The Social Context of Abuse of Elderly People in Emuhaya District, Kenya

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Abstract  Abuse of elderly people is a form of family violence, which has existed for years; although available data signify that much abuse goes unrecognized and is hidden from public awareness. Abuse of elderly people may take various forms including physical harm, sexual abuse, emotional or psychological abuse, financial or material exploitation, and intentional or unintentional neglect. Studies indicate that change and modernization have exacerbated the undermining of the roles, status and the welfare of elderly people who are increasingly becoming socially isolated and psychologically depleted. Elderly people in Emuhaya District may not be devoid of elderly abuse. Nevertheless, there is a dearth of empirical evidence on the extent and impact of this phenomenon. Thus, this study was designed to examine the social context of abuse of the elderly people in Emuhaya District. Specifically, the study sought to determine the prevalence of elderly people abuse in the district; examine different forms of abuse of elderly people; examine the social contexts under which abuse occurs and to analyze the attitude of the community towards the elderly people in the district. It was conducted within the context of social exclusion and disengagement theories and the concept of stress of the caregiver. Both quantitative and qualitative techniques were used to collect data. From a population of 11,127 elderly people aged 65 years and above, Yamane’s (1967) formula was used to sample 386 respondents. The findings of the study reveal that 81.1% of the elderly experience single or multiple abuses. This abuse is attributed to economical, physical, cultural, social and psychological factors. Results revealed that different groups of people have different attitudes towards the elderly and ageing. Generally, the social context of ageing determines the attitude toward ageing and the elderly. Since poverty appeared to be the main pointer to elderly abuse, it was recommended that a good economic environment should be provided so that the elderly remain economically productive, thus maintaining and enhancing the positive attitude of the youth towards the elderly. In addition, a coordinated community response to elderly people abuse is imperative. This will include institutionalized policies coordinated by all levels of the community including healthcare providers, community-based elderly abuse advocacy groups, elderly welfare and protective service agencies and the civil and criminal justice systems.

Keywords  Elderly Person, Elderly Abuse and Social Context

1. Introduction

Elderly people abuse is nothing new to the world; it has been taking place for literally thousands of years. However, the process of a condition evolving into a social problem, according to Spector and Kitsuse(1977) is when individuals and groups make claims and grievances about such a condition being problematic and that such a condition should be eradicated or in need of intervention (Stearns, 1986). Collins (1988) observes that violence and elderly people abuse, especially in the home, appear to be increasing. He notes that it is possible, of course, that the society is only now beginning to recognize the widespread prevalence of a problem that has been with us for centuries. Media attention and public outcries have riveted a lot of attention on child abuse, which is really quite similar to the abuse of the elderly. In many ways, the elderly become as dependent as a child on their caregivers; financially, emotionally or physically (Jones & Peterson, 1998).

Abuse of elderly persons, for example, came to the attention of the public as a social problem in the 1980s (Jones & Peterson, 1998), partially due to the growth of the global elderly population. This was accompanied with a series of socio-cultural, economic and physical conditions that posed a challenge to the family and the entire society (Chuks, 2001). The World Health Organization (2002) describes it as an important developmental element requiring emergency action. It takes various forms including physical harm, sexual abuse, emotional abuse, financial or material exploitation, and intentional or unintentional neglect (Sweat,
2000). Ridgway (2002) and Kutsal (2000) point out that abuse of elderly persons commonly goes unnoticed and unreported, with only the most severe cases commanding attention. Apparently, most people may find it hard to believe that the problem exists. It has been labeled a hidden phenomenon because within the family structures where abuse occurs, the key to maintaining abusive relationships is to regard the abuse as “a private concern” and keep it hidden from those outside the family (Se’ ver, 2009).

According to Kutsal (2000), the elderly population in Africa is increasing in line with global trends. The number of people over 65 years in sub-Saharan Africa is currently estimated to be over 35 million. The elderly can expect to live longer than they did two years ago. While this may be an accomplishment worthy of celebration, this joy is tempered with the awareness that many elderly adults in Africa are facing a future of neglect and abuse without a social safety net (The Daily Nation, 2010, October 21).

In a research carried out by Help Age International in 2001 on Elder Abuse in the Health Care Services in Kenya, it was revealed that abuse of the elderly does exist not only in the health sector but also in the wider community in Kenya. In certain cases, for example among the Abagusii of western Kenya, elderly women have been accused of witchcraft and any other negative occurrence in the neighborhoods, and consequently killed. Due to their fragility, use of walking stick and their bent figure, they are ostracized.

Chuks (2007) notes that, old age in many African countries is a nightmare and a tale of woes. The elderly are vulnerable to financial exploitation and social isolation, thereby endangering their health. Elderly people, particularly women, have to care for their dying children and orphaned grand children. The family and community networks in many developing countries that had formerly provided support to the elderly generation have been weakened, and often destroyed by rapid social and economic change (Riekse and Holstage, 1996). The AIDS pandemic is also significantly affecting the lives of elderly people. In many parts of Sub-Saharan Africa, for instance, children are being orphaned in large numbers as their parents die from AIDS complications (Randel et al, 1999). Elderly people who had anticipated support from their children in old age are finding themselves to be the main caregivers and without a family to help them in the future.

Complementary reports from various parts of Kenya reveal high incidence of elderly people abuse. They suffer hunger, isolation, and destitution, a reduced capacity for work and difficulties in accessing healthcare and other essential services (HelpAge International, 2009). Elderly women in particular, confront harsh conditions. This implies there is a discrepancy on the social environment of the elderly people, and this indeed requires to be investigated.

Cattell (1993) in her study among the Samia elderly people suggested a research toward categories of elderly individuals who are at greatest risk, cultural and gender differences, and on the impact of AIDS as a growing threat to elderly people security.

Emuhaya district, as in other districts of Kenya, is not devoid of these challenges and thus formed the basis of this proposed study. Kilbride et al (1997) in his study among the Samia of Western Kenya, reports that 63% of elderly people said there was no goodness in old age. These observations may be a pointer to the weakened traditional support of the elderly, a condition affecting negatively their financial support, health, image and self-esteem thereby precipitating elderly abuse due to their socio-economic vulnerability.

Elderly people abuse is defined as maltreatment of elderly people that includes rough handling, beating, negligence, verbal condemnation, withholding of food or medication, financial exploitation, sexual mistreatment, and ignoring the person’s needs for comfort and human contact. In most cases, this abuse takes place in the context of a relationship of responsibility, trust or power. Constructing a widely shared definition to describe the mistreatment of elderly people has proved to be problematic. The phrase “elder abuse and/or neglect” is used as an all-inclusive term to represent all possible types of mistreatment or abusive behaviour toward elderly adults.

Perception of abuse varies from society to society, and from culture to culture. Either honour or disrespect underpins the community’s attitudes towards the elderly. When it is the former, elderly adults are respected and honoured, while with the latter, they are viewed as societal burdens which sap the strength of the society. The negative view of adults sets the stage for ageism and mistreatment (Pillemer and Finkelhor, 1988). The prevailing view is that elderly abuse is a domestic issue; it occurs within the family. However, evidence reveals that elderly abuse is not limited to domestic violence, but also includes mistreatment of the elderly by persons in professional and business roles that connote trust, such as lawyers, doctors, nurses, the police and bank workers.

When the abuse is based on the relationship between the perpetrator and victim, Hud son (1991) differentiates elderly mistreatment from two closely related phenomena that involve harm to elderly adults- self-mistreatment and crime against the elderly by strangers. This view broadens the concept of elderly abuse beyond domestic to include professional mistreatment. The definition also considers the manner in which the harmful behaviour is carried out, that is, by commission (abuse) or omission (neglect) and depicts that abuse could occur intentionally or unintentionally. Self-neglect does not fit readily into definitions founded on these premises. Nevertheless, it is important that recognition is given to self-neglect, since there is strong evidence that it constitutes a significant portion of cases of neglect of elderly people, especially among the very old.

Since abuse can manifest itself in many forms and occurs in a variety of contexts, it follows that a variety of different social backgrounds would possibly explain this scenario. Social context entails the societal structures; social forces that shape the ways in which people approach daily living activities and relationships either directly or indirectly (Earle, 1996). This would include factors such as technology, social
class, demography, urbanization, mass media and the various social institutions that serve to influence the patterning of social behaviour between and among individuals in society, such as family, education, religion, leisure, health, economy and government. It also entails social processes (perceptions, attitudes, and values). These comprise internal forces that are central to the socialization of individuals in society; they tend to serve as societal supporters and a crucial facilitating link between prevailing societal structures and common social behaviour patterns. Conceivably, the social environment of the elderly and institutions with which they interact play a major role in the problem of elderly abuse. This includes physical, cultural and social environment; health, economic status, bereavement, widowhood, death, barrenness, sexuality, personal adaptation to aging, and family relations of the elderly.

According to the disengagement theory that was formulated by Cumming and Henry in 1960s and Social Exclusion theory by John Briggs (1994), in the present society, an aging person’s social environment interacts negatively with the elderly person’s self-concept. Apparently, it holds unrealistic standards and labels them as incompetent or lacking in some way. This may lead to individual’s withdrawal, disengaging them from the ‘other group’. In addition, the same community that has negative beliefs about the aged creates a class of the elderly and isolates them leading to social exclusion. The weak and poor status that the elderly are chronically found in makes them become dependent. The weight of dependence becomes unbearable for the unskilled poor caregiver and causes development of negative feelings that could create hatred for the elderly and stress for the caregiver. Stress of the caregiver, disengagement and social exclusion may be the three root causes of elderly people abuse giving birth to the violation of fundamental rights and freedom of the elderly. Perhaps the elderly as a result become idle and vulnerable to high socio-economic shocks and insecurity. They are vulnerable to sexual and physical abuse that may end in depression and death. They may also fall victims of emotional abuse that accumulates into depression, trauma and low esteem.

1.1. Statement of the Problem

The changing social conditions have left elderly people disadvantaged and vulnerable to mistreatment. Consequently, abuse of elderly people is now viewed beyond isolated family violence and is identified as a human and civil rights issue. Available data indicate that the elderly people are devalued, rejected, stereotyped and isolated not only in western world, but also in Africa. This is not in conformity with traditional expectations in a majority of Kenyan societies. Evidence abounds that, it was commonly the responsibility of the family to take care of the elderly, and the community held the elderly with great respect. Elderly people were a crucial segment of the society. In the African context, elderly people were associated with wisdom, care, and guidance. As a result, the elderly people were playing an important role of socializing young family members and brokering of peace during conflicts. Among the Abaluhya people of Kenya, elderly persons counted on their children for security in old age. It is therefore widely assumed that the elderly are well taken care of by the extended family. However, there is little information to support this assumption.

Various instruments like the United Nations Universal Declaration of Human Rights, The Kenya National Social Protection Policy (GoK, 2009), The National policy on Ageing in Kenya (2009), the social pillar of Vision 2030 and The Constitution of Kenya (GoK, 2010) emphasize on the rights and dignity of the elderly people. However, Kenya’s commitment to the care and protection of the elderly people is yet to be realized. Further, poverty remains a fundamental problem and elderly people have not been spared by the effects of HIV and AIDs and emergencies. Apart from neglect and abuse, they have received new responsibilities and pressures. Elderly women and men are increasingly being forced into role of primary caregivers for their HIV positive adult children and their orphaned grandchildren (Help Age International, 1999).

Despite elderly people abuse being rampant, it has remained obscure from public view and miniscule information regarding it exists with several gaps resulting from insufficient research done in this area. Additionally, abuse has not been adequately addressed especially in Emuhaya because it is not recognized as a serious matter. The acts of abuse are usually regarded as normal behaviour in the society. The victims of abuse and others are reluctant to talk about it, and there is constant denial by victims and abusers. They continue to suffer in silence, enduring the anguish associated with the menace.

The most vulnerable amongst the elderly are the poor and disadvantaged ones who often times are on the receiving end. They are neglected and abandoned. They are subjected to all kinds of human degradation. They are deprived of respect and their rights. The level of awareness on the plight of the elderly is low. These lack of evidence prompts this survey to provide information regarding the situation of elderly people as it is in the community.

Emuhaya District is generally rural with only one town council at the Luanda market. It covers a total area of 173.3 km2 and is divided into two administrative divisions which are occupied by the Banyore people. The district is densely populated with an average density of 1067 persons per km2. According to 2009 population and housing census, (65%) of the Emuhaya District is poor, living below the poverty line (GoK, 2010). Some of the causes of poverty have been identified as over population, landlessness, and soil erosion, lack of resources, low education, and prevalence of HIV/AIDS, insecurity and high dependency ratio among others. The table below shows the population of elderly people from 65 years and above.

The elderly people population is made up of 11,079 people;
1.3. Objectives of the Study

The broad objective of this study is to investigate the social context of abuse of the elderly people in Emuhaya District. It is specifically aimed at:

1. Determining the prevalence of overall elderly people abuse in Emuhaya District;
2. Examining different forms of elderly people abuse in Emuhaya District;
3. Examining the social context(s) of abuse of the elderly people in Emuhaya District;
4. Analyzing the attitude of the community towards the elderly in Emuhaya District.

1.2. Research Questions

This study was guided by the following research questions;

1. What is the prevalence of elderly people abuse in Emuhaya District?
2. Which are the common forms of abuse of elderly people in Emuhaya District?
3. Under what social context(s) are elderly people abused in Emuhaya District?
4. What is the attitude of the community towards the elderly in Emuhaya District?

2. Methodology

This was a descriptive study. Both quantitative and qualitative techniques were used. Oral interviews took the form of in-depth interviews with key informants and focus group discussions. Systematically sampled 386 respondents were guided through questionnaires since most of them were either weak or illiterate, with multiple physical complications that were realized during pilot study. The questionnaire and the interview guides focused on the specific objectives regarding form of abuse, attitude of the community and social environment of abuse. Eleven key informants and participants in six focus group discussions were purposively sampled.

The researcher also made observations of the elderly people’s interaction with the physical and social environment in which they lived in view of finding out how satisfying they were. This was done during their homes visits and in various gatherings like funerals, and other ceremonies, the church services, market areas and on vehicles, the hospitals the cells and eating places.

Quantitative data were analyzed using descriptive statistics with the aid of Statistical Package for Social Science (SPSS). Such statistics as the mean, median and mode were used to organize and summarize the data for meaningful interpretation. Frequency distribution tables and graphic presentations were used to present this data. Qualitative data was thematically analyzed by classifying major issues covered and recurrent themes. The guiding factor in data interpretation was the theoretical framework for the study. Primary data were integrated with secondary data in order to derive conclusions from collated and triangulated information.

3. Results and Discussions

3.1. Background Characteristics

Respondents ranged in age from 66 to 104 years old and the majority was in the 65-69 age category (37%) followed by 70-74 age category (33.2%). The mean age for the entire sample was 77 years. The findings reveal that elderly women were more than elderly men with the percentage of 56% and 44% respectively. This difference confirms the World Health Organization (WHO, 2001) reports that explain life expectancy of females to be higher than that of males, with males exceeding female death rates at all ages. The reason why there are more widows than widowers. However, many elderly people were not sure of their ages; noting that even the birth dates indicated in their national identity cards were estimates from important events having occurred in their lifetime. Irrelevance of chronological age directed the researcher to ask the respondents what other factors explained old age. United Nations definition of ‘elderly person is the chronological age of 65 years (Gorman, 1999). However, this according to Kaplan, (2005) does not adapt well to the situation in Africa and other developing countries where actual birthdates are quite often unknown. Other socially constructed meanings of age were more significant in defining old age. Data from adult focus groups and key informants signify that change in social role is the predominant means of defining old age. Owoko (2012) in her study on support of the elderly in Siaya district, points out that the elderly claimed that ageing was exacerbated by poverty (specifically regularly going without enough food) and illness. Similar sentiments were shared among the respondents in this study who reiterated that hunger (Inzala) contributed a lot to ageing. They compared themselves to their age mates who supposedly had a relatively better life than themselves as still young and stronger.

The findings show that female respondents were 1.2 times more likely to be widowed than males. Thirty one per cent (31%) of the men and 69% of the women were widowed. Similarly, there was the likelihood that men continued to be in a marital relationship. This was attributed to the cultural practice of re-marriage. Both men and women focus groups indicated that men were not constrained by society when it came to taking a second wife including levirate. Some women prefer to remain widowed after the death of the spouse. Overall, the highest level of mistreatment occurred in people who were divorced or separated. Widowed people...
had the second highest risk of mistreatments while elderly people who were single (never married) reported the lowest level of mistreatment.

A great majority of the respondents were widowed comprising of 55%. There were more widows than widowers. Namolo (2012), Shihiatsi (2012) and the men focus group attributed this to lack of care for widowers that lead them to dying shortly after the death of their wives. The focus groups pointed out that it was due to the fact that more widowers opted for levirate compared to women who may feel comfortable to stay around with the grandchildren. Three per cent (3%) reported to have separated. In addition there were those who were never married or were single and had never lived as a couple.

More than a half of the respondents were of protestant faith with a percentage of 79.8%. Catholics constituted 13.2% of the number of respondents. Muslims accounted for 3.4%. The remaining 1.8% comprised of traditional religion believers and others respectively. Most of the elderly people’s responses depicted their belief that God was in control of everything. This was in line with the findings of a research carried out by Idler (1987) on the elderly people in New Haven, in which he established that persons with highest levels of religious involvement showed the least depression and physical disability.

Thirty three point nine per cent (36.9%) of the respondents lacked formal education, 36.0% had some primary education, and 9.6% had completed primary education, while 5.7% had not completed education. Ten point one per cent (10.1 %) had completed secondary education while 4.7% had middle level college.

Respondents were asked to state their previous and current main occupation. An analysis of previous and current occupation placed the majority (54.9%) as being subsistence farmers previously, 43% had no occupation currently, 67% were involved in farming, 37% trading, 3.6% Juakali workers, 3.9% church workers. 7.3% and 3.9 were involved in other occupations. The majority of elderly people in Emuhaya continue to work into old or very old age. often despite chronic and disabling diseases. Work encompasses not only paid labour, but also the full range of livelihoods on which elderly people, in common with other age groups rely.

At the time of the survey, 43% of the elderly respondents did not engage in any economic activity. This was attributed to poor health, others had no piece of land to practice farming nor had they any fund for engaging in business. The implication is dependence on other family members. This situation placed the elderly at risk of abuse. Reliance on farming as a source of livelihood in old age was challenging because this is an activity that required physical strength which could not apply to the frail ailing elderly men and women. Furthermore, hardly are the pieces of land big enough to yield enough food for consumption and surplus for sale. Notwithstanding the seasonality of the income which could be earned from farming; while this income is confined to two seasons in a year, money is needed throughout the year.

Those engaged in micro-business reported that their business was practiced in their houses, nearby shopping centres, Luanda market or hawking. It included sell of groceries, traditional vegetable seeds and cereals like beans, groundnuts and maize, baskets, sisal ropes, bananas, sugarcane and firewood. Some elderly respondents performed wage labour on other people’s farms or homes to earn income. This implies that the elderly people could be active contributors to the family economy if they were assisted in promoting their livelihood activities.

Since abuse can manifest itself in many forms and occurs in a variety of contexts, it follows that a variety of different social backgrounds would possibly explain this scenario. In an effort to understand the circumstances surrounding elderly people in the society, this study was undertaken to include the elderly people and institutions with which they interact, which influence how this problem is viewed. Consequently, the family, religion, polity, socioeconomic status, physical environment, health, personal adaptation to aging, widowhood, death, hospitals, bereavement, barrenness and sexuality were significant analytic components of the study.

On the whole, the social explanations for the root cause of elderly people abuse seem to be plausible, but none of them exhaustively explains the social phenomenon. The implication is that each, or a combination of these explanations could be applicable only to certain circumstances that obtain in the various contexts of abuse. It is in view of this that this study considered the factors behind abuse of the elderly in Emuhaya District, particularly the driving forces that provide a ground for abuse of the elderly people. During the survey, respondents were asked to explain what the reason for abuse was. The responses to this question are summarized as follows; economical factors contributed to 61.1% of those abused, social factors (21%), physical factors (8%), cultural factors (6%), psychological factors (13%), drug and substance abuse (1%) and interpersonal tension (0.8%).

3.2. Prevalence and Forms of Abuse

The study captured data on elderly people’s experiences of physical, psychological, financial and sexual abuse and neglect within interfamily relationships by care takers or close friends and also by those in the wider community, neighbours and strangers. Only 17.9% of all the respondents indicated not experiencing any abuse, while 81.1% experienced single or multiple abuse. About 6.1% of the participants lived alone with slightly more women than men in this group. Approximately 25.1% lived with a spouse or partner and 43.5% lived with grandchildren. The remaining 51.1% lived with other relatives or non-relatives.

A classification of abuse includes behaviours that often are not mutually exclusive in reality, so that a case may fit into more than one category. For example, a drunkard son who threatens and beats his mother and forces her to give him money fits into the category of physical, psychological,
and financial abuse; when a daughter in-law who has sufficient resources allows her frail mother-in-law to unsafely live alone in an unmaintained home with no social support or under the care of unskilled under-age grandchildren, exposing her to injuries from falling, poor feeding and isolation, this could fall under physical, social, psychological and financial neglect. Types of abuse indentified included; emotional (36%), physical (7%), economical (10%) and neglect (47%).

Abuse at the family level encompasses many forms ranging from physical (causing of bodily harm, emotional; such us verbal abuse, humiliation or intimidation to economic where a trusted caregiver may illegally use or misappropriate on elderly person’s financial assets or property. Other abuse at the family include neglect, such as the failure to provide attention, adequate food, clean clothing and comfortable place to live, good health care, personal hygiene and the opportunity for social contacts. Sexual abuse by care takers ranges from violent rape to indecent assault or sexual harassment. Spousal abuse combines many forms such as physical, emotional and sexual abuse, financial exploitation, or neglect. Unlike women, most men stated that the presence of a spouse was a main positive factor of well being. Having children with income was another important source of wellbeing as well as being cared for by daughters in law.

Although elderly people do not usually talk about matters in their families, the findings of this study in Emuhaya district have indicated that elderly persons are neglected and abused. Elderly people abuse is not limited to a particular setting, type of elderly persons or type of perpetrator, and in many cases, the victim suffers multiple forms of abuse with multiple causal factors.

Many factors seem to contribute to elderly people abuse and each case has its own unique mix of factors. Generally a combination of psychological, social, cultural, economical, mental and physical conditions of the victim and perpetrators contribute to the occurrence of abuse thus defining the context of abuse. An analysis of the major causes of elderly people abuse identified; poverty as a accounting for 61.4%, socio-cultural factors accounting for 27%, physical or health conditions contributed to 8% of the abuse, while psychological factors were rated at 1.3%, drug and substance abuse of either the victim or the perpetrator at 1% and interpersonal tension at 0.8%. The major social contexts of abuse are hereunder discussed following factors cited as explanation to abuse.

3.3. Most Prevalent Social Contexts of Abuse of Elderly People in Emuhaya District

An examination of the social environments of elderly people abuse gave an understanding of the macro social forces that shape the ways in which elderly people approach their daily living activities and relationship either directly or indirectly. Apart from considering the socio-economic status, physical environment, personal adaptation to ageing widowhood, barrenness, sexuality and death, significant attention was also directed to the family education, health religion leisure and the government as social institutions that serve to influence the patterning of social behaviour between and among individuals in the society. The findings were based on a sample of 386 rural elderly people, specifically 65 years of age and above. Focus group discussion, observation, documentary and in-depth interviews also generated more relevant information.

3.3.1. The Family

There is much evidence from the research that demonstrates families remain a primary source of support for the elderly in Emuhaya. Eighty eight point eight per cent (88.8%) of elderly people lived within the same homestead with their family members including children and 43.5% shared the same household with grand children and/or with children accounting for 20.2%. However findings in this study revealed that many elderly people undergo difficult experiences in domestic settings the main perpetrators being close family members. This report ranks the perpetrators as follows; spouse 12.9%; adult children 24.9%; grand children 15%; siblings 3.1%; daughters’ in-law 27.4; other relatives 8% all others 7.8% and those who were unknown 0.9%. This shows that more than two thirds of the abusers are family members. Although this explains partially why many victims do not report the suffered abuses, a collateral reflection is however that this happens also because the distinction of what is abuse and what is not becomes blurred in the perception of the involved persons, following false convictions about what is “normal” and what is not in order to provide appropriate care, such as for instance about the use of constraints to prevent injuries in the cared-for person.

The evidence reported above shows that a relevant proportion of the possible episodes of abuse occurring within the domestic setting are partly associated with the existence of a care giving situation, whereas one or more family members are involved in the prolonged care of a dependant elderly person. The burden suffered by the family caregiver, especially when he/she acts in isolation, or has to face particularly challenging situations, such as when caring for a demented person with behavioral symptoms, can easily lead to abusing episodes, including situations where the victim is the caregiver.

Daughters-in-law seemed to be the greatest problem. The elderly people stressed the lack of caring attitude by the daughters in law who apparently happen to be the main source of support available. Thus the elderly people complained of neglect and abandonment. Resentment by family members at having to spend money on the care of that caregiver; especially when the daughter-in-law’s education, health religion leisure and the government as social institutions that serve to influence the patterning of social behaviour between and among individuals in the society. The findings were based on a sample of 386 rural elderly people, specifically 65 years of age and above. Focus group discussion, observation, documentary and in-depth interviews also generated more relevant information.
grandchildren occasionally stealing from them. They called them names and lacked respect for them. Regrettfully, they were unable to discipline them.

Displacing elderly people as heads of households and depriving them of their autonomy disengaged the elderly people from the family. Sometimes when the elderly man feels discriminated, alienated, isolated and neglected, he sells some family property for example land and privately spends the money without knowledge of any family members. This provoked the whole family against him and poor relationship consequently leading to abuse. Spousal abuse was also evident where elderly women neglected and/or deserted their husbands and would move to a child’s home. It was also evident that some elderly couples had separate cooking facilities. Neither of the two cared when one of them had nothing to eat. This was an extensive problem that affected several elderly people.

There is no other alternative to family support in Emuhaya District as it is in other parts sub-Saharan Africa. Neglect and inadequate and poor housing conditions lead to many people describing old age as a hell and wishing to die as quickly as possible. They perceive old age as a period of suffering and status deprivation other than looking at it as a period of respect and dignity. Another aspect by this study is the possibility of abuse situations perpetrated by the cared for older person towards their caregivers. This generates tensions and negative emotions in caregiver, which generates tensions and negative emotions in caregivers, which may later be back-released on cared for.

3.3.2. Poverty

Almost 61.4% of the abuse was attributed to economic factors. This study found out that previous occupation determined status quo. Individuals who had better earning job and a good economic background had invested in their children who were taking care of them. Those who previously had no good job and few assets continued to suffer, the situation becoming worse due to the population pressure on limited and scarce resources available. Economic hardships become very prominent in the women of the lower socio-economic group while the higher socio economic category put loneliness as the primary problem affecting elderly persons. The lower socio economic group felt that if the elderly people would have money and assets, they would have power or else they had to be dependent on children for financial support and ill-treatment, humiliation and complete neglect from family members.

People who have lived their lives in poverty with no accumulated savings led a life of problems of poor diet, ill health poor housing conditions and economic shocks. Poverty of the community and in the family remains that greatest threat to the security of elderly people in Emuhaya: For families trapped in endemic poverty, the capacity of younger generations to assist their elderly relatives is severely impaired. The average income of the elderly in Emuhaya is very low, and obviously more likely to be economically excluded. Analysis regarding age and economic income reveals that differences exist between different age groups and their income. The younger in age (those persons aged 65-70) have a better income compared to these persons under the age bracket of 80 years and over.

A correlation analysis regarding educational attainment and economic income reveals that income differences among different educational attainment groups is statistically significant. Higher educational attainment was correlated with higher economic income. These who completed primary had complete or some secondary education and middle level college acquired better earning jobs (teachers, doctors, bankers or better economic background for their families. In this case those who had no education risked being economically excluded. Inadequate access to economic resources has affected the life quality of the elderly. Size of land owned by an individual is small. A bigger land meant sufficient food production and security for the family. Conversely a smaller or no land was an indicator of poverty, which is the true portrait of the residents of Emuhaya.

3.3.3. Health

The physical suffering of the elderly included backache joint pain, blurring of vision, reduced hearing, indigestion, heartburn, chronic cough, breathlessness, non-healing wound, dental cavities, giddiness, sleeplessness, lift joint, piles ,tumor, loose bladders, dementia and Alzheimer and multiple others. The saddest part is most of them having to accept their condition and learn to live with their suffering tolerantly. As one ages it is natural that the body becomes weak and vulnerable. Suffers in the later stages of life was seen as natural. The suffering may take a long time unattended to, but until totally bedridden, the elderly person may carry out the daily works to earn their daily food.

The government has no special policy to care for the elderly. It is not –effective to treat senile citizens who are past their economically productive years. Healthcare for the elderly is complicated and extremely costly. Care providers are very difficult to find. To care for the elderly is a difficult task for which only a few would be willing to sacrifice. It may require feeding, bathing washing smelly clothes pushing wheel chair, putting to bed, and dealing with all the eccentric behaviours of late childhood.

Elderly people who have physical or mental disabilities, high care needs, frail, mentally impaired, or depressed are at higher risk of elderly abuse. The elderly would be taken to hospital as a last resort. Consequently responding to treatment is slow or totally fails. There was also discrimination on age at the hospital. This withstanding, the elderly patients hardly accepted admission. The medical officer reported that the aged liked being pampered. However, it was impossible to give that extra care needed, due to insufficient staff. Apparently the elderly would feel rejected viewing the hospital as no good place to be left. Fifty seven per cent (57%) of all the elderly people had not visited the hospital while sick. This is because either they feared the cost or they thought the hospital priority was for expecting
Many people enter old age in a poor state of health resulting from lifelong deprivation. Lack of transport to hospitals and money for medicines makes them more likely to opt for self treatment. Poor nutrition from birth, difficult and dangerous working conditions from girlhood, multiple pregnancies and domestic violence make the journey to older age one of declaring health. Since women are more likely than men to live alone in old age, having been widowed and not remarrying, they are disproportionately vulnerable to ill health. Elderly people who report poorer health experience have higher rates of severe exclusion than those who do not. Elderly people who have longstanding illness or disability tend to experience higher rates of severe exclusion than those who do not.

3.3.4. Culture and Society

Cultural values and belief systems influence norms about family life and structure. Disengagement for example, is the response of a culture which has already indicated the aged are superannuated occupationally, and therefore should be phased out of life. With negative attitudes toward aging and the aged becoming internalized by elderly and young alike, there seems no reason to believe that age prejudice, some of which is maintained in conformity to social norms and practices to which people are socialized may end. Ageism, apart from leading to discrimination inherently contributed to disrespect for the elderly people. It allows younger people to view elderly people as different from themselves and hence cease to view them as human beings. It often results in the attitude that elderly people are unproductive, sickly, depressing and the cognitive impairment is normative. Some of the most prevalent outcomes of ageism for elderly people in Emuhaya are; poor housing and income, untreated physical illnesses, disrespect, isolation and complaints. Elderly adults tend to be marginalized, stripped of responsibility, power and ultimately their dignity. This is converse of the olden days when elderly people were often held in high regard as teachers.

Discriminatory inheritance laws and customary practices against women in Emuhaya are also to blame. Widows have a low status in society, little knowledge of their rights and cannot inherit property. The intimate relationship amongst people in the rural communities was found to be a factor that influenced financial decisions and potential abuse. Due to local social cohesion, there is reluctance on the part of elderly people in reporting cases of abuse to the police.

There is no health policy in favour of the elderly in Kenya. While the medical scheme favours the children and expectant mothers the elderly have no right to health because of weak affordability of medical expenses. As a result the elderly in Emuhaya are more likely to experience social exclusion in medical facilities. The results show that the number of people who are incapable of seeking treatment on their own increase as they age. Distances to the health facilities were also a problem for the elderly people. While 50.7% of those in the survey found distance to health facilities not a problem, 49.3% indicated that this was a problem; furthermore, the facilities around them were private owned.

Given that most of the elderly still need to engage in agricultural activities to earn their living, little time has been spared for the rural elderly to take part in social activities. Analysis regarding the relationships between the participation in social activities and gender/age reveal that although there is no difference between male and female in the participation in social activities, age has affected the elderly people’s social participation with the number of those in the age bracket of (65-70) years being greater than those in the age bracket of 80 years and over. Most men participate in public meetings than do women.

With respect to social integration, relationship with family members, friends and neighbours were analyzed. As relationship with family members is concerned, those who answered excellent for the question concerning relationship with family members were 18.9%, 19.6% answered good, 32% answered fair while 29.5% answered poor. The respondents were also asked whether families forget the old. The statement was placed on a likert scale and 64% strongly agreed. Question concerning the relationship with neighbours gave 16.2% for excellent, 42.2%, good 33.5, fair and 9.1% accounted for those who rated it as poor. Reasons for excellent relation were frequent visiting and support. Reasons for poor relationship were being quarrelsome, failure to keep chickens and animals from destroying crops, problems with the grandchildren and land disputes. Some elderly people accused their neighbour of witchcraft or being ill hearted. Some 36.3% of the respondents would report to neighbours any problem they encountered of abuse. For Emuhaya’s elderly people most of their activities have been limited to local villages. Thus when asked the relationship with their friends, most of them tend to equal the neighbours with friends.

In the Kenya’s constitution, every person has a right to life and every person is equal before the law and has the right to equal protection and equal benefit from the law. In addition, every person has the right to freedom and security and shall not be subjected to torture in any manner, whether physical or psychological. Neither should any person be treated or punished in a cruel, inhuman or degrading manner. Further every elderly person has the right to basic nutrition, shelter and health care; they should be protected from, neglect, harmful cultural practices, all forms of violence, inhuman treatment and punishment, and hazardous or exploitative labour. In the rural areas however, the elderly people were observed as lacking information and unaware of their human rights. These included human dignity, access to information and where to go when they had a problem. They did not know available services that they could obtain from the government and other non-governmental agencies.

3.3.5. Religion

Many religions teach honor for parents. In the book of 1 Timothy and James, we read about the importance of treating mothers and children.
elderly relatives and other seniors with care and respect. There is no place in the Bible for elder abuse. The Muslim leaders (Mohammed, 5/8/2012) revealed that the Muslims recognize the elderly as people next to God. To them the elderly practice pure religion and are always a source of reference. No abuse of the elderly was condoned. Mohammed says that the elderly must not go hungry. In case of neglect or abuse, the perpetrators are excommunicated from the Mosque services.

The pressures of a modern, fast-changing, industrial society have apparently led to less than total compliance with these teaching. Instead, the people are more impatient and negative with the elderly people. The church treated the elderly with great honor. This was the teaching of the missionar. He regrets that with time, the elderly are not valued. Instead, interest is on the women and the youth who are thought to be actively participate in the development of the church. Keith (1990) points out that elderly people in many traditional societies have special roles in the ritual domain. As social change creates cohorts of younger people who lack, ritual knowledge, ethnic or religious revivals may restore to the elderly a prestige temporarily lost.

3.3.6. Sex and Sexuality

This study had many men unlike women complaining of their spouses denying them their conjugal rights. Many explained that the presence of grandchildren was interference because in most cases, the elderly women shared their beds with their grandchildren. Apparently, this could explain cases of extra marital affairs among men who were reported to be sneaking in some widows houses to satisfy their sexual needs. In some incidences, men in Emuhaya were reported to be marrying very young women. This act tended to distance the first family from the man. Answers from the women focus group concerning sexuality were varied, most of them reporting that the elderly women cared so much about respect that they felt ashamed for the grandchildren to notice such acts from them. The elderly men will therefore view their elderly wives as sexless. Elderly women are stereotyped as having lost their sexual appeal.

3.3.7. Gender, Childlessness and widowhood

In patriarchal societies like Emuhaya, violence is used by men to control women, to suppress the latter’s rebellion and resistance to male domination, and to enforce the differential status of men and women that have traditionally been translated into laws and customs , in order to serve collective interests of men. This unequal distribution of power between the sexes has resulted in a society that is dominated by men and that most women occupy subordinate positions of power, increasing their vulnerability to violence, especially within the family.

However, according to community- based prevalence study, it appears that elderly men are at risk of abuse by spouses, adult children and other relatives. Some elderly couples have separate cooking arrangements. In this case, the woman is more advantaged than the man since she may receive support from the children, who in most cases rarely support their father in anyway. This is attributed to the poor relationship in childhood where the father failed to support the family.

Growing numbers of ageing people in Emuhaya have serious problems because they are, widowed, childless or sonless, without family and / or destitute.

4. Attitudes and Perception

This survey identified many barriers elderly people face in reporting and in fleeing abusive situations including diminished cognitive capacity, mental or physical disability; restrictive mobility, lack of awareness of what constitutes abuse; lack of knowledge of their rights or resources; social isolation or fear of alienation; the need to preserve a relationship; dependency on others; stigma and shame; literacy and language barriers; fear of reprisal from the options or access to services.

Different groups of people have different attitudes towards the elderly and ageing. The youths who lived with their grandparents tended to appreciate them more than when they lived apart. From the negative point of view, they reported the elderly being a nuisance, boring, cursing, lacking in manners and always complaining. On one hand, the adults acknowledge the importance of the elderly as watching over the homes and good baby carers. On the contrary, women who had cruel mothers in law referred to them as demons.

Due to the ageist culture, people often tend to dismiss the elderly as useless and all washed up when many of them are a lot more enthusiastic and energetic. They are discriminated against and isolated. They are perceived negatively making them vulnerable to abuse and neglect.

Getting old to some elderly people in Emuhaya was going into the unknown, getting weak and helpless, getting nearer to death or being left alone, losing those who are close to you and suffering loneliness. Generally, the social context of ageing determines the attitude toward ageing and the elderly.

5. Conclusions and Recommendations

The study captured data on elderly people’s experiences of physical, psychological, financial and sexual abuse and neglect within interfamily relationships by care takers or close friends and also by those in the wider community, neighbours and strangers. Only 17.9% of all the respondents indicated not experiencing any abuse, while 81.1% experienced single or multiple abuse. The most prevalent type of abuse was neglect (47%), followed by emotional abuse at 36%, financial abuse at 10% and physical abuse at 7%. Other types of abuse included system and religious abuse. Most abuse is experienced from family members.

Poverty ranks high among factors that contribute to elderly people abuse; 61.4% followed by socio-cultural
Elderly people. Kenyans of goodwill would demonstrate applying the Kenyans for Kenyan initiative could help the isolate them. The children focus group pointed out that provide the basic needs for them so that poverty does not have elderly people and are not economically able to public as well as the authorities.

This research points a number of key recommendations. Firstly, a coordinated community response to elderly people abuse is imperative. This will include institutionalized policies coordinated by all levels of the community including healthcare providers, community-based elderly abuse advocacy groups, elderly welfare and protective service agencies and the civil and criminal justice systems. There is a need to expand community and professional understandings of the various forms of abuse and to raise awareness that abuse of elderly people involves abuse of power which can give rise to fear and intimidation. Public and professional education and other awareness raising initiatives are necessary to help family friends, neighbours, professionals and significant others in communities to recognize and respond appropriately to disclosures of abuse by family members, as elderly victims commonly report that they do not tell anyone because of fear, shame and embarrassment. Hotline for the elderly services where cases of abuse or potential abuse can be reported through a given hotline number and emergence services provided.

The school curriculum should include educational projects on elderly abuse for children and young people. This is intended to make children aware of and be sensitive to old age and what it entails, and to create opportunities for younger people to foster relationships across generations. In so doing, it is hoped that children and younger people will develop greater respect for the elderly and will be much less inclined, now and in the future, to mistreat them. The media are also a powerful tool for raising awareness of the problems and the possible solutions among the general public as well as the authorities.

Secondly, the government should support families who have elderly people and are not economically able to provide the basic needs for them so that poverty does not isolate them. The children focus group pointed out that applying the Kenyans for Kenyan initiative could help the elderly people. Kenyans of goodwill would demonstrate their standing with each other in times of hardship as a sure way of taking charge of their own problems. A good economic environment should be provided so that the elderly remain economically productive, thus maintaining and enhancing the positive attitude of the youth towards the elderly.

Thirdly, since there are situations where the cared for elderly people abuse their caregivers, it is crucial to train caregivers in using appropriate techniques to control tensions and prevent possible breakdowns and escalations. Self-education, participation in seminars, and the development of resources and strategies for the faith community as a whole are all ways to assist faith leaders to increase their knowledge of aging. Some training projects in the past that targeted faith leaders have resulted in improved knowledge about particular issues, such as care giving to the elderly, and have stimulated the development of programs aimed at helping with that issue.

Finally, the attitudes of the aged must be changed. Aligned against the aged are attitudes of those who are under the age of sixty-five, the intense value placed on youth, the traditional role of the elderly, the norms that reinforce the problem of the aged and institutional arrangements that plunge the elderly into poverty.

REFERENCES


The Social Context of Abuse of Elderly People in Emuhaya District, Kenya


