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The Plight of the Aged and the Ageing Persons in Kenya: A Review of Existing Literature

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Abstract

This paper undertakes a review of existing literature on ageing and the aged in Kenya. The study focused specifically on socio-religious approaches to ageing, the stand-point of the individual, family, Kenyan society and their influence on the aged. The relationships of the ageing persons with their children, grandchildren, great grandchildren were also explored. The study also examined the Kenya government policy on ageing and the aged, its implementation, the challenges and the way forward on the prevailing issues on ageing and the aged in Kenya. The introductory part of the paper undertakes a review of global and regional debates on ageing, issues of social protection for older people, perception of the aged and the ageing persons, gender and ageing, and then zeroes in on the situation analysis of ageing in Kenya. This latter part examines the population of older persons in Kenya, the socio-economic issues affecting older people, including poverty, health and nutrition, HIV/AIDS, housing, income security and social services, abuse and violence, community and family support system adult education, legal framework employment. The main discussion in this paper begins with a review of the Kenya National Commission on Human Rights report on Growing Old in Kenya: Making it a Positive Experience; government policies for the aged and the ageing in Kenya (such as the Ninth National Development Plan [2002-2008], Sessional Paper No. 1 of 2000 on National Population Policy, Constitutional Review, Kenya National Policy on Ageing); implementation and follow-up of these policies; other special initiatives with respect to older persons (such as the National Hospital Insurance Fund [NHIF], National Social Security Fund [NSSF]); Social Protection in Kenya, Opportunities and Challenges. Finally, the paper examines some of the recommendations made on improving the conditions of the aged and the ageing. These include the roles played by the Ministry of Gender, Sports, culture and Social Services and HelpAge Kenya.

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Introduction

Ageing is one important aspect of socialization – the lifelong process through which an individual learns the cultural norms and values of a particular society (Ageing and Society, Module 36, n.d.). There are no clear-cut definitions for different periods of the aging cycle. Old age has typically been regarded as beginning at 65, which corresponds to the retirement age for many workers, but not everyone accepts that definition (ibid.). With the increase in life expectancy, writers are beginning to refer to people in their 60s as the “young old,” to distinguish them from those in their 80s and beyond (the “old old”) (Ageing and Society, Module 36, n.d.).

The particular problems of the elderly have become the focus of a specialized field of research and inquiry known as gerontology (Ageing and Society, Module 36, n.d.). Gerontology is the scientific study of the sociological and psychological aspects of aging and the problems of the aged (ibid.). It originated in the 1930s, as an increasing number of social scientists became aware of the plight of the elderly. Gerontologists rely heavily on sociological principles and theories to explain the impact of aging on the individual and society. They also draw on psychology, anthropology, physical education, counselling, and medicine in their study of the aging process (ibid.). Two influential views of aging – disengagement theory and activity theory – can best be understood in terms of the sociological perspectives of functionalism and interactionism, respectively. The conflict perspective also contributes to our sociological understanding of aging (ibid.).

It is understandable that all societies have some system of age stratification that associates certain social roles with distinct periods in life. Some of this age differentiation seems inevitable; it would make little sense to send young children off to war, or to expect most older citizens to handle physically demanding tasks, such as loading freight at shipyards. However, as is the case with stratification by gender, in any society, Kenya included, age stratification goes far beyond the physical constraints on human beings at different ages (Ageing and Society n.d.).

Population ageing is a global reality, and is especially challenging for developing countries that are “becoming old before they become rich” compared with developed countries that “became rich before they became old” (Awin, 2012).

The main purpose of this paper is to investigate what entails the plight of the aged and the ageing persons and how they are perceived and treated in Kenya. The specific objectives of the study were: to assess the existing literature on the challenges aged persons face in Kenya; recommend various ways which can alleviate the plight of the aged and ageing persons in Kenya, bearing in mind some which had ageing persons who healthily lived beyond 100 years; trace and discuss the usefulness of the elderly persons to the society and their descendants.

Global and Regional Debates on Ageing

The Second World Assembly on Ageing was held in Madrid, Spain from 8-12 April 2002. That Assembly adopted the Madrid International Plan of Action on Ageing (MIPAA). MIPAA calls for the need to integrate the evolving process of global ageing within the larger process of development. Specific issues on older persons in MIPAA include (UN, 2002):

- Active participation in society and development
- Work and the ageing labour force
- Rural development, migration and urbanization
- Access to knowledge, education and training
- Intergenerational solidarity
- Eradication of poverty
- Income security, social protection/social security and poverty prevention
- Emergency situation
- Health promotion and well-being throughout life
- Older persons and HIV and AIDS
- Universal and equal access to health care services
- Older persons and disabilities
- Housing and the living environment
- Care and support for care givers
- Neglect, abuse and violence
- Images of ageing.

Regionally, the five United Nations Regional Commissions debated ageing issues. Each regional commission made input into the MIPAA (Kazeze, 2007). In the case of Africa, however, the Economic Commission for Africa (ECA) worked with the African Union (AU) and the input to MIPAA was AU Policy Framework and Plan of Africa on Ageing (AU, 2002) adopted by AU Heads of State and Government in July 2002. The policy framework and plan of action serves as guide for all member states in the designing, implementing, monitoring and evaluating national policies and programmes to meet the needs of older people. The policy framework and plan of action focuses on key

priority issues on ageing including: the rights of older people; poverty; food security and nutrition; housing and living environment; family; social welfare; employment and income security.

Social Protection for Older People

According to Bloom, Jimenez and Rosenberg (2011), in all countries, both developed and developing, older people face an array of vulnerabilities; among these are lack of income, health insecurity, and the need for physical care. The idea of Social Protection (SP) therefore arises because individual and family resources are very often insufficient to protect members of society from a broad array of vulnerabilities (ibid.). International agencies have different definitions of “social protection” and focus on different, but related, goals. Some focus on managing risks and others on the importance of responding to economic shocks or natural disasters. Still others emphasize the importance of ensuring people’s rights, including their access to good employment. The Asian Development Bank takes “social protection” to mean “policies and programs designed to reduce poverty and vulnerability by promoting efficient labour markets, diminishing people’s exposure to risks, and enhancing their capacity to protect themselves against hazards and interruption/loss of income” (Asian Development Bank, 2010).

According to Bloom et al. (2011), numerous rationales have supported and continue to undergird SP programmes. These rationales support action in the SP arena independent of the age of programme beneficiaries; they apply to older people as well as to the population as whole. The most fundamental rationale is that we collectively have a moral obligation, and a desire, to ensure that people have good lives – and without question this applies to older people (ibid.). In response to privation and insecurity in a very wide range of circumstances, government action to redress these wrongs, in the form of SP, resonates with the beliefs of very large numbers of people. In addition, and closely related to this point, is the idea that everyone is entitled to a basic set of human rights, a concept that is enshrined in the Universal Declaration of Human Rights, which was adopted by the United Nations in 1948 (Bloom et al., 2011). In part as a response to the Declaration, human rights occupy a prominent position in international law and in the laws of many countries, further spurring the development of SP programmes. By virtue of the explicit statement that human rights apply to “everyone”, older people are legally guaranteed an array of rights whose realization can be bolstered by SP programmes.

Complementary to the rights-based rationale is that of reducing poverty, a principal policy objective for most nations (Bloom et al. 2011). The most efficient SP strategy would be to include older people within general social assistance programs. Horizontal equity would then be preserved. But in cases where older people are over-represented among the poor and they are not able to claim their share of these programmes, direct transfers to them through social programmes may be warranted (Holzmann, Robalino & Takayama, 2009).

Finally, there is also a growing body of evidence that the gains achieved by SP programmes can give an impetus to economic growth (Bloom et al., 2011). Families that do not have to struggle for every penny, whose members are healthier than in the past, or whose elderly individuals receive pensions or welfare payments are more able to be economically productive members of society, contributing not only to their own well-being but to that of a country as a whole. Indeed, the recent Growth Commission led by Michael Spence concluded that while there is no one policy recipe for sustained growth, there are some essential ingredients, one of which is to protect people through social safety nets, without which “popular support for a growth strategy will quickly erode” (Overview, p. 6).

The primary impediment to implementing SP programmes for older people is financial. All countries face financial constraints, so decisions about providing SP for older people, or any other group, take place in an environment where resources must be used carefully. Pensions, healthcare provision or health insurance, and other types of programmes involve direct expenditures from the government treasury that can only take place at the expense of other possible uses of public funds.

A second important barrier to meeting the needs of older people via SP programmes is lack of political will. This absence can arise from a sense of impossibility: why tackle a problem that seems so unlikely to be tractable? This circumstance may not be helped by the attitude of older people who tend to be less agitated about their own plight. A third impediment that is relevant to older people is the absence of a focus on their needs. Even if a country has a commitment to using SP programmes to reduce vulnerability and poverty, it may not do so in a manner that addresses the specific circumstances of older people.

Several different types of actions can potentially help to overcome these impediments. These include raising consciousness and gathering robust evidence about the nature of the problem, developing a national strategy and marshalling domestic resources to address it, and mobilizing international efforts, where necessary. First, as already shown in this paper, the plight of older people varies across countries and can change rapidly over time. It is critical, therefore, to develop a comprehensive information system about the financial, physical, and social situation of older people in a country can serve as a crucial point of reference for assessing needs, drafting programs, and making rough cost estimates. In many countries, existing census data, organized to reflect the circumstances of older people, may provide a good start. More ambitious efforts could include elderly-specific surveys. These surveys are now beginning to be applied to emerging economies.

Perception of the Aged and the Ageing Persons

The definition, concept and perception of “old age” varies among cultures and countries; while this applies to both men and women, it is more true for women. Cultural influences also define when one becomes “old”, especially women. The “fear” of ageing is more obvious in women than in men, and the reasons are mostly socio-cultural. Active ageing is defined as the process of optimizing opportunities for health, participation and security in order to enhance the quality of life as people age (UNFPA, as cited in Awin, 2012).

According to Awin (2012), the word “active” has positive connotations that not only view healthy and productive lives in older years, but also for older people to continue to participate in society, and be respected as a resource for society. This definition also recognizes the life-course perspective, and that interventions must be available at every stage of life, not only after old age sets in. These basic concepts have particular relevance to women. Even more relevant is the fact that the two cross-cutting determinants of ageing are gender and culture (UNFPA, as cited in Awin, 2012).

Old age is a stigmatized social identity. Even those who are chronologically old disassociate themselves from “old age” (Pilchor, 1995, p. 102). A review of literature indicates that the aged and the aging persons are relegated. The aged people are stereotyped as cranky, unhappy, mentally ill, rigid, unteachable and incapacitated. Due to physical problems and social rejection, some elderly persons who do not fit in these stereotypes are discriminated. These are those who are active, sociable, happy, learning, well adjusted, ever in the positive mood and functional. These stereotypes alienate some young persons from available resource skills, knowledge, wisdom, positive and affective attitudes which the aged persons have attained over their long life experiences (Sanner & Mapper, 1978, p. 304).

Some older adults can be cooperative, congenial, compliant, resourceful, abreast with current developments and persistent in expanding their mental horizons. This does not mean that some elderly persons do not have milder changes such as forgetfulness, hostility, deteriorating physical conditions, which cause hardened blood vessels to the brain, diminished oxygen supply, touch with reality, rejection of some of their children and despair. The elderly truly have physical, financial, emotional, acceptance, social, biological and environmental problems. Nevertheless, some middle-aged adults face the same challenges and therefore nobody should discriminate against them. Moreover, many elders have great pride in their children.

The Kenya Government is committed to supporting welfare of the older people (National Development Planners, 2008; Sessional Paper No. 1 of 2000 on National Population Policy, and The Draft Constitutional Review, Article 30). The Kenya constitution (RoK, 2010) has provisions for the aged and Kenya national policy on the ageing. Brazil has the largest (9% senior citizens) number of older people in Latin America, although compared to European the latter has more (20%) older persons (Cabral, 2013). Worldwide, the elderly people in China are the highest respected persons (China Daily 2010), but among the Mpumalanga households, older people are resources in South Africa (Kimuma & Makiwane, 2010).

Gender and Ageing

According to the United Nations Fund for Population Activities (UNFPA) (as cited in Awin, 2012), in almost all countries of the world, women live longer than men. Globally, the number of women aged 65 and above in 1990 was estimated to be 189 million; in 2015 this is expected to be 335 million. This sex differential is reflected in the higher ratio of women versus men in older age groups. In 2002, in Europe, there were 678 men for every 1000 women aged 60 and older; in less developed countries, there were 879 men for 1000 women. To further illustrate the influence of socio-economic development, in Europe, on the average, women outlive men by eight years, while in

Africa, this difference is only three years (UNFPA, as cited in Awin, 2012). From this socio-economic perspective, two scenarios emerge. Most women who enjoy healthy older years are in industrialized countries, and they tend to have completed at least basic education, have had few children and access to health care, good nutrition, and minimal exposure to work related stress and injury.

Awin (2012) says that because women live to a very old age, they are more likely than men to experience disabilities and multiple health problems associated with old age. Women are also more likely than men to experience domestic violence and discrimination in access to education, income, food, meaningful work, social security and political power. These cumulative disadvantages over the life-course place women, in particular vulnerability in old age. Added to these complexities is the economical vulnerability of women, especially older women. Therefore, the plight of older women can be portrayed by vulnerabilities arising from the following three social trends (Awin, 2012):

- “Sexism”: A woman, based on her sex (a biological construct) and her gender (a social construct), has unique health needs, especially sexual and reproductive needs, and due to the negative phenomenon of “sexism”, these needs are often not met.
- “Disempowerment”: Also resulting from the social construct of gender, a woman is socially disempowered, leading to inequality that places women at a severe disadvantage; this economic differential has led to the “feminization of poverty”.
- “Ageism”: As aged or elderly persons, both men and women are vulnerable to discrimination and exclusion, but the implications and burden on women are different and more serious than those for men.

Situation Analysis of Ageing in Kenya

Population of Older Persons

In conformity with United Nations and African Union definitions, Kenya has adopted the definition of older people as those aged 60 years and above although the retirement age of employment is 55 years. In terms of demographic profiles, the number of older persons has not risen dramatically since 1989. The statistics given in Table 1 show that about 1.5 million people in Kenya are aged 60 years and above, thus constituting 4.8 per cent of the total population. The distribution of older persons varies across the eight provinces. The highest concentration of older persons is in Nyanza and Rift Valley provinces.

Socio-economic Issues affecting Older People

The majority of older people in Kenya are faced with a host of problems that vary from economic, health, social and other personal problems. The key areas of concern, which have a direct bearing to the older persons, are:

Poverty

The high level of poverty in the country has diminished the levels of the provision of basic financial assistance to the older persons. Provisions of such facilities as food, shelter, health services have been seriously affected leading to low level of livelihood of the older persons. Financial assistance to this population stratum is found to be among the lowly ranked and normally form the victims of any financial reduction in effort to effect any budgetary reductions of many organizations.

Health and Nutrition

Older persons suffer from poor health and they are unable to access proper nutrition, which increases their health risk. Their poor health limits their participation in social, economic and political life. They lack income to access appropriate health services, health personnel have negative attitude towards them, drugs are not available and in some cases they are unable to access health services due to long distances to health facilities.

HIV/AIDS

The rapid increase in the number of HIV/AIDS infected people presents a major challenge to the Government of Kenya. It is noted that virtually all aspects of development have experienced the severe impact of HIV/AIDS at household, community and national level. Further, information available indicates that older persons are dying of the disease yet education campaign on the disease does not target them. They face the risk of infection due to cultural practices including older persons marrying younger girls, widow inheritance, risk of rape and other forms of abuse from younger HIV infected persons. Secondly, they carry the burden of taking care of the orphaned grandchildren after the death of younger persons.

Housing

Housing is a basic need yet it is a fact that in developing countries, Kenya included, majority of older persons have no access to decent shelter. In Kenya, current statistics indicate that over 47% of the urban dwellers seek shelters in informal settlements, which are poorly constructed and are in areas of high unemployment, high crime rates and increasing cases of HIV/AIDS. Life in these areas depicts conditions of abject poverty and yet they are the areas where majority of the older persons live in. Recognizing that decent housing contribute to the well being of any age group and more so to the elderly, the Government of Kenya has put in place programmes to improve housing in the informal sector settlements in urban areas. It is hoped that new houses will take into account the needs of the older persons.

Income Security and Social Services

Income security is generally considered to comprise of measures and schemes aimed at ensuring that every citizen is able to meet the basic needs of himself and that of family in times of difficulties such as sickness or sudden reduction of income, receives required supplementary financial support to enable him meet the basic needs of his family. With the waning of the family support and the prevailing economic downturn, older people lack alternative sources of income and therefore face hardship in a number of areas. This has made them to slide deeper into the vulnerable and marginalized members of the society. It is, therefore, necessary to promote the creation of more income generating projects in the community for older persons.

In Kenya there is no existence of pension fund for those who are either self-employed or unemployed. For those employed there are delays in accessing pension and secondly the amount provided as pension is inadequate to cater for their needs. Under social services, the Government recognizes that the task to improve broad welfare of the citizens entails ensuring that all the various categories of the population including the elderly can access and afford social services.

Abuse and Violence

The elderly suffer from various forms of violence such as physical, psychological and emotional which occur in every society. They are denied access and control over their own resources and this increases their poverty. Specifically, abuse to older persons involves physical assault, insults and threats and neglect.

Community and Family Support System

There is a common belief in Kenya as in other countries of the region that older people are well catered for by extended family. However, information available indicates that family members are disintegrated in pursuit of employment and better opportunities in urban areas. Community support system is also weakening such that the elderly are no longer taken care of and respected. Due to the collapse of the extended family support and prevailing poverty levels, older persons are faced with hunger, malnutrition, illiteracy, lack of and failure to access essential social services such as basic education, health, water and sanitation.

Adult Education

Education and training is a right of every member of the society as stipulated under the Education Act of Kenya. Education and training of the older persons fall under the department of adult education. Adult Education is, therefore, a right of those members of the society who missed to go or attend school during their early phase of life. Although it is not mandatory for every adult to enrol in adult education classes, they are expected to further their knowledge through this service. Current statistics show that adult education enrolment has been declining over the last two decades with many adults reverting to illiteracy. The causes identified for the decline in enrolment include poor training for teachers, inadequate supplies of teaching materials, and cultures where men do not mix easily with women in social activities.

Legal Framework

Legal framework has not been effective in protecting and fostering the rights of the older persons. It has been noted that the elderly people usually find themselves much disenfranchised and abused at societal-cultural levels and in socio-economic and political activities. Older persons have more often been accused a myriad of bad occurrences in society and community mishaps which include deaths and sicknesses. They are often found to be victims of thefts of their properties and sometimes they are forcefully deprived of their belongings, e.g. cattle, land and even their previous investments like houses, or movable assets.

Employment

According to the 1999 Population Census the size of the labour force in Kenya was 12.4 million of whom 2.8 per cent were elderly persons. The statistics further indicate that out of 11.1 million people who were employed, older persons constituted 2.3 per cent of who the majority was in family farms. Further it is noted that one-fifth of the older persons were inactive for reasons of being retirees, homemakers or incapacitated. They are also denied employment opportunities and are the first victims of retrenchment, which has been ongoing in Kenya.

Results and Discussion

According to a report by the Kenya National Commission on Human Rights (KNCHR, 2009), on Growing Old in Kenya: Making it a Positive Experience:

- Kenyans do not appreciate that growing old is a process and that they need to prepare for it both financially and mentally.
- There is no adequate recognition within government policies and practices of growing old as a process that has to be factored in both planning and resource allocation; and policies in critical sectors such as health, housing, employment and social protection are not old age focused.
- Kenyans, particularly those who are not in formal employment, are hardly saving for their old age to guarantee their financial security; a consequence of which old age poverty is prevalent in the country.
- The government is implementing pilot cash transfer programmes targeting vulnerable members of the population, and a cash transfer programme targeting older persons is on the cards. The sustainability of such transfer programmes is a matter of concern to all involved.
- Older persons are variously discriminated against and their rights are routinely violated through acts such as neglect by their families, discrimination by health providers and killings in some parts of the country on allegation of practicing witchcraft.

• **Table 1: Provincial Comparison of Population age 60years and over, 1999**

Province/ Gender	60-64		65-69		70-74		75-79		80		Total		Total
	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females	
Nairobi 8	829 5	338 4	697 3	236 3	247 2	948 1	862 1	750 2	513 2	981 21	152 16	253 37	405
Central 28	593 34	523 20	920 24	928 18	256 23	093 13	100 15	761 18	197 28	204 99	066 126	509 225	575
Coast 17	254 17	803 12	854 12	543 9	372 9	093 5	510 4	863 6	251 6	318 50	241 50	620 100	861
Easter n 36	473 42	194 25	042 29	172 26	111 33	916 16	696 17	099 22	738 28	405 103	560 150	786 254	346
N/Easter n 8	169 5	758 2	830 1	591 3	728 2	959 1	187 832 2	366 2	224 18	288 13	364 31	652	N/Easter n 8
R/Valley 39	953 41	508 29	108 31	071 24	030 25	561 18	103 17	219 20	604 25	738 131	798 141	097 272	895
Nyanza 30	966 39	207 25	395 33	400 18	984 22	683 12	388 13	422 12	850 14	731 271	583 123	443 395	026
Western 24	276 28	384 20	123 24	423 14	873 15	271 10	320 10	674 9	781 12	437 79	373 91	189 170	562
Totals 194	513 214	715 140	969 160	364 118	601 135	524 79	166 81	620 95	300 121	038 775	061 713	261 1	488

Government Policies and Implementations in Kenya

The Government of Kenya is committed to supporting welfare activities for older persons. This is evident from the various policy documents in which the Government has made specific provisions for the needs of the older persons. These policies, however, remain in paper as very little has been done to implement them. The key policy documents are as discussed below (Olum, 2005).

Ninth National Development Plan (2002-2008)

In this plan, it is noted that the disintegration of the extended family support system due to urbanization and modernization and poverty have rendered older persons helpless and sometimes making them to become destitute. It is therefore stated that during the plan period, the Government in collaboration with other stakeholders will undertake the following activities:

- Operationalize the National Policy for Older Persons to ensure proper coordination of all programmes for older persons.
- Design appropriate capacity building programmes for all the organizations addressing older persons' issues.
- Advocacy programmes to sensitize the public on the needs and rights of the older persons; and
- Mainstreaming ageing issues in the national development planning and budgeting processes.

Sessional Paper No. 1 of 2000 on National Population Policy

The Sessional Paper recognizes that the elderly present a potential problem in light of the breakdown in societal structures that used to take care of them and the absence of comprehensive support programmes faced by the majority of families. The major challenge with regard to older persons is therefore emphasized to be the provision of basic needs and care by formulating long-term programmes to ensure the socio-economic support and security for the elderly, including creation of private social security programmes and encouraging positive traditional support networks.

Constitutional Review

Kenya has produced a Draft Bill to restructure the current constitution to suit the present and future national aspirations. The Bill has provisions for older persons in article 36. The provisions include the right to full participation in the affairs of the society; pursuing their personal development; freedom from all forms of discrimination, exploitation and abuse; live with dignity and respect; and entitlement to reasonable care and assistance of family and state. It is further provided that older members of society have the duty to plan for their retirement, to share their knowledge and skills with others and to remain active in society.

During the review process, it was noted that the involvement of older persons was spearheaded by Help Age Kenya, which made several presentations. However, the statistics from the Constitution Review Commission indicate that out of 35,000 who made presentation about 15 per cent were those aged 60 and above. The debate on the draft bill is still on-going and Help Age Kenya has made several presentations to improve on the section on the draft bill for the elderly.

Kenya National Policy on Ageing

The Government's commitment towards addressing the well being of elderly persons of the society is outlined in this draft policy document. The Policy has the overall objective of facilitating the integration and mainstreaming of the needs and concerns of the older persons in the national development process. The vision of the policy is to create an environment in which older persons are recognized, respected and empowered to actively and fully participate in society and development.

The priority issues covered in the National Policy are as shown in Table 2 below.

Table 2: Priority Issues covered in the National Policy

Priority Issues	Key Objectives
Laws and Rights of Older Persons	<ul style="list-style-type: none"> • Ensure that the rights of older persons are protected by appropriate legislation especially in the constitution, legal and administrative framework. • Recognizes the fundamental rights of older persons to protect them against discrimination, neglect, abuse and violence
Poverty and Sustainable Development	<ul style="list-style-type: none"> • Remove obstacles to older persons' access to and control of productive assets, wealth and economic opportunities for enhancement of sustainable livelihoods. • Ensure older peoples' participation in the development, implementation, monitoring and evaluation of socio-economic policies including poverty on gender sensitivity. • Ensure that the national budget includes provisions for the needs of older people, Enhance measures that promote equity and fairness in access to employment

	opportunities and control of productive assets, especially land.
Health and Active Life	<ul style="list-style-type: none"> • Enhance longevity and well-being of life amongst older persons by ensuring access to efficient and cost effective health services • Expand and strengthen community-based health services and empower communities to take care of their older persons health needs. • Intensify efforts and mobilize resources towards promotive and preventive initiative in the control and management of HIV/AIDS
Family Culture	<ul style="list-style-type: none"> • Nurture the revitalization of traditional extended family and community system to ensure recognition of the role and support for older persons in the family and community at large
Gender	<ul style="list-style-type: none"> • Providing rights of older men and older women, through understanding and responding to their needs within their family, community and social setting.
Food Security and Nutrition	<ul style="list-style-type: none"> • Increase food security and ensure improved nutrition status of older persons
Housing and Physical Amenities	<ul style="list-style-type: none"> • Promote access for older persons to affordable and decent living conditions within and outside their residential areas
Education, Training and Media	<ul style="list-style-type: none"> • Promote the principle of lifelong education to enhance the spirit of self-reliance and self-esteem amongst older persons by developing and promoting education and training programmes that respond to the needs of older persons within the changing socio-economic environment. • Encourage the media to highlight contributions that older persons can make to the society
Employment and Income Security	<ul style="list-style-type: none"> • Increase participation of older persons in labour market and self-employment thereby reducing the risk of their exclusion and dependency in society to ensure that old persons continue to provide their expertise, talents, experience and abilities to the communities
Social Security/Welfare	<ul style="list-style-type: none"> • Establishment of a comprehensive and compulsory national security system to cover all segments of the society including special needs of older persons and women whose employment are often disrupted by maternity and family responsibilities. • Under social welfare, it is recognized that family and community remain the most important and effective source of support for all its members including older persons. However, the traditional family structures are changing and older people no longer rely on family support. • The priority issue here is design, develop, review and implement practical, realistic and appropriate social welfare strategies that include concerns of older persons.
Preparation of Retirement	<ul style="list-style-type: none"> • Help those leaving formal employment, particularly among the older persons in public as well as private sector, to make transition to other employment or self-employment as a continued means of livelihood
Conflicts and Disaster	<ul style="list-style-type: none"> • Ensure that the needs of older persons are effectively responded to in times of conflict and disasters and that they are involved in addressing the situation • Establishment of a fully-fledged division in the Ministry responsible for social services • Establish the National Council for Older Persons to spearhead activities in support of older persons in collaboration with other stakeholders

Implementation and Follow-Up

The Kenya Government is a signatory to the International instruments on ageing as already highlighted. The Government undertook to implement the requirements as stipulated in the Plan of Action on Ageing. The success of these national obligations requires sustained action and commitments at various levels, in order to respond to dynamic demographic changes. It is also imperative to take into account that there is need to mobilize the necessary skills and energies of the older persons. The implementation of the objectives of the Plans of Action on Ageing requires systematic evaluation of the progress of both current and new challenges. These include both financial and

development of the human resource with needed expertise. The challenges can effectively be dealt with by mixing appropriate doses of both local and international contributions so as to handle the needs of the general population and more particularly to assist the needs of the older persons. Further, the contribution of the international community will foster development that will enhance the development of the pertinent policies that will effectively address the needs of the senior citizen.

The successful implementation of the objectives of the Second World Assembly on Ageing 2002 will also call for the establishment of ethical and spiritual vision for social development of the older persons. Other parameters which include variables which go towards the realization of this Plan of Action are: human dignity, human rights, equality, respect, mutual responsibility and their cooperation.

As a follow-up to the Madrid International Plan of Action, the Kenya Government has taken certain measures to mainstream ageing issues in development process. These measures include:

- Ensuring that the poverty reduction strategy paper preparation was consultative in nature thus enabling older persons' participation in decision-making in poverty reduction strategies.
- Supporting initiatives of older persons through grants.
- Incorporating older persons' rights into the ongoing constitution reform.

Special Initiatives with respect to Older Persons

The commitment of Government in partnership with NGOs, community based organisations; private sectors and religious organisations have ensured the development and implementation of several initiatives for the benefits of older persons in Kenya. These initiatives include:

National Hospital Insurance Fund (NHIF)

The NHIF is a compulsory hospital insurance to which employees in the formal sector make contributions based on salary scale. Whenever contributors are admitted for medical treatment, payments are made out of this fund, the amount depend on the level of availability of facilities at the hospitals and also subject to a given number of days of admission within the year. In the non-formal sector, contributions by those who are self employed are voluntary. Old persons who have retired from active service can continue with the contributions and payment, however, non members are not eligible for membership of the scheme from the age of 65 years onwards. To meet the health needs of older persons, retired persons and indeed all other citizens, NHIF will be converted to a National Social Health Insurance fund that will cover both in-patient and outpatient. This scheme is expected to cover the older persons and will therefore act as old age security.

National Social Security Fund (NSSF)

The National Social Security Fund plays a leading role in providing social security to workers throughout the country. NSSF operates a provident fund scheme that covers only workers in the formal sector. The scheme is funded by contributions of a fixed percentage of an employee's monthly wage combined with an equal amount from the employer, subject to affixed maximum. The benefit payable is made up of total contributions plus interest and includes:

1. Early retirement benefit paid to a member at 50 years upon retirement.
2. Age retirement benefit paid to a member at 55 years or above upon retirement.
3. Invalidity benefit paid to a member who faces permanent disability.
4. Survivors benefit paid to dependants of a deceased member and
5. Emigration grant paid to members leaving the country permanently.

NSSF is soon to transform to a mandatory social insurance pension scheme and expand coverage to include employees in the informal sector. The conversion of the fund will enable it to offer a more comprehensive range of benefits.

The others include:

- Pensions Fund
- Retirement Benefits Act
- Social Welfare Programme
- Health Care Programme

- Non-Formal Support Services
- Homes of the aged

Social Protection in Kenya

HelpAge International (n.d.) draws the following key lessons in options for implementing the national social protection policy in Kenya:

- A social pension will be essential in order to guarantee a minimum income in old age for all Kenyans, which is an objective of the National Social Protection Policy (NSPP).
- The NSPPs emphasis on efficiency and cost-effectiveness could imply that a social pension should be targeted only at the poorest older people. Yet there are questions around how compatible this approach is with the political, social and institutional context of Kenya. Meanwhile, analysis suggests that poverty targeting may actually be less efficient at reducing poverty than more universal approaches.
- A universal social pension provides the most practical design in the short term, while the government could consider approaches such as pensions testing in the future, when administrative systems become stronger and contributory pensions increase in coverage.
- The ideal scenario for a universal social pension may not be affordable immediately, but there are relatively low-cost options that could act as a first step to expansion over the coming years.
- Conservative estimates suggest that, despite the gradual ageing of Kenya's population, the costs of a universal pension scheme would remain stable or even fall over the next 30 years.

Opportunities for Social Protection in Kenya

Mbithi and Mutuku (2010) identify several opportunities which Kenya needs to capitalize on to maximize its potential in developing social protection policies and programmes. They include:

- i. Kenya can use the existing enabling policies as entry points to improve the welfare of the citizens defined in the policies
- ii. Since social protection is one of the major objectives Kenya's Vision 2030, the government should enhance its implementation as a way of achieving the Vision 2030.
- iii. There is considerable interest by majority of development partners, who can work together with the government to implement the Vision 2030.
- iv. The government has ratified and domesticated regional and international instruments which can be used as references in the development and implementation of country – specific social protection policies.
- v. There is government good will to develop and implement the social protection policies, hence different organization should take advantage and improve the welfare of Kenyans.
- vi. There is availability of shared knowledge with other countries for bench marking and best practice.
- vii. Social protection can help in the achievement of the Millennium Development Goals (MDGs) 1, 2, 3, 4, 5, 6 and 8, and therefore social protection is important to undertake and implement.

Challenges of Social Protection in Kenya

While implementing social protection programmes, different initiatives are addressed through different sectors of the economy (Mbithi & Mutuku, 2010). The programmes are therefore fragmented with a high probability of duplication. The different sectors select their priority areas, increasing the probability of exclusion of beneficiaries who could be very vulnerable and extremely deserving. The implementation sites are at many times directed by the donor or funding organizations, thus the resources may not be proportionately invested both geographically and sectorally. This notwithstanding, other challenges faced during the implementation of social protection programmes include the following (Mbithi & Mutuku, 2010):

- i. The government lacks adequate coordination and information sharing between actors, therefore leading to duplication of activities.
- ii. There is inadequate funding for most of the activities, hence delayed start-time for some of the products.
- iii. The increased number of social protection policies to be implemented, which are at the end poorly implemented.
- iv. The increased HIV/AIDS pandemic.
- v. The identification of the targeted recipients has been a challenge in the implementation of the social protection policies.
- vi. Social protection initiatives are not publicized to the citizens, therefore learning and information is limited to the institutions undertaking specific programmes.

Conclusions and Recommendations

The report on the policy and implementation of the ageing policy in Kenya (Olum, 2005) emphasizes that the implementation of the goals, objectives and strategies for Kenya National Policy on Ageing both at national and district levels require sound institutional framework coupled with strong public commitment and support. The report underscores the role and identifies the key focal points of ageing issues in Kenya to be the Ministry of Gender Sports, Culture and Social Services and Help Age Kenya (Olum, 2005).

The Ministry of Gender, Sports, culture and Social Services

The Ministry is in the forefront to collaborate with International organizations in seeking technical and financial support to not only government ministries and departments with programmes on ageing but also to seek support for NGOs that promote well being of older persons. It is therefore important for the Ministry to translate the current draft policy on older persons into a Sessional Paper which would give Parliament an opportunity to enact the policy on ageing. The Division in its current structure has no capacity to finalize the policy document. For example, ageing issues are handled just as one of the programmes in the Social Welfare Division with very few staff. There is therefore need to support the creation of a division with adequate staff to fully undertake the activities of ageing. This will require allocation of more funds for ageing issues for capacity building.

Lobbying and advocacy is another broad area which requires urgent attention and support for the implementation of the national policy on ageing. This is particularly so since the draft policy has to be forwarded to Cabinet and then Parliament for approval. The Ministry will have to be supported to have effective advocacy activities targeting parliamentarians, pressure groups, political parties, faith based organizations and trade unions amongst others to influence and speed up decision-making process. Secondly, to mainstream ageing into other government departments, programmes and policies, there will be need for improved coordination and collaboration between the focal points and other ministries and NGOs.

The key area of support will be the need to create awareness among policy-makers on the plight of older persons. The information collected show that most government officers are ignorant on the issues affecting older persons. The activities to be supported include networking, consensus building meetings, workshops and press conferences.

Help Age Kenya

Although there are some NGOs supporting activities for older persons on ad-hoc basis, Help Age Kenya (HAK) is the main NGO with full mandate for addressing ageing issues. Despite having limited financial and human resources, it has undertaken successful programmes/projects covering older persons both in the urban and rural areas. It was noted that their major financial support came from Help Age International but this has also been substantially reduced as a result of economic recession worldwide. Further they have lean programme staff to effectively cover the activities in their strategic plan. To strengthen the capacity of HAK to effectively address the issues of ageing, the recommended support should be in the following areas:

- a. Mobilization of resources locally and internationally. There is need to identify more funding partners and put in place effective strategies for fundraising.
- b. Supporting the establishment of website to enable quick publicity of its activities nationally and locally
- c. Capacity building of programme staff through training
- d. Improving network with government ministries, private sector and other NGOs
- e. Exploring ways of making HAK a membership organization

In conclusion, it is observed that in Kenya there are, if any, very few pressure groups and NGOs, which focus their activities on ageing issues. With the absence of such bodies enacting the policy into law might take much longer because of lack of critical support from such organized lobby groups. It is therefore recommended that the two focal points on ageing should undertake aggressive and effective campaign to finalize the remaining policy formulation steps for the Cabinet approval and parliament to legislate the National Policy on Ageing in Kenya. This is the key challenge to the Government and unless the process of legislation is given priority, the policy will remain in draft form for years to come.

Bloom et al. (2011) observe that in low- and medium-income countries, poverty is widespread. Older people are often poor and frequently have inadequate access to healthcare. In high-income countries, older people are in many

cases disproportionately represented among the poor (OECD, 2008). And in a wide array of countries, changing social circumstances have left older people vulnerable to losing whatever social or personal safety nets they do have.

In the face of these difficulties, the need for SP programmes that address the needs and vulnerabilities of older people is large. But historical circumstances, ongoing financial constraints, and lack of political will have combined to limit the extent of existing SP programs. The result is a large gap, in most countries and especially in developing countries, between the needs of older people and programs that can meet these needs. In addressing this gap, policy-makers will have to grapple with the fact that individual SP programs (focused on, say, pensions or health insurance) do not necessarily work as effectively as they could if they were well integrated with each other. Regardless of the set of SP programmes that are implemented, it is useful to keep in mind that the overall situation of older people will be affected not only by SP programmes, but also by individual and family choices and by the full set of public and private institutions whose actions affect older people.

The Kenya National Commission on Human Rights (KNCHR, 2009) report on Growing Old in Kenya: Making it a Positive Experience makes the following recommendations to improve the state of the aged and the ageing in Kenya:

- 1) Preparation for old age and retirement should be integrated in the life of every Kenyan from their childhood. Such preparations should also form an integral part of government policies and programmes across sectors including health, housing and education; and investments in social security, savings, and adoption of healthy life styles.
- 2) The Ministry of Education, in collaboration with the Ministry of Gender, Children and Social Development and the media, should develop and implement programmes aimed at educating the public on ageing as a process for which Kenyans need to prepare for adequately. Such public education would also contribute to the elimination of negative stereotypes associated with old age as well as physical and mental abuse of older persons.
- 3) The Government, through the Ministry of Planning, should plan for the projected growth of an ageing population to mitigate possible negative consequences which may otherwise overburden sectors such as health services and pensions. Towards this end, the national health policy should be reviewed, entailing a focus shift of health care from curative programmes to care and rehabilitation.
- 4) The Ministry of Health should review the national health policy to create conditions that would promote good health for all Kenyans throughout their life cycle – from infancy into old age. This should include preventive health care, early diagnosis of terminal conditions, nutrition education and education on the negative effects of some lifestyles so as to contribute to the reduction of old age disabilities and terminal illnesses.
- 5) HIV/AIDS education and other related programmes should target older persons as caregivers of HIV/AIDS orphans, as infected persons and as persons at risk of infection. The National Aids Control Council should develop and implement HIV/AIDS awareness programmes targeting older persons.
- 6) Social security should be recognized in the Constitution as a basic right. This will facilitate and provide the basis for implementation of various social protection measures for older persons, including the National Social Protection Policy and Strategy that is currently under development.
- 7) The Retirement Benefits Authority (RBA), in collaboration with the Ministry of Gender, Children and Social Development and the media should implement a sustained campaign, targeting young people all over Kenya, on the importance of saving and investing for old age. The Government should provide incentives and put in place measures that encourage savings, especially among low income earners and those in the rural areas. To support this, the RBA should urgently finalize the National Pensions Policy.
- 8) The Ministry of Gender, Children and Social Services and the Ministry of Finance should develop and implement social protection measures for older persons based on the concept of a ‘minimum package’; these should be included in annual budgets and National Development Plans. This minimum package should provide older persons with minimum benefits to meet their essential needs and to achieve an adequate standard of living. Even where contributory pensions are implemented and calculated on the basis of one’s income (for those who were in formal employment), a minimum package should be maintained. In the long-term, the government should implement a universal (non-contributory) pension scheme, to alleviate old age poverty by providing a source of income to Kenyans who attain a specifically agreed upon age.

- 9) The Government should develop and implement programmes, including cash transfers, targeting older persons taking care of HIV/AIDS orphans. The Ministry of Finance, in collaboration with the Ministry of Gender, Children and Social Services, should implement this.
- 10) The Government should implement poverty reduction programmes specifically targeting the needs of older persons in the form of specially designed credit programmes.
- 11) The Government, in particular the Provincial Administration and the Police, should adopt measures to enable Kenyans grow old in dignity, in particular, preventing abuse and ill treatment of the older persons, eliminating discrimination against older persons, protecting older persons from witch hunting, and ensuring that older women have secured access to, and ownership of property.
- 12) The draft National Policy on Ageing should be urgently finalized and adopted for implementation so that the needs of older persons are addressed in a coordinated and comprehensive manner.
- 13) The family plays an important role in supporting and caring for older persons. Even in the wake of the effects of urbanization, economic pressures and changing social values that have considerably weakened family support structures, younger members of the family need to be sensitized on their obligation to take care of and provide for their older members.
- 14) Older persons should ideally remain in the community and be cared for by their children. However, where older persons must be placed in homes for the old, conditions in those homes should correspond as much as possible to the conditions in their communities. The homes must also provide an environment for the full realization of the rights, dignity, needs and interests of older persons in their care.

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