

**THEME: HEALTH AND MORTALITY**  
**SESSION: OLDER PEOPLE AND MENTAL HEALTH**  
**TITLE: THE PLIGHT OF OLDER PERSONS IN MURANG'A COUNTY, KENYA.**

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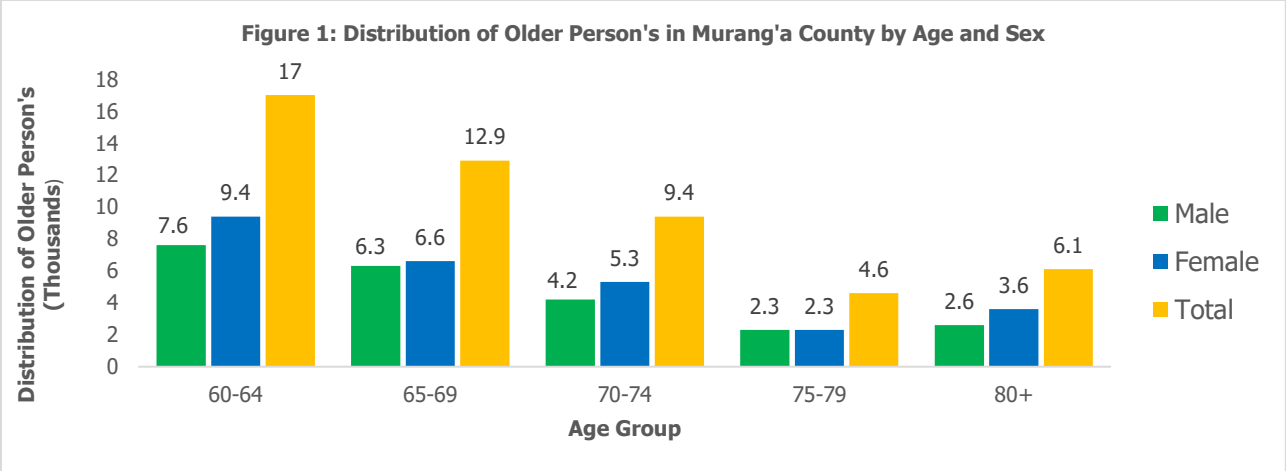
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**Background:** The older population is defined by the United Nations as those aged 60 years. Other socio-cultural referents are however used by families and communities to define age, including family status (grandparents), physical appearance, or age related health conditions. Older persons as vulnerable people ideally depend on other family members for care. They should be able to live in dignity and security and be free of exploitation and physical or mental abuse. They should be treated fairly regardless of age, gender, racial or ethnic background, disability or other status, and be valued independently of their economic contribution.

In recognition of this the constitution of Kenya (2010) recognizes older persons as an important segment of Kenya's population as underscored in its commitment to address their rights, promotion and protection, and various laws have been put in place. It is estimated by WHO that between four and six per cent of older persons worldwide have suffered physical, psychological, emotional, financial or other forms of abuse or neglect. Social isolation, the societal depiction of older persons, and the erosion of bonds between generations are additional risk factors for elder abuse. The 2015-16 Kenya Integrated Household Budget Survey (KIHBS) reported about 37 percent of households with older persons in Kenya to be poor and only 14 % of older persons have a health insurance. The Kenya National Social Protection Secretariat, considers vulnerabilities faced by older persons to include food and nutrition insecurity; Poor health; Abuse, neglect and abandonment; Poverty and exclusion; and Dependence by younger populations.

**Description:** The 2022 Study on the Status of the Family in Kenya by National Council for Population and Development (NCPD) aimed at describing family types and forms; Discussing changes in the family and their drivers, and Analyzing the status of the family's well-being and stability in Murang'a and Kwale Counties. Older persons constitute 11.4 percent of Murang'a County total population. Figure 1 shows Murang'a has 120,037 older persons; 52,750 males, and 67,287 females (KNBS 2019). This paper evaluates how the average health status reported by older persons in Murang'a County is attributed to by the challenges they face.

**Theoretical Focus:** Erikson's (1982) theory of Integrity vs. Despair. Despair, according to Erikson, is looking back on life with feelings of regret, shame, or disappointment. The manifestation of this stage include: bitterness; regret; and ruminating over mistakes. The onset of this stage is when the adult begins to tackle the problem of his or her mortality which is often triggered by life events such as retirement, the loss of a spouse, the loss of friends and acquaintances, facing a terminal illness, and other changes to major roles in life.

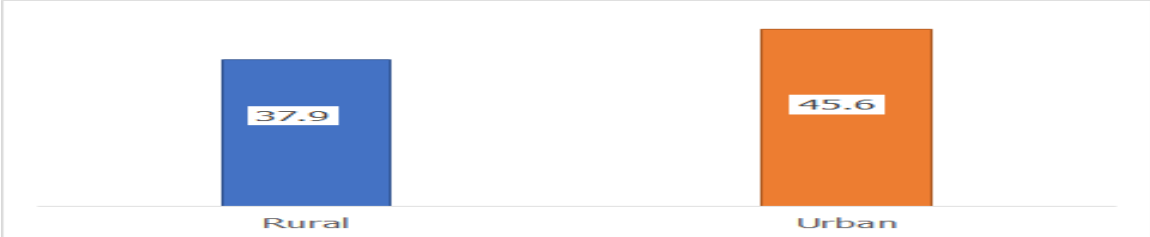


Source: KNBS, 2019 Census

**Data and research Methods:** A cross-sectional study employing quantitative and qualitative methodology.

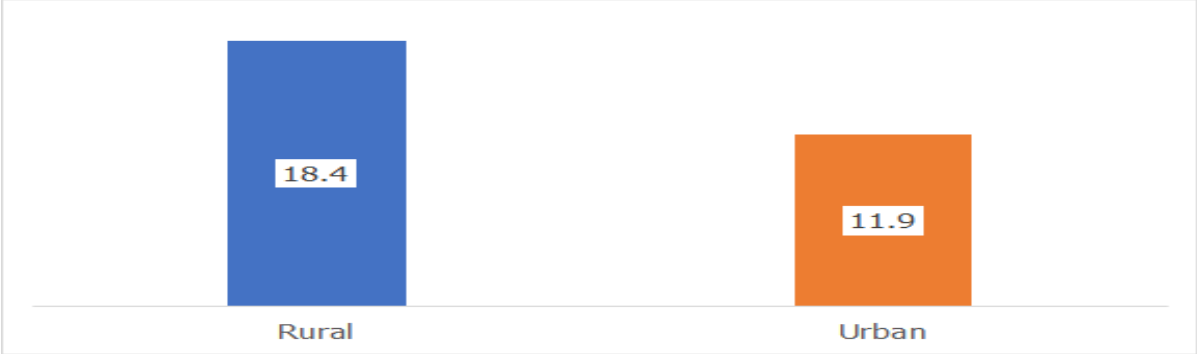
**Findings:** A larger percentage of Murang’a older population in figure 2 were reported to be living elsewhere by 37.9% families in rural and 45.6% in urban. Figure 3 shows that 18.4% of rural families in Murang’a county are living with older persons compared to 11.9% in urban. In figure 4, half of the older persons living alone (50%) reported having an average health status (NCPD 2022).

Figure 2: Percent of Families with Older Family Member Living Elsewhere by Residence



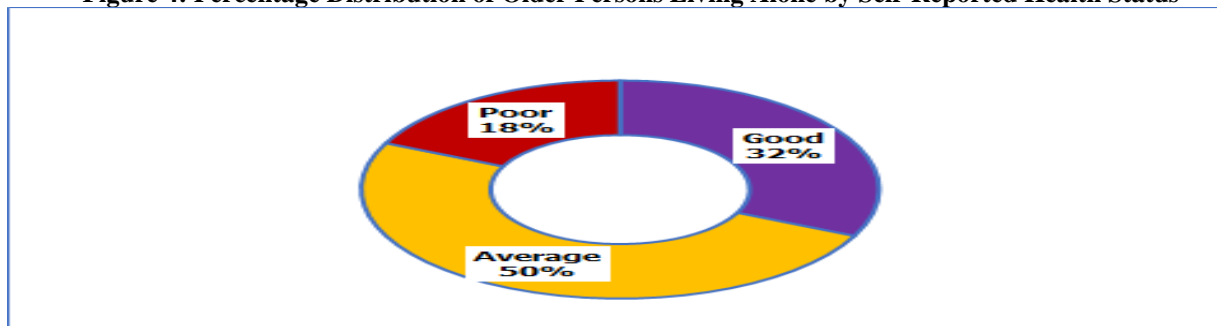
Source: NCPD, 2022 Study on Status of the Family in Kenya

Figure 3: Percentage of Families with Older Persons In Murang’a County



Source: NCPD, 2022 Study on Status of the Family in Kenya

**Figure 4: Percentage Distribution of Older Persons Living Alone by Self-Reported Health Status**



Source: NCPD, 2022 Study on Status of the Family in Kenya

### **Mental Health Instability**

Older persons due to family dynamics; Changes in family structure, roles, culture, values, lifestyle, unity, support systems, and religious affiliation; and family work balance experience mental health related challenges associated with drugs and substance use, orphan hood, disability, child care by grandparents, oppression, lack of care givers and dependency, abandonment, neglect, hopelessness, lack of basic needs, Poor health, domestic conflicts leading to family divisions and single parenthood, crime and migration, which affect their mental well-being. These emerged in key informant interview and focus group discussions as follows:

- i. **Domestic conflicts, and drugs and substance addiction associated with close proximity of homes to bars** evidently affect the emotional and physical wellbeing of older persons as child care givers. A mixed focused group discussion of older persons aged 60 and over reported that older persons, during home conflicts are left to take care of the children and yet they have no strength. It is even worse for addicts because bars are so close home such that even school going children are taking alcohol.

*"[] parents are too alcoholic and irresponsible to provide for their children's needs, who end up being under the care and abode of their grandparents" (FGD, Young Married Male, 18-34, Murang'a Rural)*

- ii. **Orphan hood** has shifted the burden of caring for grand children to grandparents, taking a toll on them as the study found out:

*"When these children are orphaned of which they could be five of them or four, the grandfather of these children could be poor with his young son in school. These grandchildren also need education and food which their grandfather is not able to adequately provide." (FGD, Married Male, 35-60, Murang'a Rural)*

- iii. The study also found out as reported by urban married females aged 35-60 that there was no government support for older persons caring for **orphans and the disabled**.

*"[] person's living with a disability don't have anyone to help them because [] a child in my extended family [] has a walking disability and his mother died. The grandmother is the one taking care of him. "The government does not offer help to the elderly taking care of a disabled child except community members". (FGD, Married Female, 35-60, Murang'a Urban)*

*"[] for the person living with a disability and the orphaned children in my view I have not seen any form of help for them unless the rest have" (FGD, Married Female, 35-60, Murang'a Urban)*

- iv. **Lack of care givers, Abandonment, Neglect, and Hopelessness** were also reported to affect the elderly persons:

*"[.] old people [] have a lot of problems because they are extremely old but people surrounding them are unwilling to care for them, [] because of rejection they stop interacting with people and live alone because their family has neglected them" (FGD, Young Unmarried Female, 18-34, Murang'a Urban)*

- v. **Single parenting resulting to child care by grandparents** impacts negatively on older persons mentally, economically, physically and socially as evidenced in In-depth interview (IDI), and FGDs:

*“...Young girls refuse to get married and go away from their homes to seek for livelihoods. They get children out of wedlock and take to their own mothers to bring them up. [] baited by the financial support the mother receives from her, she brings to her another child to take care of without her mother reproving her.” (FGD, Male Separated /Widowed, Murang’a Rural)*

*“[] nowadays when women get children out of wedlock, they leave them under their own parents’ care” (FGD, Young Married Men, 18-34, Murang’a Rural)*

*“When a husband and wife separate, either the wife goes and leaves the children. Since the grandmother will not let the children suffer, they are left with the burden of raising these children despite being old” (FGD, Young Unmarried Female, 18-34, Murang’a Urban)*

- vi. A rural FGD with young married males aged 18-34 reported **skip generation families** to be on the rise attributed to **children becoming orphans; parents migrating to towns** to look for work; **and alcoholism by their parents**. Rural-urban migration for work and employment has led to labor shortage in coffee and tea plantations, leaving behind the elderly who cannot farm and provide for themselves. It has also contributed to the shift in grandparents’ roles as cited below:

*“These things of people moving to urban areas have made young parents to be abandoning their children with grandparents. This forces the grandparents to take up parenting roles for these grandchildren” (FGD, Unmarried Young Male, 18-34, Murang’a Rural)*

- vii. **Insecurity and Crime:** Alcoholism reflected in the high consumption of alcohol as reported by 44 percent of urban and 42 percent of rural families; domestic violence; corruption; bribery; and poor law enforcement make older persons more vulnerable to insecurity as reported by a mixed group of older persons

*“whenever we are threatened and go to report on a person who may be found with evidence of crime, or even when you have the evidence, you will be asked to fuel the vehicles. If this is the case, will the young man ever stop abusing the mother and threatening them? Like now we have a lot of drunkard policemen in this town. At six in the morning police drink with other residents. Several have been asked to step down due to excessive alcoholism so how will they enforce the law if they themselves are a part of it? If a report of a stolen cock is made to police, how will the police help when after it was sold the thief and police used the money to drink together?” (FGD. Mixed Group, 60+, Murang’a Rural)*

*“[] I have my great grandmother and probably my husband and are financially pressed, and I have nothing to give her. May be my husband left me and the children, but my grandmother and parents are there, but I also lack what I can help them with because maybe I was left the burden of children and when I try to divide my expenses, am unable to help them. So they suffer in such ways but it is not my wish but life (FGD, Married Female, 35-60, Murang’a Urban)*

- viii. **Unequal Access to Health Care**

It was reported by young married males and unmarried females aged 18-34 from both rural and urban respectively show that access to health care in Murang’a county is a challenge to older persons without National Hospital Insurance Fund (NHIF) and due to lack of awareness

*“[] It is those with NHIF card who get helped when seeking medical treatment. Those without including high blood pressure sufferers use their money for medication and treatment. I do not know of any program here and in case someone present here knows of any, let him kindly inform us. (FGD, Young Married Male, 18-34, Murang’a Rural)*

*“it is said there is NHIF for the old people of which they don’t pay anything [] (FGD, Unmarried Young Female, 18-34, Murang’a*

**Conclusion:** Addressing Murang'a older persons plight by improving their health and quality of life through enhanced government interventions for older persons will permanently address their mental wellbeing, insecurity, unequal health access, and financial instability concerns.

### **Recommendations**

- Enhanced and beneficial government intervention initiatives for older persons including health care access and cash transfers.
- The Ministry of Health to initiate and implement an awareness creation program on mental health for older persons.
- The government to establish and strengthen institutions of care and support for older persons against abuse and crime
- NCPD in collaboration with other state and non-state actors to advocate and increase awareness on protection of older persons against crime, abuse and various risks and old age associated vulnerabilities
- Research on care of older persons should be spearheaded by NCPD in collaboration with Ministry of Labor, Social Securities and Protection

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