

The research findings presented in this section relate to the demographic profile of the respondents. This was considered to be necessary because it assisted the in understanding the targeted group in detail. Table 4.1 is a summary of the respondents' gender, age, education level, employment status, marital status, and religious affiliations.

Table 4.1: *Demographic Characteristics*

Category	Classification	frequency	Percentage
	M	65	79.3%
Gender	F	95	115.9%
Age	60-70	58	36%
	70-80	48	30%
	80-90	32	20%
	90-100	22	14%
		160	
Education Level	None	44	28%
	Primary	64	40%
	Secondary	31	19%
	Tertiary/college	21	13%
Employment	Full time	25	16%
	Part-time	15	9%
	Retired	46	29%
	Never worked	74	46%
Marital Status	Married	106	66%
	Widowed	35	22%
	separated	19	12%
Religion	Protestants	82	51.3%
	Catholics	65	40.6%
	Muslims	10	6.3%
	Traditional/ Other	3	1.9%
Total Respondents		160	100%

Source: Field Data (2024)

Of the 160 respondents studied, 65 were male and 95 females. The respondents' age ranged from 60-100 years. The majority of the aged in Matinyani Ward of Kitui County were aged between 60 to 70 years category (36%), followed by the 70-80 age category (30%) and 80-90 age group (20%). The findings reveal that aged women were more than aged, men with

the percentage of 59% and 41% respectively. The difference concurs with the WHO (2001) report that women have a higher life expectancy than men as men encounter higher deaths than females. The findings are similar to that of Kabole et al. (2013) where aged females exceeded men in a study on mistreatment of the aged with 56% females and 44% males. However, many aged persons did not know their dates of birth and noted that most of their dates were estimated based on seasonal events in their lifetime such as hunger.

The study established that the majority of the respondents (57%) were widowed with more widows (68%) than widowers (32%). 34% of the respondents were still in marriages while 9% were separated. These findings show that the majority of the aged in Matinyani Ward were vulnerable to socio-economic challenges since they did not have a helping hand. Mbabu's (2017) study shows that widowed persons and divorced aged women have higher poverty levels compared to married women.

Respondents were asked about their current and previous employment details. An analysis of previous and current employment data placed the majority (55%) as being active at work, 66% were still involved in farming, and 36% in small businesses, 17% were employed as casual workers or in jua kali industry while 4% were involved in other occupations. This shows that the majority of the respondents in Matinyani Ward continue to work into old age despite the health and mobility challenges. Work includes casual labour, working as watchmen for men, and taking care of children as house helps for women.

Only 45% had retired from active work or employment in either the formal or informal sector. At the time of the study, this was associated with a lack of capacity to work due to age, immobility, diseases, and lack of parcels of land to graze as the majority had shared their land amongst their sons or sold it. The implication is reliance on family and the community, placing the aged at risk of neglect, isolation, and abuse. These findings are in line with the findings of research carried out by Kabole et al (2013) on aged abuse in Emuhaya District, Kenya, in which they established that lack of economic activity predisposed people to poverty and dependency, and could pave the way for abuse. Those

who engaged in businesses reported that their businesses included hawking or reselling products from their homes. Matinyani and Kauma shopping centres were reported as key areas for hawking and selling of grocery, cereals, and farm produce like papaws, beans, and maize.

A significant number of the aged persons involved in the study had attained at least a primary level of education (40%) while 19% and 13 % had attained secondary and tertiary education levels respectively. These levels of education meant that the majority of the respondents could write and read.40 (28%) had not acquired any formal education. This meant that there was a substantial illiteracy level amongst the aged population in Matinyani Ward; which comes with diverse challenges such as the inability to understand modern trends in self-care, health management, acquisition of jobs, and appreciation of benefits of modern social networks and government opportunities for the aged. These findings, therefore, imply that illiteracy among the majority of the respondents has denied the majority of the respondents the chance to have employment incomes from pension or prior formal employment (Kasyoka, 2023: Ondigi and Ondigi, 2012). This makes the beneficiaries susceptible to poverty and dependency on family members and society for survival.

82 (51.3%) of the respondents were of protestant faith whereas Catholics constituted 40.6%. Muslims accounted for 6.3%. The remaining 1.9% comprised traditional religious believers and others. Most of the aged persons reported that they felt that God controlled their lives in all ways and this enabled them to live in harmony. This was analogous to Indler's (1987) research findings which found that religious involvement wiped away depression among people.

4.3 Socio-Economic Factors and Social Context of Aging in Matinyani Ward

4.3.1 Gender and Social Context of Aging in Rural Areas

This section presents the socio-economic concerns of aging in rural areas. Aspects presented herein are age, gender, religion, and education and income levels. The study sought to understand how gender- a socio-economic element influences the socio-context

of the aged in Matinyani Ward. In this regard, the respondents were asked how gender role impacted on their life and their burden of living in rural areas. The findings indicate that the majority (59.4%) of the respondents involved in the study area were women. The results reflected in Table 4.2 reveal that among respondents the percentage of female respondents who felt they were burdened by life due to their gender was higher (67%) compared to that of male respondents at 45%.

Table 4.2: *Gender and Social Context of Aging in Rural Areas*

	Gender	percentage	felt a huge burden of life due to gender		felt fairly burdened by gender	
			Frequency	Percentage	Frequency	percentage
Male	65	41%	29	45%	36	55%
Female	95	59%	64	67%	31	33%
Total	160					

Source: Field Data (2024)

The variation in the gender of respondents was due to the ease of availability of women within homesteads and social groups. It was also due to drug abuse where some men were on drinking sprees in nearby shopping centres either drinking beer or chewing *miraa.* Moreover, some men were in the field either tending livestock or working as casuals and watchmen and grounds men to sprouting schools in the area. This was explained by a leader in FGD discussions.

> *"It is rare to find men in the homesteads during day time and early nights. Those who are not working in urban areas leave their homes very early to look for casual work, or to look for their livestock. Others have found some jobs to sustain themselves and their families, with a number working as watchmen and grounds men in the shopping centre and sprouting schools. Others leave their houses very early to go for routine drinking and chewing of miraa in the shopping centre, doing*

only small gigs to enable them to buy their drugs and sit down to gamble. This is a routine for most of the men."

Respondents indicated that most men could be traced to the shopping centre during the day either chewing *miraa* or playing *karata* (cards). A small number of them were involved in casual labour or acting as turn-boys at the bus stages. This was further supported by a female group discussant in her narration:

"*Most of us women have grandchildren, orphans, and a few chickens and goats we have to take care of, and must always be around the home. We are compelled to stay at home to look after the homestead and our grandchildren after school while the men are in the shopping centres loitering, taking drugs, or carrying out menial* tasks."

To further explain the plight of the aged women in rural areas, one ward administrator reported that aged women are tasked with house chore tasks, and are dependent upon their grandchildren. She even reported that grandmothers form the highest number of people who come for relief food when being distributed.

One of the male focus group discussants said: "Women must stay at home to take care of the children and chicken. As men, we cannot be around the homestead during the day and watch our families starve, we have to go and look for whatever little we can get."

The findings of descriptive statistics indicated that women were facing a harder social life than male respondents. The findings were further supported by a female discussant from the Kauma location. She remarked,

"*Old women have a huge burden to carry in this area. Men are rarely in the farms or homesteads. The worst is even experienced one is widowed. Women must fend for themselves through small businesses like selling cassava and tomatoes in the market. Men, on the other hand, will loiter in the shopping centre and come back in the evening, either drunk or chewing miraa; and after all, we will give them something to eat*."

She added,

> *"When something is sent to me, for instance, from my children in the city, my husband demands a share which he rarely buys something for the home, but uses it to gamble or drink…I can do nothing, after all, he is the head of the family*"

4.3.2 Age and Gender of Respondents and Life Experiences

The respondents were grouped into four age groups. The following four age groups were adopted in the study to examine how aging beyond 60 years affects the living experiences in rural areas. The results of the age summarized in table 4.3.

Table 4.3: *Age of Respondents and Life Experiences*

				Good living experiences		Poor Living Experiences	
				F	Percent	F	Percent
Age	60-70	58	36%	45	78%	13	22%
	70-80	48	30%	33	69%	15	31%
	80-90	32	20%	20	63%	12	38%
	90-100	22	14%	8	36%	14	64%
	Total	160	100%				

Source: Field Data (2024)

The findings of the descriptive statistics indicate that many respondents reported suffering with age. Better living experiences were attributed to the capacity to work and manoeuvre in different areas to cater to daily needs. Most of the aging groups reported reliance on their family for support or pension and government for living. Those below 70 years were still energetic compared to those above them in age, and could still tend their farm for food, or carry out some casual labour for daily wages.

A 60-year-old male discussant said:

> *"I still feel energetic; I run my errands without sending anyone. I can still plough my land, look for my livestock, and go to the market. I am also very comfortable*

with my grandchildren unlike those above 74 years. We spent most of the time visiting them and supporting a majority of them because age and immobility have caught up with them."

Those above 74 years were experiencing poor living conditions compared to their younger age groups. One woman aged over 74 years had this to say:

"My son's wife passed during COVID-19, and his husband is disabled. I was forced to take control of their three children. I am not able to move faster and I mostly attend to their school matters although their fees are taken care of by a church group. I must ensure they find food ready by the time they are back from school. I experience back ache and I am forced to assist my disabled son. Without me, I feel this family would be in a mess although I am old."

Her narration demonstrates that when the aged have to be relied upon for house chores, despite their tiring body, they end up pushing themselves beyond the limits only for love. This imposes them with immense suffering. These findings concur with different authors who noted that compared to men, aged women face high discrimination rates under their age and gender (HAI, 2004; Kamau, 2013). The authors assert that aged women still work on their farms and have no ownership of land, unlike their male counterparts. Even these findings are in tandem with Henry's (1961) disengagement theory that postulates that women have little control as they age, as, men take the central role in household control. This means that men mainly assume the family head role as they age, and tend to show their closeness to ownership of their property, leaving their wives with no property control. From these findings, it is implicated that older women are unreasonably disadvantaged compared to their male colleagues as a consequence of age and gender. Further, it can be drawn that women are frequently denied ownership and control of assets and are pushed to subsistence labor and household chores. This establishes their economic susceptibility and social exclusion in old age.

4.3.3 Religion and Social Context of Living for the Aged

Of the 160 respondents, 98.1% reported affiliation to a religion with only 1.9% indicating non-affiliation as shown in table 4.4.

Table 4.4: *Religious Affiliations*

Category	FREQUENCY	PERCENT
Affiliation to Religion and belief in God	157	98%
Other	3	2%
Total	160	100%

Source: Field Data (2024).)

The respondents showed different affiliations to religious beliefs. 157 (98%) indicated that they believed in God, where only 2% indicated belief to other deities. These findings indicate religion is highly revered among the aged. Religion may influence the lives of the aged in many ways, but the one is hope and psychological comfort. The narrations below indicate that the aged in Matinyani Ward are affiliated with the religion and believe they gain solace, comfort, and peace through the affiliations.

One discussant indicated that:

> *"I feel more relaxed and comfortable in my faith in God. I believe he controls everything and He is in control of my life irrespective of the challenges I face. In him, I find comfort and peace of mind when I am alone. I have my Bible and prayer book with me where I recite prayers every day. I have been able to conquer depression, anxiety, and stressful life because of the book of God*."

Mutua, (not his real name), noted:

> "*I am active in the church. I am even consulted on church activities as an elder of the church. Although I do have not much to show at home, I receive a lot of support from my church group members. I surely find comfort when working with them and praying together on jumuiyas (small Christian communities for Catholics).*

In Malone and Dadswell's (2018) investigation on the role of religion and spirituality among the aged in the UK, it was shown that religion helps the aged to meditate, connect with their spirituality, and have mental stability and religious and spiritual activities help in doing away with feelings of neglect, discrimination, and isolation. Similar views were shared among respondents in this study who reiterated that religion helped them to mediate, feel consoled, and free from depression. Similarly, disengagement theory argues that people tend to be have lower social interactions. This means they associate more to religion and religious activities including meditation and prayer to cover their boredom. After all, they have little to do except a lot of time alone and thus resort to religious meditation.

These findings demonstrate that religion and spirituality are pivotal resources for older adults as they provide a pathway for stable mentality and meditating loneliness. These findings illustrate that spirituality as an active and adaptive strategy that combines social, psychological and cultural aspects of aging.

4.3.4 Education Level of Respondents and Living Experiences

The role of education level on living experiences was investigated by examining the relationship between educational level and living experiences.

Table 4.5: *Education Level and Living Experience*

			percent	Good Living Experiences		Poor Living Experiences	
				F	Percent	F	Percent
school level	none	64	40%	25	39%	39	61%
	primary	45	28%	22	49%	23	51%
	secondary	31	19%	16	52%	15	48%
	tertiary	20	13%	16	80%	4	20%
TOTAL		160					

Source: Field Data (2024)

The findings of the study indicate that the majority of the respondents (80%) who attained tertiary education were having better living experiences in rural areas while 52 % of those with a secondary level of education and above were also having a good lifestyle. A significant number of respondents (49%) that attained primary education were having better lifestyles compared to those who had no formal education at 39%. These findings indicate that respondents in Matinyani indicated that those who had attained a higher level of education were experiencing better lifestyles than those who had attained primary education or none. The results were confirmed by a discussant regarding the large number of aged people who had no education:

> "*Most aged people in our locality did not acquire formal education. They either ignored it or were not taken to school by their parents and now face difficulties in their social and economic lives because they do not have a means of income, or those at farms are not informed on farming practices. They also have difficulties keeping up with modern societal trends, taking medicine as prescribed, or adopting modern farming methods. They lack other living skills other than the traditional farming*."

Another discussant noted that in homes where the aged had a higher level of education or tertiary, life was a bit different from those who had a primary level or none. It was common to see better housing, a nice environment, and a bubbly lifestyle. These families had better income and their farms were even taken care of in better ways. Additionally, the families had better structures and even children and grandchildren had acquired better education.

These findings underscore e importance of education in shaping the quality of life in old age, since higher level of education strongly signifies financial capacity to take care of oneself, better health care and reduced dependency. Conversely, low education level at old age perpetuates reliance on others, lack of financial freedom and social exclusion. Thus, addressing disparities in education comes out as vital way to mitigate old-age suffering and economic independence.

In another study by Gordon et al. (2017) on sex differences in frailty among the aged, it was found that women were more vulnerable to injuries with a frailty index of 0.69 than 0.61 in men. These findings are in line with the current study which found that females in old age were frailer than men in the same age group due to poor health in women in old age compared to men. The findings are also in line with the disengagement theory that asserts that as women age, they disengage differently from men, and tend to be weaker because they remain in their household roles. These findings show that older women are at risk of injuries as they age, more than men are. The findings reveal a gendered aging nature exposing women to higher vulnerability than men in old age.

4.3.5 Income Level of Respondents and Living Experiences

The study examined income level effects on the living experiences.

Table 4.6 is the summary of the findings.

Table 4.6: *Income Level and Living Experience*

Distribution of source of income		Good Living Experiences		Poor Living Experience		
		Percent	F	Percent	F	Percent
Employment (pension)	39	24%	20	51%	19	49%
Farming	85	53%	30	35%	55	65%
Non-farm sources (pension, business, support)	36	23%	30	83%	6	17%
Total	160					

Source: Field Data (2024)

The respondents cited multiple sources of income. There were a few respondents who had formal employment and therefore received a pension upon retirement. This lot was fairly enjoying life in their old age at 51%. The respondents who had formal employment were few since Matinyani Ward is a rural area whose education penetration was not good in the 1950s and 1960s when most of the respondents in this study were born. Most of those who had had employment were teachers and clinical officers, and some were now formally

retired. They had slightly better living standards and experiences compared to those who relied on farming alone as a source of income (35%). Respondents who relied on non-farm sources of income (83%) had better life experiences in their old age since they were either in business, receiving pensions, and support from several sources such as the government and their children.

These findings imply that sources of income enhance the well-being of persons in their old age while continued reliance on subsistence farming old age borders vulnerability. The findings also reveal that inequalities in employment and income sources shape aging outcomes. Thus, there is the need for inclusive rural economic diversification.

Households with pensions due to employment could create food reserves during the harvest period by buying food in bulk. They could even resell cereals adding to their family income sufficiency. This shows that the main source of income for the aged is farming, but climatic change has made life hard because of declining produce.

The majority of the respondents did not receive pensions (121) and 100 were receiving cash from the government. They relied on the money for food and even fees for grandchildren, although this amount was boosted by support from family members.

One of the beneficiaries of the cash transfer program (*pesa Kwa wazee)* stated as follows:

> *"We rarely have money because we cannot work. Our income comes from the family members and the government's pesa kwa wazee initiative. We used to go for around 3-6 months without receiving so we got it in a lump sum but nowadays we receive it every month. It is difficult to save it or buy something meaningful because it is a small amount. Initially, I would even save and buy some chicken for eggs and meat but nowadays I even spend it to near finish before I reach home on the day get it from the bank where we have long queues. Sometimes I have to go there on bodaboda, who will wait and have a cut of the amount as pay after I receive it. It is a tiring and hard process despite its small life survival boost*."

These narrative reveals that social cash transfers provide survival pathway. However, their limited amounts and accessibility challenges restrict the wellbeing experiences of the aged. The findings implicated by the narrative highlight vulnerability of older persons who depend on family for support or government stipends.

The study showed that age, gender, education, religion, and income strongly shaped the wellbeing of older persons in Matinyani Ward. Women were disproportionately affected by poverty and food insecurity, while low education and income limited access to healthcare and social participation. Religion, however, provided psychosocial support and a sense of belonging. These patterns reveal how structural inequalities accumulated over the life course leave the elderly, especially women, more vulnerable in old age.

The findings align with Mbuthia (2023) in Kitui and Santhalingam et al. (2022) in Sri Lanka, who reported that ageing often increases dependency and poverty, and with Isangula (2022) in Tanzania who highlighted income-based neglect of the aged. Conversely, unlike high-income settings where pensions cushion the elderly (Devereux et al., 2009), the Matinyani case underscores the fragility of family-based livelihoods.

In relation to Disengagement Theory (Cummings & Henry, 1961), the reduced participation of older persons due to poverty and ill-health reflects forced withdrawal from productive life. Yet the reliance on religion and kinship ties challenges the theory's assumption of inevitable disengagement, showing instead that the elderly remain active within informal support networks.

4.4. Major Social Challenges Faced by the Aged in Matinyani Ward

This study sought to find out from the aged population in Matinyani Ward the challenges they associate with their aging status and their life experiences. Most of the respondents (93.8%) noted that they depended on their family members and daughters for a living. They also noted that dependency extended to the government, churches, and well-wishers for food, shelter, and other basic needs. 83% of the respondents complained of having a health problem whereas 81.3% reported having experienced abuse. Poverty was named as a huge

challenge to 87.5% of the respondents whereas 50.6% reported to have been neglected by the family and other social support institutions. These findings are summarized in Table 4.7 below.

Table 4.7: *Challenges Faced by the Aged in Rural Areas*

	Challenge		No Challenge	
	Frequency	**Percentage**	**F**	**percentage**
Abuse	130	81.3%	30	18.8%
Poverty	140	87.5%	20	12.5%
Neglect/ Isolation	81	50.6%	79	49.4%
dependency	150	93.8%	10	6.3%
Disease	133	83%	27	16.9%

Source: Field Data (2024).

The study reveals that the aged in Matinyani Ward face profound challenges that include poverty, dependency, ill-health, neglect, and abuse. The challenges collectively push them into social disengagement. Unlike the voluntary withdrawal envisioned in Disengagement Theory, this withdrawal is involuntary, shaped by structural poverty, eroded family support, and limited institutional care. The implication is that aging in such contexts becomes synonymous with exclusion and vulnerability, highlighting the urgent challenge of designing policies and community programs that transform disengagement from a state of marginalization into opportunities for supported participation and dignity in old age.

Discussants indicated that the aged group relied on their families and daughters, well-wishers, and the government for support. The aged stayed at home while their sons and daughters were in the cities, or would work in the fields and cater for their aged parents' needs. The government identified the needy families and provided them with relief food and monthly stipends for their living expenses. Churches would also have organized groups who would visit the aged persons' homes with food stuff and clothes. This would even be extended to grandchildren where the parents were responsible for the same.

One religious lead informant indicated that:

> "In this region, the aged must be supported. It is even a traditional societal thing to support your parents at old. After all, they cannot work to earn a living. During difficult times, we inform church members to have some food, clothing, and cash to go and visit the old who stay without anybody to take care of them. We mobilize the youth to go and build bricks which we use to erect houses for them."

A key informant had this to say on dependency:

> "We receive cases of old people sleeping hungry more often than not. Sometimes they feel that as leaders we have a responsibility to take care of them. From a spiritual or Godly point of view, it may be so, but it is not what the economic situation in our country is. It is on this basis that we have relief food for the aged. Although the government releases this food alongside that of the orphans it is worth noting that most of the orphans stay with the aged persons. The orphans, though in school and young, are not left behind as they must take care of their aging grandparents through cooking, fetching water, and running family errands after school, for me, it is like a poverty-stricken area, but we hope for the best."

The above assertions confirm the finding of this study that many aged persons depend on their families, well-wishers, or other organized groups for a living. FDGs confirmed that most aged persons could not be productive and take care of themselves since some were old, sickly, or disabled at their age. This exacerbated the aged persons' dependency rate. The narratives reveal that despite cultural and religious expectations to care for the aged, poverty and hunger remain pressing challenges. These conditions force the elderly into dependency and social withdrawal, illustrating involuntary disengagement shaped by economic hardship and weak support systems.

On abuse, 81.3%% respondents confirmed to have experienced varying types of abuse. The data captured, as shown in Table 4.7 indicated experiences of economic abuse, physical abuse, and emotional abuse.

Table 4.8: Types of Abuse Experienced

Abuse		
Economic/ Financial	74	56.9%
Physical abuse	9	6.9%
Emotional/psychological abuse	47	36.2%
	130	100.0%

Source: Field Survey (2024)

74 (56.9%) of the respondents who reported having experienced abuse were facing economic abuse. This included a lack of financial help, theft of their resources due to frailty and inability to defend themselves, and neglect from close friends, family, and the government. Physical abuse was the lowest reported form of challenge under abuse with only 6.9%. In this case, the abuse included night eviction from the house by drunk husbands and threats of being beaten up. Emotional abuse was rated at 36.2%. A further investigation attributed emotional abuse to intimidation due to declining hygiene, poverty, diseases, neglect, loneliness, and stress due to family displeasing acts.

An 85-year-old argued:

> *"When I am taken to the bank by my grandchild to take my monthly cash for the aged, my grandson takes a huge amount because he is the one who takes me to sign and stay in the queue. He has turned himself old because he receives a good amount of money from my share for very little. I wish I were able to take myself there."*

A church leader informant asserted:

> *These old men and women are sometimes psychologically stressed up. They have to take care of their grandchildren who sometimes do not want to stay with them and provide comfort. They isolate them because of their age and conditions. We are forced to organize regular visits to calm the situation. Some other men and women are widowed and stay alone. Lack of care from their immediate family is blatantly an abuse from my view.* "

From the above narrations, abuse is not only related to physical harm or pain inflictions for the aged. The greediness of the family members and neglect have denied them the right to fully enjoy their lives in old age. This means the aged are not fully respected and supported in a bid to ensure their lives. From the narratives, family members and the community contributed to the abuse and exploitation of the aged persons.

Further, these findings agree with research done by Kabole et al (2013) on elderly abuse in Emuhaya, Western Kenya touched on the issue of gender and socioeconomic status of the older abused persons. The study pointed out that displacing men as heads of households and depriving them of their autonomy disengaged the older men from their families. This meant that sometimes, when the aged man felt discriminated against, alienated, isolated, and neglected, he would sell some family property secretly and spend the money without the knowledge of the family, thereby turning the whole family against him and leading to elder abuse. This means that many aged persons are subjected to mistreatment, and financial abuse by being neglected which in turn leads to disengagement from the family.
Regarding poverty, the findings indicate that 87.5% of the respondents were living in poverty as shown in table 4.5. The study sought to understand what the respondents identified as poverty in FDGs. One discussant from the FDGs argued that:

> *"I am personally poor because I cannot even eat without support from others. I have no source of income for my own and the only thing I have is a small piece of land that I cannot till because of my situation. Look at me, even my clothing is wanting, if it were not for those girls who brought me foodstuffs and less on Easter, I do not know what I would now be eating*"

A chief from the key informant interviews confirmed to us that poverty was high among the aged who, in the real sense, were staying alone, or depended on others. He said:

> "For sure we have a large number of poor households in our area. You can look even by yourself and see the situation in terms of shelter and possessions. These people rely on financial assistance, food relief, and Old Persons Cash Transfer

Programme (OPCT) from the government for their survival. They are living for today."

Our observations during the sessions of data collection revealed poor housing structures-weak and insecure, dirty environment, and worried faces. All these pointed to poverty and neglect. Thus, the findings revealed a thin line between poverty and dependency (93.8%) as narrated by Mwende *(not her real name):*

> *"I have no money or food, and live on mercies of the well-wishers as I wait for Ksh 2000 from the government. Although I have a donkey, I am unable to fetch water by myself for cleaning or cooking. I give it to my neighbours who load it with four gallons which we share equally."*

When asked about their perception of poverty, the respondents described it by indicating different variables. Lack of adequate food, shelter, and clothing were among the variables the respondents identified in FDGs as indicated in the statement below:

> *"I lack money for my regular clinic checks. My food is not enough and my house is almost falling. I do not know how to get out of the situation because I have no money and must rely on help. For how long will I be helped? Poverty has pushed me to the limits. I am not sure of tomorrow but God does"*

The study also assessed neglect as a challenge among the aged in rural areas. Of the 160 respondents 85 (50.6%) of respondents indicated that they were neglected and isolated. They argued that they felt that they did not receive adequate support from their families, friends, or society at large.

The data collected indicated that diseases and health conditions are a huge challenge among the aged in rural areas with 83% of the respondents noting that they had a health complication (Table 4.4). The results presented in Table 4.7 show the distribution of health conditions and diseases as indicated by the respondents, and show that the majority of the respondents are depressed, stressed, and traumatized (36%). A significant number of the respondents (25%) thought that hypertension, which they referred to as *pressure* was due

to old age. 14% had developed mobility difficulties as they aged, with some being unable to move around their homesteads, or to the shopping centre. They attributed this to an aching body and arthritis. 19% of the respondents noted that they were having problems getting sufficient sleep due to insomnia. Only 4% complained of hearing and vision problems while Alzheimer's disease affected 3% of the respondents.

Table 4.9: *Diseases and Health Complications*

Distribution of Diseases and Health Conditions	Frequency	Percentage
Hearing and Vision Problems	6	4%
Mobility difficulties/ Physical Weakness	22	14%
Hypertension	40	25%
Alzheimer's Disease	4	3%
Depression/ Stress/ trauma	58	36%
insomnia	30	19%
Total	160	100%

Source: Field Survey (2024).

The study revealed that diseases had taken a toll on the aged in rural areas. Depression, stress, and trauma were the highest leading conditions among the aged. On this point, the study went further to establish the reasons why they felt stressed, depressed, and traumatized in their old age. This was done by requesting for explanation of the responses received from the respondents on the particular issue. The same was discussed during the FGDs and the general feedback received is that the aged felt burdened by life from food, diseases, aching bodies, loneliness, and inadequate medical care. The information received indicates that the challenges they face make them sad, stressed, and depressed. One of the participants in the FGDs explained as follows:

> "As a person suffering from pressure, I am sometimes admitted to the hospital when it spikes. I need money which I must request to be sent by some family members who are also struggling. I am also old and unable to move. Sometimes my body aches and I cannot sleep well. This makes me sad and stressed. When stressed, my pressure becomes worse. To worsen the matter, when admitted, my healthcare

> coverage which is taken care of by the government does not pay for my expenses in private hospitals or small hospitals within my locality. I must travel to Kitui General Hospital for treatment and admission whose cost cover is under the government, otherwise, I pay from my pocket."

In the same investigation on the diseases and conditions associated with challenges of old age, this study revealed that some of the aged persons were using wheelchairs. All the respondents reported having a disease or condition that had become worse in old age. This was revealed through observations.

Sixteen (29) key informants including four (4) chiefs, twelve (12) village elders/ village administrators, twelve (12) religious leaders, and one ward representative were asked to give their opinions on the possible challenges faced by the aged in Matinyani Ward. The key informants associated old age with wisdom and a source of guidance on several societal matters including family, tradition, and well-being. The informants identified poverty, isolation, neglect, health problems, abuse and mistreatment, and dependency as the challenges faced by the aged. The findings were presented in Fig. 4.1. 27 of the 29 key informants identified poverty and dependency as leading challenges facing the aged in rural areas. Mistreatment and abuse were indicated as a challenge by 26 key informants whereas loneliness was identified by 15 key informants followed by 14 key informants and 18 key informants identifying health issues as a challenge.

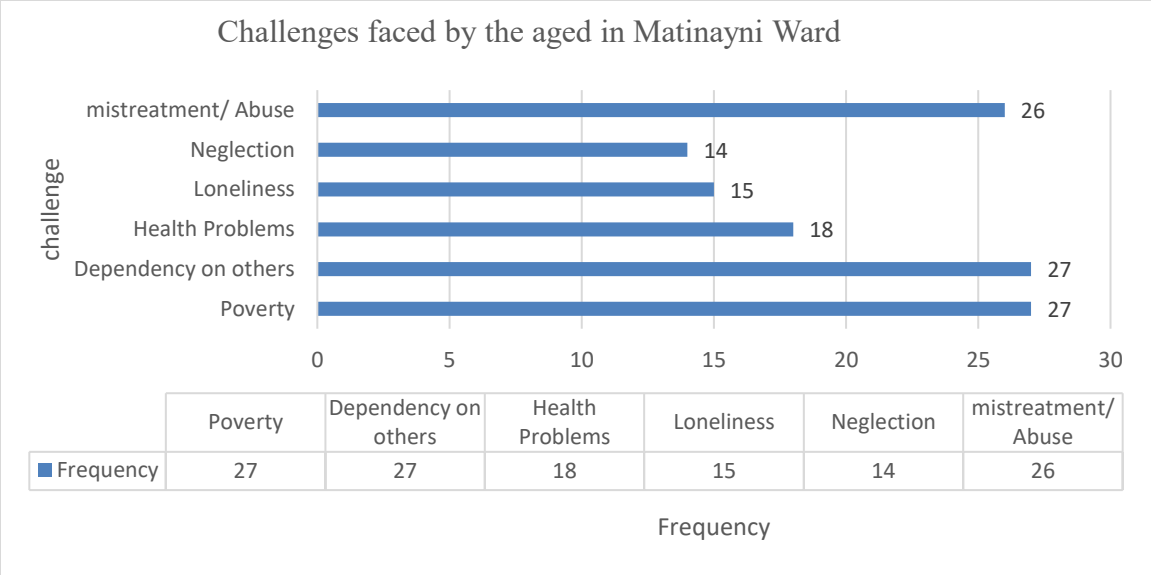

Figure 4.1: *Challenges faced by the aged in Matinyani Ward*

Source: Field Survey (2024).

One of the key informants (KI) during the interviews expressed the following:

> "*We have observed that when the aged are visited at the homes and provided with a few things like clothing and foodstuffs, they become very happy and comfortable. They are very thankful and express how lonely and needy they have been before our visits. We have also observed the happiness and changes in mood when they receive their cash transfer from the pesa kwa wazee program.* "

The ward representative indicated that:

> "*The aged today are affected by lack of adequate social and economic care. They only need social protection, food, health care, and adequate shelter. Today, they are affected by a lack of those aspects or insufficient provision of the same. Some of the young generations, however, see the aged as a nuisance and hindrance to their bubbly lifestyles in the city. They are concerned more about their lifestyles than they are mindful of their old parents and grandparents. They leave them in the villages without adequate care plan or social support while others pump money to their parents' and grandparents' mobile wallets without further concerns or their lives"*

From the narratives, several themes emerged regarding the challenges faced by the aged in Matinyani Ward. Health-related difficulties were a dominant concern, with many citing chronic illnesses, mobility limitations, and lack of resources for treatment. Economic hardship was another recurrent issue, as the majority depended on small-scale farming and casual labour, which were inadequate to meet their basic needs. Respondents also highlighted food insecurity and the absence of pensions or reliable income, which forced heavy reliance on family support. In addition, cases of neglect and abuse were reported, with some older persons feeling abandoned by their children, while others described financial exploitation and mistreatment. These findings show that the aged in Matinyani Ward face significant health, economic, and social challenges that undermine their wellbeing.

4.5 Support Mechanisms

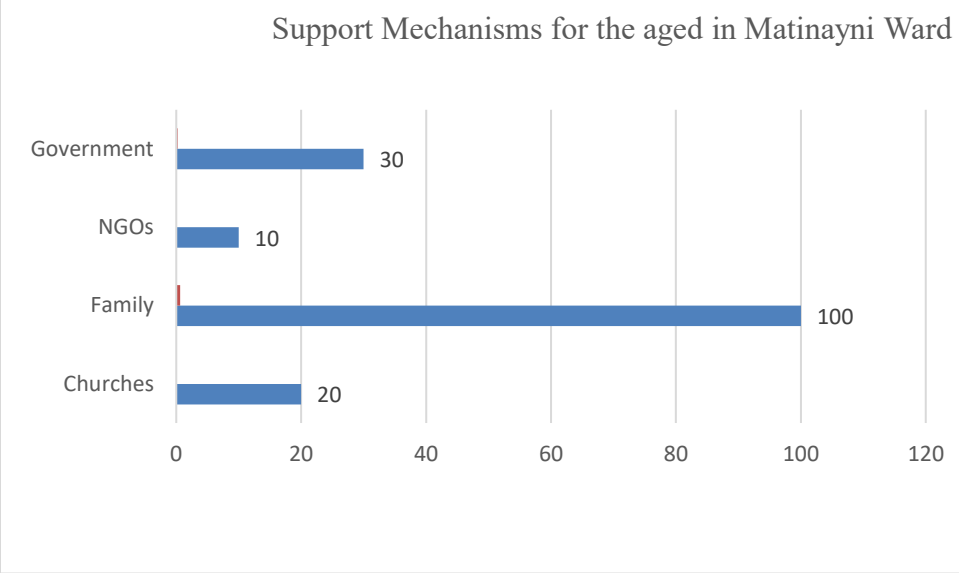

Figure 4.2: Support Mechanisms

Source: Field Survey (2024).

The study sought to identify available support mechanisms for the aged in Matinyani Ward. The respondents identified family, government, churches, and NGOs as the core support systems available in the region. Out of 160 respondents, 100 (62.5%), stated that their support comes from their families. 30 (18.75%) of them argued that government was

pivotal for their survival whereas 20 (12.5%) and 10 (6.25%) listed churches and NGOs as their core support systems. Fig 4.2 shows the identified support teams. While undertaking FDGs, a 70-year-old respondent had this to say:

> "*My living is purely funded by my family members. I stay with my sons and daughters-in-law who cater for everything. They are educated and are working in the nearby town and therefore I receive all the care and form of support that I may want. I receive money even without asking through my phone, and they have bought a motorbike for me to use in the evenings when I go for evening tea in my local shopping centre with other wazee."*

Mwangangi (not his real name) noted that:

> "*I am on the list of the wazee and I also live with my grandchildren whose parents passed away. I receive relief food from the government in addition to a monthly stipend for being aged. This helps us as a family. Other activities such as cooking and fetching water are done by my grandchildren. My extended family also helps me in many ways, through funding my living and those of the children I stay with. Thus, I am well supported from different avenues."*

The findings indicate that support mechanisms for the aged in Matinyani Ward is predominantly family-based, with 62.5 percent of respondents depending on relatives for their livelihood. Government relief programs and stipends, alongside limited assistance from churches and NGOs, provide supplementary but uneven support. While some elderly benefit from robust family networks, others survive on fragile and inconsistent institutional aid, reflecting a high risk of vulnerability when kinship systems weaken. Viewed through the lens of disengagement theory, these patterns reveal that although aging is associated with withdrawal from active social and economic roles, the process in this context is not voluntary but shaped by fragile family capacities and inadequate institutional safety nets. This involuntary disengagement emphasizes the urgent need to strengthen formal state interventions and community-based programs, so that old age is not marked by marginalization but by supported continuity and dignity.

Weak support mechanisms also emerged as key them from narrative responses as support for older persons is fragile and inconsistent. The family emerged as the primary source of assistance, with many respondents confirming that their children and relatives provided food, clothing, or shelter. However, family support was often strained by poverty and competing obligations. Support mechanisms was reported as weak. Only 18.8% of respondents benefited from government stipends, while 12.5% received occasional aid from NGOs and 6.25% from churches. Several older persons described this help as irregular and insufficient to meet their daily needs. Consequently, when family support was weak or absent, the aged were left highly vulnerable. These findings demonstrate that existing support systems are inadequate and unreliable, leaving older persons exposed to insecurity in old age.

From the findings, the most pressing challenges reported in Matinyani were dependency (93.8%), poor health (83%), abuse (81.3%), and neglect (50.6%). These patterns demonstrate how ageing is experienced at the intersection of poverty, frailty, and weakening support structures, leaving older persons both socially and economically vulnerable. Similar trends were noted by Kabole et al. (2013) in Emuhaya, where poverty-driven abuse was widespread, and by Mbuthia et al. (2022) in Kitui, who emphasized illness and food insecurity as critical threats to elderly wellbeing. Comparable evidence from South Africa (Biyela, 2019) also linked ageing to deteriorating health and unaffordable medical care, while studies in high-income contexts (Harrington et al., 2016) show that institutional care often cushions such vulnerabilities. In contrast, the Matinyani findings expose the risks of overreliance on fragile family systems in the absence of strong formal support. Interpreted through Disengagement Theory, the prevalence of dependency and neglect suggests an enforced withdrawal from active roles in society. However, because this disengagement arises from structural exclusion rather than voluntary adaptation, it challenges the theory's assumption of a natural, inevitable process.

The study found that family is the dominant source of support for the aged in Matinyani (62.5%), while government (18.75%), NGOs (12.5%), and churches (6.25%) play only minor roles. It shows the continued reliance on kinship systems in rural Kenya, despite

their fragility under poverty and migration pressures. The results mirror Mwangangi and Musyoka (2022) in Kitui and Golaz et al. (2017) in Uganda, where family remains central to elderly care. Yet the weak role of government contrasts with contexts such as Uganda's Senior Citizens Grant (Byaruhanga & Debesay, 2021) and developed countries where pensions and institutional programs dominate (Harrington et al., 2016). From the perspective of Disengagement Theory, reliance on family reflects narrowing social roles with age, but the near absence of state support suggests enforced rather than voluntary disengagement, shaped by systemic neglect.

CHAPTER FIVE

5.0 CONCLUSIONS AND RECCOMMENDATIONS

5.1 Introduction

This chapter presented the conclusions and recommendations of research findings based on the research objectives. The study sought to explore the socio-economic factors influencing the lives of the aged, the challenges faced by the aged, and the available support mechanisms. The study findings also offers recommendations to improve the life experiences.

5.2 Conclusions

Based on the study findings, the researcher drew the following conclusions. The first objective was to assess the socio-economic factors influence on the quality of life of older persons in Matinyani Ward. The study concluded that poverty, low education levels, and lack of stable income undermine the wellbeing of the aged. A total of 71.9% of the respondents had no formal education, while only 4.4% attained secondary education. In terms of income, 53.1% depended on subsistence farming, 28.1% on casual labour, and only 6.3% benefited from pension schemes. The researcher therefore concluded that socio-economic factors significantly affect the quality of life of older persons in Matinyani Ward. Thus, socio-economic factors shape the wellbeing of the aged. Women and those with low education and income were found to be the most vulnerable, while religion provided important psychosocial support. These findings confirm aspects of Disengagement Theory, as poverty and ill-health limit participation in social and economic roles, but they also extend the framework by showing that older persons remain engaged through kinship and religious networks. For practice, this suggests that interventions must prioritize economically disadvantaged groups, particularly elderly women.

On the second objective, which sought to identify the challenges faced by the aged, the study found that older persons encounter poor health, high dependency burdens, neglect, and different forms of abuse. Specifically, 93.8% reported high dependency, 83% cited poor health, 81.3% experienced abuse, and 50.6% faced neglect. Food insecurity and

difficulties in accessing healthcare were also widely reported. The researcher therefore concluded that the aged in Matinyani Ward face multiple and interrelated challenges that erode their wellbeing. These challenges undermine wellbeing and demonstrate the fragility of informal support systems. Theoretically, these findings show that disengagement is not voluntary, as suggested by the theory, but enforced by poverty, frailty, and weak formal support structures. This points to the urgent need for stronger health, social protection, and safeguarding systems at community and county levels.

The third objective was to evaluate the support systems available to the aged. The study established that support for older persons is predominantly family-based, with 62.5% receiving help from family members. Other support systems were weak, with 12.5% receiving assistance from NGOs, 6.25% from churches, and 18.8% from government stipends or programs. In cases where family support is absent, older persons are left exposed to poverty, neglect, and insecurity. The researcher therefore concluded that support systems for the aged in Matinyani Ward are fragile and inadequate. While this reliance on kinship aligns with the narrowing of social roles described in Disengagement Theory, the absence of robust institutional support highlights systemic neglect rather than a natural or consensual process of disengagement. For practice, this calls for strengthening family systems while at the same time expanding formal state and community-based mechanisms of support.

5.3 Recommendations

The researcher made the following recommendations based on the study objectives. On the first objective, which assessed the socio-economic factors on the quality of life of older persons, the researcher recommends that:

i. The government should expand social protection programs, including increasing the reach and amount of cash transfers to cover more than the current 18.8% of older persons supported through stipends.
ii. The government should roll out and strengthen adult education and literacy programs to address the 71.9% of older persons with no formal education, thereby improving their ability to access information and services.

iii. Community-based income-generating activities should be promoted by government agencies and community leaders to reduce overreliance on casual labour (28.1%) and subsistence farming (53.1%) as the main sources of livelihood.

On the second objective, which sought to identify the social challenges faced by older persons, the study recommends that:

i. The Ministry of Health should strengthen community health programs to address the 83% of older persons who reported poor health, including mobile health services and regular medical check-ups.
ii. Social and community leaders should be sensitized to prevent neglect (50.6%) and abuse (81.3%) of older persons through awareness campaigns and reporting structures.
iii. Community-based support groups should be established to reduce dependency burdens (93.8%) by promoting shared caregiving and intergenerational support.

On the third objective, which evaluated the support systems available to the aged, the study recommends that:

i. Families, who provide the majority of support (62.5%), should be encouraged and empowered through training and financial incentives to sustain care for older persons.
ii. Non-governmental organizations and churches, which currently account for only 12.5% and 6.25% of support respectively, should be mobilized to expand their outreach programs for older persons.
iii. The government should strengthen collaborations with community-based organizations to build reliable, sustainable, and inclusive support systems for older persons.

5.4 Suggestions for Further Research

First, a study on the social context of living of women living with their grandchildren is needed to help examine their experiences, attitudes about child care in old age, and behaviour tendencies of the children taken care of by their aging grandparents.

Secondly, a similar study should be replicated in the entire sub county to establish whether the social context of aging and experiences at old age are peculiar to Matinyani Ward.

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APPENDICES

Appendix i: Survey Questionnaire

I am a student from South Eastern Kenya University. I am investigating THE SOCIAL CONTEXT OF AGEING IN MATINYANI WARD, KITUI COUNTY, KENYA. It is a voluntary survey and you are humbly requested to partake in it by filling in the questionnaires. All your information will be treated with confidentiality.

SECTION A: RESPONDENT'S BACKGROUND

Please tick or fill in your answers in the space provided

1. Gender

Male	[ ]
Female	[ ]

2. Age in years

60-70	[ ]
70 – 80	[ ]
80 – 90	[ ]
90-100	[ ]

3. What is your level of education?

Primary	[ ]
Secondary	[ ]
College	[ ]

4. Employment

Full-time	[ ]
Part-time	[ ]
Retired	[ ]
Never worked before	[ ]

5. Main source of income

Employment	[ ]
Self-employment	[ ]

Others (Specify)……

……

…….

Part B: Socio-economic factors influencing the social life of aged people in rural areas

6. Which of the following factors affect your daily experiences?

Gender [ ]

Age [ ]

Religion [ ]

Education Level [ ]

Income level [ ]

How ……

7. Do you experience any of the following as a result of old age?

Effects of age	Yes	No
Declining mental and physical health		
Neglect		
Social Loneliness		
Poor housing		

8. How often have you been affected by the following factors associated with ageing?

Socio-economic Effects of Life Experiences for the aged in rural areas	Frequency			
Challenge	Never	Sometimes	Often	Very often
depression				
Stress				
emotional loneliness				
mental health disability				
Vulnerable to abuse				

9. Does your gender affect your way of life?

10. What is the effect of your gender at on your daily activities, home chores and overall life experiences?

11. Does your gender affect your burden of life? Please explain……

……

……

……..

12. Being male or female at an advanced age affects my daily operations:

YES: [ ]

NO: [ ]

Please explain…….

13. What role does your religious affiliation play on your life experience?

14. Does participation in your religious affiliations affect your way of life? Please explain……

15. Has your education level influenced your living experience?

YES: [ ]

NO: [ ]

Please explain…….

16. What is the impact of your education level on the following aspects?

a) Housing structure of your homestead
b) Availability of basic needs
c) Overall welfare

17. How has your education level affected the way of life at your old age?

YES: [ ]

NO: [ ]

Please explain……

18. Does your level of income affect your socio context of living?

Please explain…….

19: Please explain on the following aspects touching on your income:

a) What are the available sources of income for you?
b) How does the income level impact on you?
c) Has your income level declined or increased as you age?

Part C: Challenges Faced Aged Population

20. Identify the challenges you feel have come as results of old age.

21. Have you faced any abuse /neglect or isolation due to being aged? Expound…….

22. What type of abuse do you experience due to your age?

i. Economic abuse

ii. Physical abuse

iii. Psychological abuse

23. Please explain on how the above abuse has affected you?

24. Are there diseases that have come up with age? Please explain how they have impacted on your burden of life?

25. How has your income level changed with aging?

26. Identify your common transport means.

Private [ ]

Hired [ ]

Public [ ]

Walking over 5km [ ]

27. What challenges do you experience while using your identified means?

28. Given a chance, would that still be your preferred means of transport?

YES [ ]

NO [ ]

29. Give your reason for the answer above.

……

30. Indicate how often each of the following physiological challenges has happened to you.

Physiological Challenge	Percentage			
Challenge	Never	Sometimes	Often	Very Often
Physical Weaknesses				
Depression				
Body-ache				
Diseases and conditions like insomnia				

31. Indicate how intense each of the following economic challenges has affected you.

Economic Challenge	Percentage			
Challenge	Very little	Sometimes	Very	Very Much
Declining Income				
Poverty				
Dependency				
The burden of caring for grandkids				

32. Indicate the diseases and health conditions that are affecting your life now.

Loss of vision [ ]

Hearing problems [ ]

Mobility Issues [ ]

Alzheimer's disease [ ]

High blood pressure [ ]

HIV/AIDs [ ]

33. How do the above identified challenges affect your life experiences?

Please explain…….

Part D: Support mechanisms

34. Indicate how often you get support from the following groups.

Support System	Frequency			
	Never	Sometimes	Often	Very Often
Government				
Family members				
NGOs				
Neighbourhood and Community				
Church				

35. What type of support do you get? Tick as appropriate

Food [ ]

Healthcare [ ]

Financial [ ]

Emotional [ ]

How important is the support for you?

Explain …….

36. Does the government offer you any support?

……..…….

37. What type of support does the government provide?

    a) Relief food
    b) Open Cash Transfer/ Pesa kwa wazee
    c) Housing

38. Are there non-governmental entities providing support to the aged in your area?

    YES: [ ]

    NO: [ ]

If yes, please explain……

39. Do the religious organizations such as the church play a role to your life at your old age?

    YES: [ ]

    NO: [ ]

    Please explain……

Appendix ii: Interview Schedule for Key Informants

1 Please tell me about yourself: -

……

2. Please tell me about your position and role in the community. How does position and role relate with the aged in the community.

3. What is the role of the aged in your community, and how are they perceived?

……..

4 What are the main challenges faced by the aged in your area?

.....

.....

5. What factors have contributed to the social life experiences of the aged in your area?

……

……..

6. In your opinion, what issues are affecting the aging population today?

……..

7 Are their available support systems for the aged persons in your area? Please name them.

……

8 What should be done to improve the social experiences of the aging population?

……

……

Appendix iii: Observation Checklist

1. How do the adults behave when with their caretakers?
2. Dwelling features
    a) House features they live in
    b) Source of lighting
    c) Household sources and assets
3. Dressing code
4. Living systems
5. Walking and strength of the individuals
6. Family interactions

Appendix iv: Focus Group Discussion

This guide will aid the in conducting group discussions with three groups of aged persons. The information gathered from these interviews will solely be used for academic work. In regard to aging in rural areas, please give your understanding on the following:

1. Health Issues Affecting the aged
2. Gender impact on aging
3. Age differentials and aging roles
4. Religion and spirituality role on age
5. Discrimination/ Isolation and aging
6. Challenges faced at the old age
7. Support mechanisms from the government, churches and the society.

Appendix v: Consent Form

I _____, of ID No _____ accept to participate in a study on "**Social Context of Aging in Matinyani Ward."** I understand that the study is designed to strengthen the care for the aged in rural areas through collaborative efforts of the family, community and the government.

I therefore agree to participate in and fully support the research.

I also allow the use verbatim statement(s) and photographs gathered during the study in the final draft of the research.

Signature _____

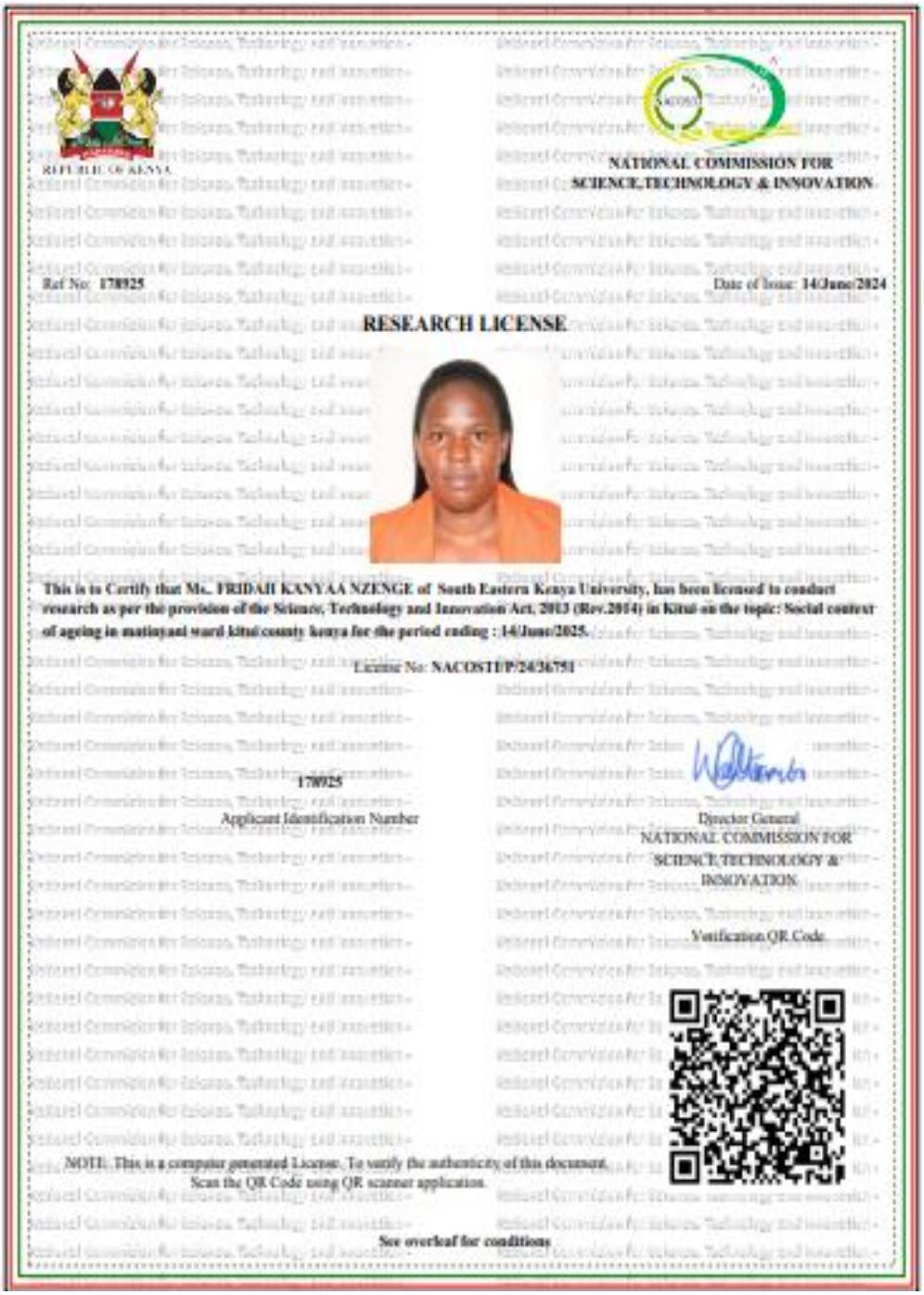
Appendix vi: Work plan

2024	ACTIVITY
MONTH	
MAY	Research topic Identification and concept paper
JUNE –AUGUST	Development of research proposal (Chapter 1-3)
September	Submitting first draft corrections.
October	Second Draft of the proposal and corrections
October	Presentation and defence
November	Correction and presentations at faculty level
December	Corrections and Presentation of hard copies of proposal
2025	
January-February	Final Corrections and defence
March –April	Pilot and actual study
May	Writing of first draft of thesis report
June	Submission and Défence of report / THESIS and corrections
July	2nd draft submission and defence
August	Corrections and Final Submissions of Thesis

Appendix vii: Budget

S/N	SN. ACTIVITY/ITEM	QUANTITY	UNIT/COST IN SHS	TOTAL COST IN SHS
1	Travelling allowance	15 days	3000	45,000
2	Subsistence: lunch & breakfast	15 days	600 per day	9000
	Supper & accommodation	15 days	1000 per day	15000
	Sub total			69000
3	Materials: Field note book	1	1000	1000
	Flash disk	1	1000	1000
	Foolscaps	3reams	600	600
	Pens	5	20	100
	Sub total			1800
4	Production: Typing & printing			
	Proposal	50 pages	30 per page	1500
	Thesis	100 pages	30 per page	3000
	Photocopying: Proposal	50 pages-20 copies	30 per page	3000
	Binding proposal	10 copies	500	5000
	Thesis	10 copies	500	5000
				28500
5	contingencies (10% of the total cost			8830
	GRAND TOTAL			97,130

Appendix viii: NACOSTI Permission



REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION

Ref No: 178925

Date of Issue: 14/June/2024

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