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Gerontology Education and Research in Kenya: Establishing a U.S.-African Partnership in Aging

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SUMMARY. This article reprises four presentations on “Gerontology Education in Kenya,” a seminar at the 2004 Annual Meeting of the Association for Gerontology in Higher Education. The authors wish to thank Professor Everett M. Standa, Vice Chancellor, Kenyatta University; Professor Jude Ongong’a, Deputy Vice Chancellor for Academics, Kenyatta University; Dr. Charles Ngome, Director of the Kenyatta University Bureau of Educational Research; Professor Paul Achola, Chair, Department of Sociology, Kenyatta University; and John Hicks, Assistant Provost for International Affairs, Georgia State University, without whose help the collaboration between Georgia State University and Kenyatta University would not have been possible.

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During the past decade, the term “global aging” has become common parlance both within and outside the field of gerontology. The demographic realities of the aging world population, with its social, economic, and political implications, have finally attracted the attention of world leaders and policy-makers, as well as professionals in the field of aging. Since 1990, two World Assemblies on Aging have convened, with the third in progress in Mexico, as we write this article. In the United States, the International Day of Older Persons is now an official national event, and an increasing number of aging advocacy and service organizations have established programs or divisions dedicated to international aging issues, such as AARP’s “Global Aging Program” and the Gerontological Society of America’s “Global Connections.” In 2004, five gerontologists with an interest in aging in Africa—Drs. Sharon King and Frank Whittington of the Gerontology Institute of Georgia State University; Dr. Mugo Gachuhi, a faculty member of the Kenyatta University Bureau of Educational Research in Nairobi, Kenya; Dr. Maria Cattell, an anthropologist and Research Associate with the Field Museum of Natural History in Chicago; and Dr. Gillian Ice, Assistant Professor of Biological Anthropology and Gerontology at Ohio University College of Osteopathic Medicine and immediate past president of the Association for Gerontology and Anthropology (AAGE)—teamed up for a seminar on “Establishing Gerontology Education in Kenya” at the 2004 annual meeting of the Association for Gerontology in Higher Education (AGHE). In this article, we recount our AGHE presentations and provide an overview of the process that led to the Kenyatta University/Georgia State University gerontology education and research partnership. In addition, we discuss the educational implications and cultural
competence issues of gerontological research in Kenya and offer some considerations for gerontology educators and students interested in African aging.

BACKGROUND

The Global Focus on Aging

The interest in global aging among U.S. scholars has been fueled, in part, by the growing number of foreign-born elders in America. Although elderly immigrants comprise only 8.75 percent of the total U.S. elderly population (Angel, 2003), some demographic forecasts show the current aged immigrant population will increase from 2.8 million to 4.5 million by 2010 (Angel, 2003). Further, older immigrants are augmenting the overall number of older ethnic Americans, which is projected to be 15% of the total elderly population by 2025 (Barresi & Stull, 1993).

As opportunities to study aging among foreign-born and ethnic American elders increase, many U.S. gerontologists are gaining an awareness of international aging issues and are participating in international gerontology meetings, such as the Second World Assembly on Aging in Madrid in 2002. The World Assembly on Aging has created a networking forum for gerontologists worldwide and has focused attention on the challenges faced by older adults in developing countries. At the 2002 Madrid World Assembly, United Nations Secretary General Kofi Annan mentioned three challenges of aging in developing countries: (1) the marginalization of older adults who lose traditional family support and social networks as people move to the cities, (2) the HIV/AIDS crisis that is forcing many older adults to care for orphaned children, and (3) the deterioration of the social security and health systems in support of older adults in developing countries (Fenech, 2002).

AGING IN AFRICA

Many African countries face all three of these challenges, as their older populations grow. The demographics of African aging have fostered greater attention to older persons’ needs among scholars, service workers, and policy-makers. Nana Apt, Dean of Academic Affairs at Ashesi University in Ghana and current director of the African...
Gerontological Society, points to Africa’s “cultural revolution”—the social, economic, and political changes that have occurred since the end of colonialism—as one of the motivations for the growing interest in African aging. She argues that it is important “to analyze the position of older persons in the absence of the traditional social structural systems, if we are to devise alternative ways that would better accommodate them in the new order of cultural reforms” (Apt, 2002a, p. x). Monica Ferreira, director of the The Albertina and Walter Sisulu Institute of Ageing in Africa at the University of Cape Town and a pioneer in African gerontology, notes that only recently have African elders had the opportunity, through participation in research studies, to articulate their own experiences (Ferreira, 1999). From a research perspective, investigations of the aging experience in Africa can provide important base-line data for aging research among ethnic minorities of African descent in other countries, including the United States (Makoni & Stroeken, 2002).

Some topics about African aging that have attracted the attention of scholars in recent years include: changes in traditional living arrangements and family relationships (Mba, 2003; Bongaarts & Zimmer, 2002; Apt, 2002b); the impact of HIV/AIDS on older adults (Wilson & Adamchak, 2001; International HIV/AIDS Alliance & HelpAge International, 2003; Eke, 2003; Akinsola, 2000); ageism and elder abuse (Van der Geest, 2002; Gorman, 2000; Joubert & Lindgren, 2003); the impact of poverty on aging (Williams, 2003; Adamchak, 1996); aging policy (Bailey & Turner, 2002; Ferreira, 2000; Lloyd, 2002); and mental health and aging (Ineichen, 2000; Ferreira & Makoni, 1999; 2002).

**Aging Advocacy in Kenya**

In Kenya, the number of people over 60 years is estimated to be about 1.1 million, forming 4% of the total population. This figure is projected to increase by 117% by the year 2030 (Kinsella & Velkoff, 2001). In his proposal to the chair of the Kenyatta University sociology department for the development of a gerontology curriculum, Dr. Mugo Gachuhi emphasized the importance of equipping Kenyan educators, students, service providers, and policy-makers with the gerontological education and skills necessary to meet the needs of a rapidly aging population. In addition to the aging of the Kenyan population, Dr. Gachuhi stated two additional reasons for the need to train Kenyatta University students, faculty, and service providers in gerontology: (1) the lack of extensive research, including socioeconomic and quality of life studies,
on Kenya’s older population, and (2) a lack of national preparedness for the implementation of aging-related policies and programs.

Dr. Gachuhi’s advocacy efforts have helped place Kenyatta University at the forefront of the aging movement in Kenya, as the university seeks to establish the study of aging as both an academic discipline and an area of public policy development. As a teacher-training institution, Kenyatta University is an ideal setting for a program in gerontology education. Situated about 18 kilometers from Nairobi, Kenyatta University was established as an educational institution in 1965, when the British Government handed over the Templer Barracks to the Kenya Government. These were converted into an institution of higher learning known as Kenyatta College. Following the Act of Parliament of 1970, Kenyatta College became a constituent College of the University of Nairobi, admitting its first 200 students in 1972, and is the only Kenyan institution of higher learning training teachers at both undergraduate and postgraduate levels. University status was achieved in 1985. Kenyatta University currently offers five undergraduate degrees (Bachelor of Arts, Bachelor of Commerce, Bachelor of Education, Bachelor of Science, and Bachelor of Environmental Studies) and six graduate degrees (master’s and doctoral) in social science, science, education, environmental science, music, public health and environment, and home economics.

Kenyatta University’s plans to establish a gerontology training program prompted Dr. Gachuhi to network with gerontologists in the U.S. and eventually led to the establishment of a partnership between his university and the Georgia State University Gerontology Institute. This partnership networked both institutions with other U.S. scholars conducting aging research in Kenya, including Maria Cattell, who has conducted research among aging families in Kenya for over 20 years, and Dr. Gillian Ice, who currently conducts stress research among older members of the Luo community in western Kenya.

**ESTABLISHING A GERONTOLOGY EDUCATION PARTNERSHIP IN AFRICA**

Following their first visit to Kenyatta University, Frank Whittington and Sharon King of the Georgia State University (GSU) Gerontology Institute heard a recurring query from their GSU colleagues and others: “How did you get connected to Africa?” The simple truth is we can take little credit for the initiation of our international partnership. Our in-
volvement in aging in Africa was the result of Dr. Gachuhi’s search for an American gerontology program that would be willing to partner with Kenyatta University (KU) in the development of a gerontology curriculum that would demonstrate both the appropriateness and practicality of an aging focus in higher education in Kenya. Dr. Gachuhi contacted Mary MacKinnon, the GSU Institute’s Director of Student Affairs who coordinates the gerontology certificate program, to inquire about the certificate curriculum. Ms. MacKinnon arranged a meeting with the Institute staff for Dr. Gachuhi, who was visiting family members in Atlanta in June, 2002. During his visit, Dr. Gachuhi stated that his university “would be grateful” if GSU would be in a position to assist KU in its efforts to “offer a gerontology diploma to students and offer short-term courses to service providers from the communities and organizations in the country dealing with older persons and aging” (Gachuhi, 2004).

When we first met Dr. Gachuhi, we anticipated only a cordial networking visit with a fellow-gerontologist from another country. After the meeting, it was clear that we had met a comrade in arms in the crusade to advance the study of aging. By the end of the conversation, all parties recognized the potential benefit of a partnership, but we were not sure how to make such a partnership a reality. Clearly, travel to Kenya was necessary to meet with the administration and faculty at Kenyatta University; however, like most gerontology programs, the GSU Institute’s budget was limited and included no international travel funds.

From that point, a series of serendipitous events cleared the path for GSU and KU to establish a gerontology partnership. The GSU Office of International Affairs provides seed grants, through the International Strategic Initiatives program (ISI), to establish links with institutions in other countries that could lead to more substantial external funding. We wrote a proposal and received a $5,000 ISI grant to cover the costs of travel and other program expenses for the establishment of a link with Kenyatta University. The successful proposal included a rationale for the partnership, based on the aging of the Kenyan population and the impending demand for professionals trained in the field of aging. The proposal listed two main goals for the partnership: (1) to plan and implement a curriculum for a gerontology certificate program at Kenyatta University, and (2) to develop collaborative aging research projects. The specific aims of the proposal were: (1) to provide faculty development in gerontology education, (2) to help KU faculty design an interdisciplinary curriculum in gerontology, and (3) to create a collaborative
research plan to expand both institutions’ capacity for the study of ethnicity and aging.

During our initial 8-day trip to Nairobi in February, 2003, we worked with Dr. Gachuhi and other KU faculty to develop a Memorandum of Understanding between GSU and KU, based on the stated objectives of the proposal. We presented an overview of GSU’s gerontology education and research program at a seminar for Kenyan aging advocates and government social service administrators and explored mutual research interests with KU faculty. We also spent time in the field observing a home for the aged and a day center for older adults in the Kibera community, one of the largest slums in Africa. What would prove to be a very important meeting was arranged for the GSU team by the KU Bureau of Educational Research with HelpAge Kenya, a non-governmental organization (NGO) dedicated to the well-being of older people in Kenya and a founding member of HelpAge International, a 52-country NGO, which has its African regional office in Nairobi.

Now completing its 2nd year, the KU-GSU partnership is moving forward on its projected course. In August, 2003, the Gerontology Institute received a second ISI seed grant which provided travel funds for two additional visits to Kenya. During a visit in May, 2004, Sharon King presented an introduction to gerontology mini-course as in-service training for KU faculty. Also, in keeping with the goals of the ISI grant, GSU and KU are collaborating on two grant proposals: one for an intervention initiative for grandparents raising grandchildren orphaned by AIDS and one for a study of religious coping among older persons in communities with a high prevalence of HIV/AIDS. The KU-GSU team also is developing plans for a U.S. conference on African aging, in collaboration with the Association for Anthropology and Gerontology and the African Gerontological Society.

**TEACHING GERONTOLOGY IN KENYA**

Although still in the planning stages, KU’s proposed diploma in gerontology has attracted much attention from students and practitioners alike. The rationale and objectives for the gerontology diploma are described as follows in a recent KU report on the progress of the program:

Currently, there are few and limited training programmes in Kenya that cater to older persons. These programmes are managed by people who are not usually adequately prepared to serve the needs
of older persons. Moreover, with the number of older persons projected to increase, there will be continuous need for trained personnel to work with them. Kenyatta University therefore proposes to fill this gap by offering a programme of study in Gerontology. The proposed multi-disciplinary programme is meant to provide high quality training for people who will directly or indirectly offer services to older persons in order to improve their quality of life. The objectives of the programme are: (1) to impart knowledge and understanding on ageing, (2) to train people in organizations already providing services to older persons, (3) to train new entrants in the area of care of older persons, (4) to undertake a review of studies on ageing in Africa, and (5) to establish a research and documentation center on ageing and equip it with adequate literature. (Kenyatta University, 2004, p. 1)

The KU gerontology diploma would be equivalent to an associate degree in the United States. The diploma requires four semesters of courses, plus a practicum. Each semester, students will register for 7 “units” or courses. At KU, a semester is 14 weeks long, and a unit is 35 contact hours. Although this sounds like an extremely heavy course load by U.S. academic standards, it is not an unusual load for KU students. Plans call for the diploma to be a separate program. Students who add a bachelor’s degree to the gerontology diploma will require an additional two years to complete their studies. Both students and individuals working in social services or community development are eligible for the diploma. Table 1 shows the courses that comprise the diploma.

Most U.S. gerontology educators would envy KU’s list of courses and might view the diploma program as quite ambitious. However, the number of courses is indicative of the level of commitment KU is investing in gerontology education. The new courses at KU will be taught by 13 full-time faculties in the department of sociology, with assistance from faculty in 10 additional departments. Additional specialists will need to be recruited to help teach some courses.

A critical need for the new program is instructional material. Like many educational institutions in developing countries, Kenyatta University’s library resources are limited. The GSU Institute applied for and received a small grant from the African Librarians Council of the African Studies Association to cover mailing costs of gerontology texts and journals to KU. To date, GSU has donated over 300 books and journals to the KU Bureau of Educational Research library. Another source
The future of gerontology education in Kenya rests largely, as in the U.S., on the support of the university’s administration and future funding opportunities. Fortunately, the Vice Chancellor of Kenyatta University (equivalent to the President or Chancellor of an American university) is supportive of the new program and values gerontology as an academic discipline. KU’s new gerontology program also has national support. Dr. Gachuhi and his colleagues endorsed a national policy on older persons, which includes the formation of a National Advisory Council of Older Persons and Aging under the Kenya Department of Social Services. Further, Dr. Gachuhi has established a Coordinating Inter-University Gerontology Research Committee with other educational institutions in Eastern Africa. Efforts also are underway to start a Gerontology Association of Eastern Africa, comprised of the 18 countries in the United Nations’ Eastern Africa Region, which would be the third gerontology association on the continent, joining the African Gerontological Society, based in Ghana, and the South African Gerontology and Geriatrics Association, based in Cape Town, South Africa. Plans also are in pro-

TABLE 1. Kenyatta University Gerontology Diploma List of Courses

<table>
<thead>
<tr>
<th>Course</th>
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<tr>
<td>African Social and Cultural Context of Aging</td>
<td>Nutrition and Aging</td>
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<tr>
<td>Family Relations and Aging</td>
<td>Aging and Poverty</td>
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<tr>
<td>Population and Aging</td>
<td>Policy, Legislation, and Aging</td>
</tr>
<tr>
<td>Socio-Economic Issues in Aging</td>
<td>Creativity and Aging</td>
</tr>
<tr>
<td>Communication and Older Persons</td>
<td>Aging and Disability</td>
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<tr>
<td>Health and the Aging Process</td>
<td>Cultural Diversity and Aging</td>
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<tr>
<td>Aging in Rural and Urban Contexts</td>
<td>Physiology of Aging</td>
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<tr>
<td>Psychology of Aging</td>
<td>Recreation and Leisure for Older Persons</td>
</tr>
<tr>
<td>Research Methodology in Gerontology</td>
<td>Ethics and Aging</td>
</tr>
<tr>
<td>Theories of Aging</td>
<td>Aging, Crime, and Deviance</td>
</tr>
<tr>
<td>Aging, Religion, and Spirituality</td>
<td>Disaster Issues and Older Persons</td>
</tr>
<tr>
<td>Gender Issues and Aging</td>
<td>Resource Mobilization and Management</td>
</tr>
<tr>
<td>Health Care Delivery for Older Persons</td>
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<tr>
<td>Sexuality and Aging</td>
<td>Older Persons and Information Technology</td>
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of instructional material for KU is electronic media that will enable faculty to download and print electronic gerontology journals and books.
cess to establish an *Eastern Africa Journal of Gerontology*, an official journal of the new Eastern Africa association and an outlet for research papers originating from the region.

**CULTURAL COMPETENCE AND INTERNATIONAL ACADEMIC PARTNERSHIPS**

*Increasing Cultural Competence*

As mutually beneficial as the KU-GSU gerontology partnership has been, it has required both institutions to increase their cultural competence. In her AGHE presentation, Maria Cattell defined cultural competence among international institutions as acquiring an understanding of the international partner’s beliefs, values, responsibilities, and relationships in order to enhance the success of collaborative programs (Cattell, 2004). According to Cattell, gerontology educators and students who seek a relationship with institutions in other countries should familiarize themselves with their host country’s social customs, academic traditions, and attitudes toward aging. Cattell discussed some of the cultural competence issues she has faced over the past 22 years in her participant observation and longitudinal research among the Luyia ethnic community in rural western Kenya. Her research focused on older persons in their families and communities, including the effects of rapid socioeconomic, technological, political, and cultural change, deepening poverty, and HIV/AIDS on the Kenya family system and the roles of older women and men in Kenyan society (Cattell, 1999; 2002). Among the values and beliefs Dr. Cattell cited as especially important in cross-cultural interactions with Kenyans were: the importance of hospitality; the significance of status, respect, and obedience to those in authority in a patriarchal society; fluid attitudes toward time; and the importance of familiarity.

*Experiences with Cultural Competence Issues*

Kenyans’ adherence to the values referred to by Cattell surfaces in both official and informal interactions, particularly in the academic setting. For example, in Kenyan society, one hears the term *karibu* frequently. It means “welcome,” and it is more than a passing expression. Hospitality is a social obligation taken quite seriously in Kenya, as it is in many other African countries. Visitors (especially those from far
must be made to feel welcomed. During their first visit to Kenya, Whittington and King experienced some embarrassment at the “red carpet treatment” they received and the deference paid them by everyone from university administrators to the housekeeping staff at the on-campus residence where they stayed. American scholars may find that the African emphasis on hospitality takes some getting used to. In her AGHE discussion of her medical students’ field experiences among elders of the Luo ethnic community (Ice, 2004), Gillian Ice described the formalities observed by the community leaders each time her team arrived in a village. A twak or speech was offered by each village leader and selected community members, welcoming Dr. Ice’s team and expressing appreciation for the services they provided. At times somewhat lengthy, the welcoming speeches, while appreciated, led to a conflict with Dr. Ice’s time constraints, prompting her to preface subsequent visits with the announcement, “No twak today, please!”

The GSU team also learned that Kenyan hospitality should be acknowledged and reciprocated by guests in a tangible way. An exchange of gifts was an important first step in solidifying the KU-GSU partnership. During his second visit to Atlanta, Dr. Gachuhi presented the Gerontology Institute with an oil painting of a kamati ya wazee (council of elders), along with several colorful kangas (skirts) and gifts of Kenyan coffee and tea. During a welcoming seminar for the GSU team’s first visit to Nairobi, Dr. Whittington presented a bronze clock with a GSU insignia to the presiding chair of the seminar, assuming that the chair was the appropriate recipient. What followed was illustrative of another cultural value mentioned by Dr. Cattell—the significance of status and lower-ranking individuals’ respect for authority figures. The seminar chair, a faculty member, promptly handed the GSU clock to the Deputy Vice Chancellor (DVC). Later, it was learned that the DVC appropriately presented the clock to the Vice Chancellor, the head of the university, who was unable to attend the seminar. Another opportunity to reciprocate KU’s hospitality and provide some well-deserved acknowledgement came during the same seminar when Dr. Whittington presented Dr. Gachuhi with an honorary gerontology certificate from GSU—the same certificate received by graduates of the program.

Another important cultural value, the Kenyan cultural tendency to adopt a fluid attitude toward time (sometimes referred to by Kenyans as “African time”), may cause some discomfort for task-oriented, time-conscious, deadline-driven American academics. Academic meetings and other gatherings have social as well as professional value among Kenyans, and many are less concerned about adhering to strict starting and
ending times, as are some Americans. The GSU team learned that the Kenyan cultural value of respect for authority also can affect scheduling of activities. If administrators were scheduled to attend a meeting or event (which, as in the U.S., is very important for academic politics), that event may be delayed significantly until the invited administrator arrives.

Finally, the importance of familiarity in Kenyan culture can be a key factor in establishing an international partnership because of its role in trust-building. Many Americans share this value, particularly in business relationships, and we prefer to do business with individuals or organizations that have followed through reliably on previous transactions. Trust was one of Kenyatta University’s paramount concerns in its decision to establish a link with Georgia State. During the first meeting between the GSU team and KU administrators, one of the Deputy Vice Chancellors shared his concerns about previous institutional links that had proved unsatisfying because of the lack of follow-through on the part of the international partner. The point was made that the university did not want to simply “entertain tourists” without realizing any tangible benefits.

The GSU team was appreciative of the Deputy Vice Chancellor’s candor, and his comments greatly enhanced the team’s awareness of KU’s expectations for the relationship. This awareness proved beneficial as the partnership progressed. For example, the GSU team identified a potential funding opportunity that required the inclusion of an additional partner institution from the University System of Georgia. The GSU team proceeded to make the necessary arrangements with another Georgia university and drafted a grant proposal that included GSU, KU, and the new third partner, only to learn that KU was unwilling to participate in a project that involved an unknown institution with whom they had no formal relationship. Although KU later agreed to proceed with the grant application, the importance of familiarity in international relations was made clear to the GSU team.

**TALES FROM THE FIELD:**
**THE BENEFITS AND CHALLENGES OF GERONTOLOGY FIELD EDUCATION IN A DEVELOPING COUNTRY**

**Benefits of Gerontology Field Education**

Establishing a working relationship with an academic institution in another part of the world is an exciting undertaking. However, most
Americans experience developing countries from “arm’s length,” either from images and pictures or as a tourist cushioned from the day-to-day realities of functioning in an environment where many of the conveniences we take for granted are unavailable. The GSU team’s visits to several programs for impoverished older adults (which were far outside the “tourist zone” of Nairobi) introduced them to the physical and emotional challenges Americans face if they choose to work at the “grass roots” level in a developing country. Ice (2004) believes that gerontological field training and programming in a developing country is the best way to help students put a face on the term “global aging.” In her AGHE presentation, Ice shared her field experiences from her Kenyan Grandparents Study, designed to examine emotional, behavioral, and physiological response to the stress of caregiving and to examine the health outcomes associated with stress among Luo grandparents in rural, western Kenya.

Because the cultural content in medical education often is sporadic and medical students tend to shy away from social and cultural curricula, Ice takes what she calls a “back door” approach to cross-cultural geriatrics education by inviting her students to participate in her research. Medical students can participate under two curricular mechanisms: a Summer Research Fellowship program for 1st year medical students and a research rotation for 3rd and 4th year medical students. During her most recent visit to Kenya, Dr. Ice’s team of students interviewed 200 individuals 50 years and older about their caregiving roles and health history and conducted 200 clinical histories and physicals (referred to as H & Ps) in 17 days. A 4th year medical student who participated in the study last year proudly exclaimed, “I’ve conducted more H&Ps in 17 days than in 2 years of clinical rotations.”

Among the benefits Dr. Ice believes the students receive is the clinical experience of observing geriatric health conditions to which they would have little to no exposure in the U.S., such as malaria, brucellosis, filariasis, and bilharzia. Encountering these kinds of health conditions help students develop multiple levels of clinical expertise. In addition, they observe tremendous variation in the aging process, in contrast to some of their perceptions of “normal aging.” Additional benefits include understanding and working within the existing health structure, which relies primarily on local healers, the use of traditional medicinal plants, and ritual health practices. For example, students were fascinated by the practice of removing uvulas and ritual scarring. Finally, their fieldwork in an area with one of the highest HIV/AIDS prev-
alence rates in Kenya gave Dr. Ice’s students real-life exposure to the impact of HIV/AIDS on older adults.

**Challenges of Gerontology Fieldwork in a Developing Country**

Instructional as the students’ rotation in Nyanza province was, they faced numerous challenges, including language barriers, adjusting to native foods, the emotional strain of observing severe health conditions for which no solution or treatment was available, and functioning in an impoverished environment. They were distressed at the number of treatable conditions they encountered such as malnutrition, lymphomas, hernias, and anemia. Dr. Ice spoke of one student who was bothered by the numerous flies that swarmed around her as she examined one of the elders. Pulling her hat over her eyes to provide some protection prevented eye contact with the elders she was examining and interviewing. Dr. Ice corrected the student’s behavior, which some elders might interpret as disrespectful. Students’ motivations for participating in the rotation also influenced their experiences. One of Dr. Ice’s African American students signed on for the trip because she “always wanted to travel to Africa.” The hard work and difficult conditions she encountered were more than she had bargained for, but the experience became life-changing in ways that she did not expect. One of the students was Kenyan, and the trip provided him an opportunity to return home and visit his grandmother. For Dr. Ice, having a graduate student who was a Kenyan native was a valuable asset. The student was a cultural resource for the whole team. He assisted with translation, acted as a guide, mentored other students, and functioned as an “ambassador” with community leaders. Further, the experience strengthened his resolve to come back and apply the knowledge that he gained in the United States.

According to Ice, the challenges to the field approach to international gerontology education are numerous and difficult, particularly because of dependence on outside funding. Also, “hand-holding” students with varying personalities for several weeks in a developing country, with few “creature comforts” and pronounced cultural differences was, as she described it, a “24-hour job.” However, the benefits of the fieldwork can be equally substantial. From an educational perspective, field research experience can stimulate interest in public health, research, and cross-cultural communication—three areas traditionally not of interest to medical students. Students sharpened their skills in cultural competence and communication by applying seemingly abstract classroom con-
cepts. Such a field approach can train people at multiple levels. From the researcher’s perspective, students provide an invaluable asset in completing a large research project in a relatively short period. The community benefits by receiving yearly physical exams and health information. Based on her 2003 experience, Ice is now preparing health education materials so that community members can learn to care for themselves and become health advocates for others.

**CONCLUSION AND RECOMMENDATIONS**

In this article, we have presented an overview of the process of establishing an international gerontology partnership with a Kenyan university and some of the cultural experiences gained and lessons learned through aging research in Kenya. To conclude, we offer several recommendations for gerontology programs interested in forming an international link.

For global aging to become “real” for gerontology educators and students, an investment in an international gerontology partnership—either with an academic institution, an NGO, or community-based group, such as a faith-based program—provides a greater depth of cultural experience and learning than can be achieved by short-term visits to other countries and observations of gerontological or geriatric programs sponsored by other organizations or institutions. An international gerontology partnership (either formal or informal) requires the same delicacy as any meaningful relationship. The process of traversing the “cultural gap” that separates international gerontology partners is itself a source of global aging education, and this process is best achieved in a face-to-face setting. For this reason, the first recommendation for establishing a gerontology partnership is to seek funding for *multiple* visits to the intended partner’s country and, if possible, additional funding for an exchange visit of the partner to the United States. The importance of making several visits relates to the cultural value of familiarity and trust-building that is essential for an international relationship to thrive. A single visit, followed by only written or electronic communication, provides limited exposure to the cultural context of the international partner and can project a “tourist” image. As an example, Maria Cattell reported about how emotionally distant some of her western Kenyan informants were, even after she had lived in the area for two years. When she returned two years later to follow up her research, her informants greeted her warmly, hugging her profusely. When she in-
quired why her informants had not been as affectionate while she was living among them, she was told it was her return after having been away for a time that demonstrated her care for them. Their comment was: “It wasn’t until you came back that we knew you really loved us.”

Although the ultimate goal of a partnership may be collaborative research or clinical experience, a second recommendation is to provide a service or other material benefit. For example, Dr. Ice’s free medical examinations for elders and Dr. King’s faculty development workshop helped build trust and strengthened personal and professional ties. In addition to offering services, tangible contributions also are greatly appreciated, such as GSU’s book donations.

Our third recommendation is to utilize existing cultural resources. A student who is a native of the proposed partner country, like Dr. Ice’s Kenyan student, can greatly facilitate the relationship-building process. Prior to their first visit to KU, the GSU team benefited from discussions with an Atlanta acquaintance of Dr. Gachuhi, a Kenyan business professional whose wife is a graduate of Kenyatta University. Because of his enthusiasm for the KU-GSU partnership, he offered the GSU team valuable insight into day-to-day life in Kenya, cultural traditions, and academic customs and procedures.

Finding “common ground” with an international gerontology partner is our fourth recommendation. For the KU-GSU partnership, the topic of grandparents raising grandchildren linked the two institutions in a very significant way. GSU’s own Project Healthy Grandparents, a program of the GSU National Center on Grandparents Raising Grandchildren, and the Gerontology Institute’s NIA-funded study of religion and health in three-generation African American families provided the impetus for GSU’s interest in grand parenting. For KU, the rapidly increasing number of grandparents raising children orphaned by AIDS is a growing concern. This shared interest in older family caregivers emerged during the first meeting between the GSU team and the KU faculty and continues to influence the partnership’s emerging research and proposal-writing agenda.

Our fifth recommendation is to identify other gerontology scholars who have conducted research or spent time in the proposed host country. The KU-GSU team’s affiliation with Drs. Ice and Cattell has greatly enhanced their partnership with KU. Further, Dr. Ice’s fieldwork in the Nyanza province encouraged the GSU team to target that region for the proposed KU-GSU intervention project for grandparent caregivers of orphans. Those seeking international partnerships should inquire about in-country gerontologists, aging advocates, or aging “stakeholders,”
such as Dr. Gachuhi at KU, who may have done important groundwork. Helpful sources of this information are the International Association of Gerontology, the host country’s government social services offices, major international organizations, such as CARE, UNICEF, or CDC, and international programs of U.S. religious organizations.

Finally, when the Peace Corps was created in the 1960s, recruitment advertisements referred to it as “the toughest job you’ll ever love”—a phrase which aptly describes international gerontology work. Gerontology professionals willing to invest the time, funds, and energy to establish an international link (and who are willing to vacate their physical, professional, and cultural “comfort zones”) are very likely to get more than they bargained for—both in the benefit of an unparalleled cultural learning experience and in the opportunity to provide an immeasurable service to an organization or institution in a developing country. As gerontologists, we know that the whole world is aging. Establishing international gerontology partnerships will help us learn exactly what that means.

REFERENCES


