

Health and care network among older persons in rural areas: A preliminary descriptive report from surveillance in Kwale county of Kenya

Ken MASUDA¹, Ryuji YOSHINO¹, Kaori MIYACHI², Satoko HORII¹, Nanae TAKEDA³, Shinji MIYAMOTO⁴, Reiko HAYASHI⁵, Hideki YAMAMOTO⁶, Haruko NOGUCHI⁷, Kazuchiyo MIYAMICHI¹, Satoshi KANEKO¹, Violet Wanjihia⁸

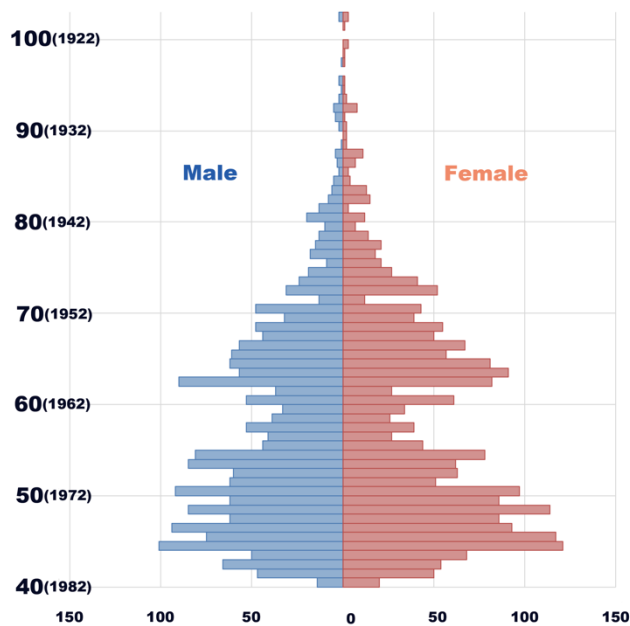
1 Nagasaki University, 2 Shizuoka University, 3 Embassy of Japan in Tanzania, 4 Okayama University of Science, 5 National Institute of Population and Social Security Research, 6 Teikyo University, 7 Waseda University, 8 Kenya Medical Research Institute

[Background]

Kenya's population has doubled in the past 30 years. On the other hand, a gradual decline in the total fertility rate is expected to increase the proportion of the population aged 60 and above in the future: from about 5% in 2022, it will rise to 10% by 2050 and 23% by 2100. Despite these demographic projections, few studies have comprehensively addressed the current situation in terms of social protection and health care for the elderly in an ageing Kenya. This study aims to reveal the current demographic situation in rural Kenya for designing future health and welfare services.

[Method]

A quantitative survey was conducted in Kwale county in Kenya from October to December 2022 by using the Open Data Kit (ODK) to focus on socioeconomic status, social network, self-rated health, disability, mental health, and medical history. According to Health and Demographic Surveillance System (HDSS) conducted by NUTM-KEMRI, about 57,000 population were registered covering 12 Community Health Units (CUs). This study selected 50% of sample population aged over 40 years old for each CU, and totally 4,360 people were registered.

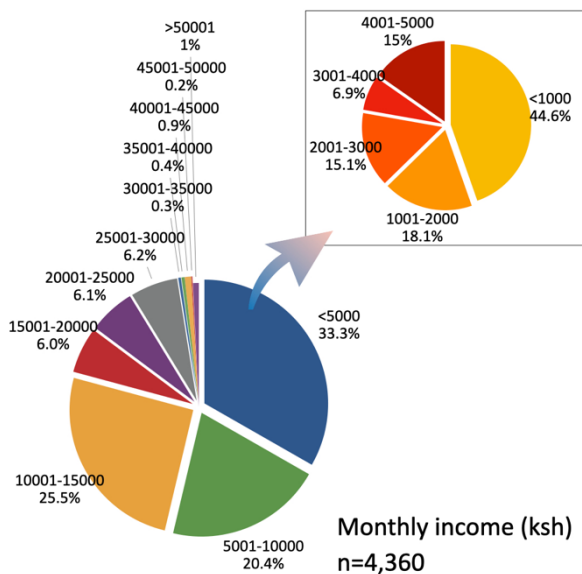


[Findings]

The results of surveillance in 2022 confirmed that the average ageing rate for the entire study area exceeded 6%, suggesting that out-migration pushed population ageing and the demographic structure is already entering the ageing stage. The results also revealed large differences in population composition among Community Health Units (CUs), with some CUs having an aging population rate of over 8%. Compared with the previous HDSS in 2017, elderly population ratio aged 60 and above has been raising.

While the majority lived with family or other people, 3.0% of men and 3.4% of women lived alone.

Economic conditions are generally poor among older persons, with some elderly households living in **extreme poverty**; 33% of respondents reported earning less than 5,000Ksh per month, of which 45% earned less than 1,000Ksh. As for Universal Older Persons’ Cash Transfer (*inua jamii*), for



which people aged 70 and over are eligible, the take-up rate was only 42%.

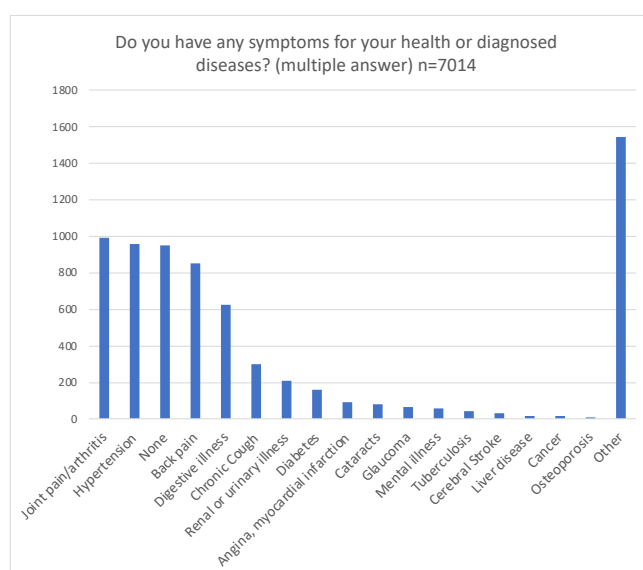
Agriculture is the main subsistence economy in the study area, while survey respondents are or were engaged in a wide variety of livelihood activities. 49% of men and 26% of women are working, due to the fact that the target age group was set at 40 years and above. On the other hand, 44% of men and 72% of women answered “never worked”, which may be due to the fact that they do not perceive agricultural production activities as an income-generating livelihood.

	Total		Female		Male	
Work condition	4,360	(%)	2,292	(%)	2,068	(%)
Working	1,614	37.0%	606	26.4%	1,008	48.7%
Retired	199	4.6%	39	1.7%	160	7.7%
Never	2,547	58.4%	1,647	71.9%	900	43.5%

	Total		Female		Male	
Job current if work condition=working	1,613	(%)	605	(%)	1,008	(%)
Professional/technical	152.0	9%	43	7.1%	109	10.8%
Managerial	7.0	0%	0	0.0%	7	0.7%
Clerical	27.0	2%	10	1.7%	17	1.7%
Sales/Service	165.0	10%	37	6.1%	128	12.7%
Skilled labour	221.0	14%	57	9.4%	164	16.3%
Agriculture, forestry or fisheries	351.0	22%	186	30.7%	165	16.4%
Self-employment other than Agriculture, forestry or fisheries	194.0	12%	104	17.2%	90	8.9%
Other	496.0	31%	168	27.8%	328	32.5%

	Total		Female		Male	
Job retired if work condition=retired	195	(%)	37	(%)	158	(%)
Professional/technical	99	50.8%	16	43.2%	83	52.5%
Managerial	4	2.1%	1	2.7%	3	1.9%
Clerical	11	5.6%	7	18.9%	4	2.5%
Sales/Service	10	5.1%	1	2.7%	9	5.7%
Skilled labour	17	8.7%	0	0.0%	17	10.8%
Agriculture, forestry or fisheries	10	5.1%	1	2.7%	9	5.7%
Self-employment other than Agriculture, forestry or fisheries	3	1.5%	1	2.7%	2	1.3%
Other	41	21.0%	10	27.0%	31	19.6%

Medically, many suffer from e Hypertension, Back pain, Digestive illness, Chronic Cough, Renal or urinary illness and Diabetes. Medical needs for diseases specific to the elderly and NCDs are increasing, however the provision of such resources in rural areas is not at all promising.



[Conclusion] The surveillance in this study was just completed in December 2022. Further analysis of surveillance data is expected to clarify the living conditions and the health condition. Based on the results of this survey, further analysis of disease incidence, cash transfer receipt, living arrangements, and family-care status should be conducted.