

**THE IMPACT OF THE METHODIST CHURCH IN ADDRESSING
CHALLENGES OF THE ELDERLY IN MERU COUNTY, KENYA**

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DECLARATION

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DEDICATION

To my beloved husband Joseph Mwiti, my daughter, Prudence Nkirote and son,
Pruet Munene.

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DEFINITION OF OPERATIONAL TERMS

Active Neglect	Is a conscious and intentional withholding of necessity of life on the elderly.
Care-giver	Is a person with an obligation of taking care of an elderly
Challenge	The situation where one faces something that needs mental or physical effort in order to do it successfully.
Circuit	Two or more local churches joined together for pastoral supervision
Elderly	Are people who have lived for 70 years and over.
Financial Neglect	Failure to use the available resources which are needed for providing an optimal quality of life for the elderly such as not providing necessities for daily living such as food, shelter, medicine, hygiene or failing to pay bills.
Gerontology	A scientific study that deals with the elderly issues.
Middle aged	Persons aged 31 to 59 years.
Neglect	To disregard or pay little attention or failure to care for the elderly.
Passive Neglect	Is unconscious or unintentional failure to care for the elderly.

Physical Neglect	An intentional abandonment of the elderly.
Protestant	Is a denomination denying the universal authority of the pope.
Psychological Neglect	The infliction of mental anguish to the elderly.
Self-neglect	Failure of the elderly to take care of themselves that causes serious physical or emotional harm.
Vulnerable elderly	The elderly who are more exposed to harm.
Youth	Persons aged 18 to 30 years.

ABBREVIATIONS AND ACRONYMS

ACNZ	Age Concern New Zealand
AIDS	Acquired Immune Deficiency Syndrome
CNPEA	Canadian Network for the Prevention for Elderly Abuse
EM	Elderly Mistreatment
HAI	Help Age International
HAK	Help Age Kenya
HIV	Human Immunodeficiency Virus
JEAPC	Japan Elderly Abuse Prevention Centre
MCK	Methodist Church of Kenya
NCEA	National Control of Elderly Abuse
NGOs	Non-Governmental Organizations
NACOSTI	National Commission for Science, Technology and Innovation
SREN	Status Report on the Elderly in Nepal
SSEA	Society for the Study of Elderly Abuse
UN	United Nations
UNICEF	United Nations Children's Education Fund
UNPD	United Nations Procurement Divisions

WHO World Health Organization

ABSTRACT

This study investigated the impact of the Methodist Church of Kenya in addressing challenges faced by the elderly in Imenti South, Meru County. The research was guided by the following objectives: Identifying the status of the elderly in Imenti south, identifying factors behind challenges facing the elderly in Imenti South, assessing the effects of the strategies of the Methodist Church in addressing the concerns of the elderly in Imenti South and suggesting holistic strategies to address challenges of the elderly in Imenti South. The study was guided by the Christian/Biblical teaching and the modernization theory in order to deal with the increasing aging population in Meru County of Kenya. The challenges facing the elderly are not only a challenge to the Church but, also to other societal institutions. The Church has realized the unique problems facing the elderly, and it has attempted to respond to the complex issues of the elderly. So the purpose of this study was to examine how the Methodist Church of Kenya has involved herself with this challenge facing the elderly. The study was both qualitative and quantitative. It employed descriptive research design. This was preferred because it allowed the researcher to collect in-depth interviews, questionnaires and observations to gather factual information systematically and record the characteristics of interest as they occur. A total of 546 respondents out of 1,784 Mikumbune congregants were selected using stratified and simple random sampling methods. Data was collected using open and closed ended questionnaires, interviews and observation schedule. The tools were validated through a pilot study conducted in Nkubu Circuit of the Methodist church, Imenti South. The categories of respondents were the elderly, clergy, middle aged and youth. The study revealed that there are many challenges facing the elderly ranging from sexual harassment, abuse, neglect, murder and inadequate good will from the church towards supporting the elderly. The basic purpose of this study is to bring out the concerted effort which has been muted by the government, the church, family members and non-governmental organizations in supporting the elderly. Elderly care awareness campaign by the church and government is necessary in order to address the situation currently being faced by the elderly in Meru County and Imenti South in particular. The study recommends that the church focus on teaching on care of the elderly to strengthen the basic unit of the society, which is the safety net for the elderly. The government should also spearhead massive education on the rights of the elderly persons in Kenya. This would reduce the challenges brought about by ignorance.

CHAPTER ONE

1.0 General Introduction

1.1 Introduction

This chapter covers the background of the study, statement of the problem, the objectives of the study, research questions and premises of the study, justification, scope and limitations of the study.

1.2 Background to the Study

There is an element of social construction both locally and globally, in the way individuals and nations define who the elderly people are. As Orimo, Ito, Suzuki, Araki, Hosoi and Sawabe (2006:149) observes, although there are commonly used definitions of old age, there is no general agreement on the age at which a person becomes old. Gorman (2000:21) stipulates that, old age in many developing countries is seen to begin at the point when active contribution is no longer possible.

According to WHO (2010:2), most developed and some developing countries have accepted the chronological age of 65years as a definition of 'elderly' or older persons, but like many westernized concepts, this does not adapt well to the situation in Africa. The UN agreed cut off is 60+ years to refer to the older population. In addition, the World Health Organization suggests that old age

begins between 50 and 55 years old for developing countries such as those in Africa (WHO, 2012).

Ferreira (2003:222) noted that Africa should adopt age 55 as a baseline definition of elderly people. According to the Kenyan Constitution (2010:6), elderly people are those that have attained the age of 60 years. In general it can be said that a universally applicable definition of what constitutes old age is elusive (Heslop and Gorman 2002:6).

According to Kinoti (1994:168), Aging is a process characterized by a gradual deterioration of the structure and functions of the body, resulting in an increased susceptibility to accidents and diseases. Silverstein (1994:43) on the other hand views aging as becoming less active and productive towards the point of being inactive and unproductive and perhaps marginalized. As a result of this, the elderly are excluded from active life of the community. From the above views, the researcher concluded that an elderly person is the one who has attained 60 years of age.

Taking care of the elderly is a universal concern. According to Ting (2009:3), all over the World parents take care of their children expecting them to reciprocate by true devotion and care. This is because traditionally, care of the elderly has been the responsibility of family members. The expectation governing the type of

elderly care varies from one culture to another. To ensure reciprocity from their children in future, the elderly continue to play important roles in their family and community and they are useful to their family (HAG, 1999:8).

Hoddinott (1992:545) stipulates that, historically in traditional societies people had children as security in old age. Therefore, family members provided services to the elderly almost entirely. For instance, In Asia the responsibility of elderly care lies strongly on the family (Traphagan, 2005:257).

According to the UNPD (2008), African communities had a well-articulated caring structure that preserved the quality of life of the elderly. People who survived to old age were few; hence it was easy to care for them. However, today the surviving elderly are many leading to strain on the care-givers in caring for them (Adamchak and AGES, 1995:11-15; Mba, 2000:4).

As noted by Kidakwa, Mbugua, Jaoko and Mirumbe (2013:165), in the African world view, old age is accompanied by certain roles and responsibilities. This linked to the life experience of the elderly and accumulated wisdom. The elderly are expected to provide leadership and guide the young.

The Kenyan Constitution (2010:2) article 57, the Constitution obligates the state to take measures to ensure older persons' participation, personal development, dignity, respect and protection from abuse; and together with the family, the

obligation to provide care and reasonable assistance to older persons. The Constitution of Kenya provides explicit rights, entitlements and privileges for older persons with specific obligations to the state and family. Article 10 (2) (b) underlines the states obligation to protect older persons together with other marginalized groups; whereas Article 21 (3) obligates State organs and public officers to address the needs of Older Persons and other vulnerable groups.

Article 27 (4) promotes and safeguards equality and non-discrimination of older persons based on age, whereas Article 43 (3) obligates the state to provide appropriate social security to needy older persons.

The Bill of Rights, Article 57 recognizes the rights of the older persons and it states, that the State shall take measures to ensure the rights of older persons are recognized and are allowed to fully participate in the affairs of the society, pursue their personal development, live dignity and respect and be free from abuse and receive reasonable care and assistance from their families and the State.

The Kenyan Policy on Older Persons (2014:3) therefore, states its overall goal on elderly care as to provide an environment that recognizes, empowers, and facilitates the elderly to participate in the society and enjoy their rights, freedoms and live in dignity. Despite the above stated obligations of families and the state to take care of the elderly, they face a myriad of problems. This is a global

problem, not just confined to Africa or Kenya. Such problems include; injury, illness, lost productivity, isolation and despair. It is acknowledged that the concerns of the elderly can occur within the home or care facility (Western Health Board, 2003).

Tragically, it is apparent that many elderly people currently experience some form of suffering (Lancet Globe Health, 2017). Due to the frailty of the elderly, they depend on their families and other care-givers for care and in the process they are abused (UN, 2010). In the absence of institutional care, grown up children who are too busy to take care of their parents hire care-givers who also maltreat the elderly (Kidakwa, Mbugua, Jaoko and Mirumbe 2013:165). Unfortunately, the elderly are unable to challenge their abusers and have no way of reporting their abuse and so many suffer in silence (Farhana, 2015:141).

According to Apt (2002:111), there have been some transformations in the economies and societies globally leading to isolation of the elderly. Ting (2009:3) note that today, in European, North American and Asian countries, the state or charitable institutions provide care for the elderly. The reasons for this change include decreasing family size, greater life expectancy of the elderly, geographical dispersion of people and women being educated and working outside their homes (Apt, 2002:112).

According to Kimanthi (2013:27), in Imenti South sub-county, children and the community have abandoned some elderly people. As the young migrate to urban centers in search for education and job opportunities, they leave their elderly parents lonely in rural areas. This is similar to the statement by WHO, (2011) that urbanization has contributed to isolation of the elderly in rural homes, hence abuse. Because of this migration, as noted by Kidakwa, Mbugua, Jaoko, and Mirumbe (2013:166), economic support replaces personal services. This occurs where children living away from their parents opt to send money instead of physically visiting them.

Gammell (2008:227) observes that, the elderly are less likely to be listened to today than a generation ago because they are thought to be lagging behind in terms of technology. On the other hand, Farhana (2015:6) note that, as people grow older they become physically frail, they may not see or hear like they used to and may develop cognitive problems such as dementia. As a result, they become vulnerable to challenges. These challenges remain a private matter and well hidden from public view (WHO, 2002).

Kam (2003:110) stipulates that, the elderly are portrayed as passive, unproductive, conservative and unable to learn anything new and resistant to change. As a result of this, the elderly experience problems in the family, society, states and even globally (UN, 2010). The elderly experience problems at times as

a result of violation of human rights caused by the mistreatment which results in suffering and distress (UN, 2010). This often leads to isolation and despair of the elderly.

Help Age International (2013) observes that today, the elderly are mistreated and sometimes are murdered to give room for wealth distribution to the children. This is because their own children often see them as hindrances to ownership of the property. Elderly widows are abandoned and their property seized (Wangari, 2016:24). In China, the elderly are at risk for abandonment or even killing when physical limitations make them a burden on the community (Muller, 1995:1359).

According to Goodkin et al. (2001:44), the elderly often experience depression due to loss of a partner, decreased income, isolation and loneliness accompanying the loss of social supports, and are more prone to physical illnesses. More so than widowers, widows have been found to be at greatest risk for experiencing significant levels of psychiatric symptoms, especially anxiety and depression, within the first 2 years of bereavement (Chen, Bierhals, Prigerson, Kasl, Mazure, and Jacobs, 1999:367).

Therefore, it is important to note that the defining life event and stress of becoming widowed carries additional risks for the elderly compared to younger persons (Hanson and Hayslip, 2000:345). Multiple losses tend to cluster in old

age; the death of a spouse differs in its implications and impact on an elderly widow (Suuender, 1999:8). She may experience social and economic losses at a time when she already has fewer adaptive reserves (Hanson and Hayslip, 2000:347).

According to WHO (2009) and WHO, (2011), the diseases of the elderly are becoming a global pandemic that threatens the health of a large number of people and their economies. According to Help Age International (2010), African countries are under-financing health systems, have overstretched health workforces, poor health management information systems, unreliable supply of medicines and physical barriers to access healthcare, which are the main challenges that contribute to elderly people's poor access to healthcare services.

Joubert & Broadshaw (2006:219) note that data on geriatric service provision to the elderly and utilization is lacking. The elderly are more likely to experience malnutrition, chronic physical and mental conditions, hearing and sight difficulties, depression and dementia (Abodein, 2010:4).

Help Age International (2013) asserts that, under financing of health systems, overstretched health workforces, poor health management information systems, unreliable supply of medicines, physical barriers to access healthcare and distance

related barriers are other factors that contribute to elderly peoples' poor access to healthcare.

Fouad (2004) stipulates that the elderly in developing countries are a highly vulnerable exposed to hardship, malnutrition, poverty and old age related diseases. Health is a major concern of the elderly since it determines their ability to care for themselves and undertake other roles in society (Charles and Sevak, 2005:1174). The elderly also find it hard to access health care when they need it (Help Age International, 2010). As noted by Help Age International (2013), the elderly often lack access to income, such as pension, or retirement benefit, or salaries from good employment. Even those who receive pensions find it difficult to cover their healthcare needs.

Studies in Kenya, South Africa and Pakistan identified that lack of finance, absence of family support, physical inaccessibility of health service providers and practicing quacks are the major factors deterring the elderly from seeking healthcare services (Paxton, 2008; Waweru et al., 2003:64).

Kimanthi (2013:27) stipulates that in Meru, the emergence of problems of the elderly in the recent past is of much concern. There have been increased cases of the elderly patients being neglected and abandoned in health facilities by their

families (Kirimi, 2012:10). Here, they are left with no one to pay their hospital bills and they become a burden to the hospital.

According to Tatara (1999:1), culture is sometimes used in abusing the elderly. Stewart and Andrew (2004:363) states that, accusations of witchcraft based on fragility of an elderly woman, their use of walking stick and their bent figure due to old age results to stigmatization. Most women, who live alone, especially in isolated buildings, are labeled witches. Any negative occurrences in the neighborhood such as the death of young ones or epidemics are believed to be because of their witchcraft practices (Petersen and Gorman, 1999). In addition, Nyasato, Gitau and Odhiambo, (2009:5); Limion (2016:10) observes that, in Mijikenda communities in Coast Province and Kisi community in Nyanza Kenya, accusations of witchcraft are directed at elderly women.

According to Government of Kenya (2015), Kenyans have been particularly troubled by the increasing number and severity of cases that have been exposed in press in recent times. This is due to high rate of challenges facing the elderly. Unlike the youth and women government funds, there are no such arrangements to take care of the elderly (Kenya Population Situation Analysis, 2013). This among others has increased their vulnerability. In response to this, the government allocated 7.4 billion in 2015/2016 financial year in support of the

elderly in Kenya (Kenyan Constitution, 2010). The researcher sought to know whether Methodist church has similar policies for the elderly.

These problems mostly affect the vulnerable and destitute elderly to whom the church may be their only recourse. By virtue of their age, the elderly who are healthy have much to contribute to communities, church and nation.

Tracy (1991:163) stipulates that, since old age is the final stage of life that few people in ancient biblical times could reach, it was regarded as a blessing from God. According to the Mosaic Law, old age is an indication of God's favor and a reward for one's moral life. Old age may be granted to those who honor their parents as stated in the Decalogue (Exodus 20:12; Eph 6:1).

According to Harris (2008:403), Gray hair and wrinkled skin are signs of aging. Since these are rare gifts given to very few people, younger people are to honor and respect them. Adult children are to take care of their parents once they have become old or fallen sick (Exod 20:12; Deut 5:16). The Bible often expresses outrage against verbal and physical abuse of vulnerable parents (Exodus 21:15, 17). Severe warnings and harsh penalties guard against filial neglect and disrespect (Deut 27:16; Deut 21:18-21; Lev 19:32; 20).

According to Gen (1:27), Christians care for the aged because by doing so they are treating that person as one created in the image of God. The church therefore bears a great responsibility in caring for the elderly.

According to the Methodist Book of Discipline (2008:139), the united Methodist social principles state that the church encourages provision of a safe environment, counsel and support to the victims of abuse and neglect. In addition, Kinoti (1994:184) note that the church owes the elderly as much pastoral care as it does to other sectors of society. This is because the church tend to take the elderly for granted when they have problems and cry for help.

Scranton (2007) says that, the Methodist Church of Kenya guided by the biblical teaching, emphasizes on “social holiness”, missionary zeal, charity and service to the poor and vulnerable. The church also promotes freedom from activities that defile the mind and harm the body and advocates for respect (Job 12:12) for all persons as created in the image of God (Genesis 1:27) & Methodist Book of Order, 2013).

As noted by Roger (2009:33), most Methodists teach that Christ died for all humanity not just for a limited group and thus everyone- including the elderly- is entitled to God’s grace and protection. This means that the elderly should be taken care of.

1.3 Statement of the Problem

The concerns of the elderly continue to increase globally. This is why one wonders how comes the elderly suffer difficulties of various kinds including abuse, isolation, rape cases and grabbing of the items given to them by the church and their children if the Church still gives care to them. It is clear that despite the church policy that emphasizes on common good, missionary zeal, charity and service to the poor and vulnerable, they are unable to help all vulnerable elderly. This indicates that, there is disconnect between the stated mission of the church and its practice. This is the gap that the study sought to fill.

There is need to deal with this phenomena of vulnerability affecting the elderly because the problem does not only have implications for the elderly but also for the Kenyan society. This study sought to investigate the impact of the Methodist church in addressing challenges of the elderly.

1.4 Objectives of the Study

The study was guided by the following objectives:

- a) Identify the status of the elderly in Imenti south.
- b) Identify factors behind challenges facing the elderly in Imenti South.
- c) Assess the effects of the programmes of the Methodist Church in addressing the concerns of the elderly in Imenti South.
- d) Suggest holistic strategies to address challenges of the elderly in Imenti South.

1.5 Research Questions

- a) What is the status of the elderly in Imenti south?
- b) What are the factors behind challenges facing the elderly in Imenti South?
- c) What are the effects of the programmes of the Methodist Church in addressing the concerns of the elderly in Imenti South?
- d) Which are the holistic strategies to address challenges of the elderly in Imenti South?

1.6 Premises of the Study

- a) The elderly are facing serious challenges in Imenti South.
- b) There are various factors behind challenges facing the elderly in Imenti South.
- c) The church offer inadequate help to the elderly against their concerns in Imenti South.
- d) Church requires a plan for improvements on strategies to help the elderly in Imenti South.

1.7 Justification and Significance of the Study

The elderly experience many challenges. Most of the literature on the vulnerable has mainly focused on children and the youth. This study widened the scope to include the elderly. This study was important because it would bridge the gap in literature by not just researching on Imenti South elderly people but also in contributing and broadening the understanding of the role of MCK in dealing with challenges facing the elderly. It would also provide a deeper understanding of the

needs of the elderly. This would be essential for the church leaders and the government in coming up with holistic strategies to help the elderly. Finally, it contributes to the growing body of literature on the elderly matters.

This is especially important given the diversity of challenges addressed in elderly care. The information generated may also be useful to health research and development initiatives relating to geriatric health. These initiatives include the following: establishment of geriatric services in primary healthcare facilities, awareness creation, training and capacity building in geriatric health and formulation of a national health policy for the elderly. Lastly, the present study would also offer information to NGOs supporting the elderly and the government on the situation at hand in order to direct efforts in addressing challenges facing the elderly in Kenya.

1.8 Scope and Limitations of the Study

The study covered Mikumbune Circuit of the MCK in Imenti South. The study dwelt on the efforts of MCK in addressing challenges facing the elderly in Imenti-South Sub-County of Meru County-Kenya. It was carried out in 16 congregations of Mikumbune Circuit in Imenti South. The study focused on respondents who were willing to participate in the study. Geographically, the study focused on MCK Mikumbune Circuit in Imenti South within Meru County.

During the study a variety of problems were encountered but the researcher was able to overcome them. The level of illiteracy of some of the respondents posed a challenge. First, some of the respondents could not read or write hence the researcher had to administer the questionnaires. This was time-consuming and rather tedious. In addition, the process entailed the translation of the questionnaire from English into vernacular for some of the respondents and then translating their responses back into English. Some Kimeru words cannot find literal translations in English. In the process, the researcher opines that some of the originality could have been lost. In such situations, the researcher settled for the closest translation.

Elsewhere, the researcher held face-to-face oral interviews with the elderly and cleric respondents individually. Some of the clerics were reluctant to take part in the study citing the fact that they were not authorized to speak on behalf of the church. However, upon being assured that confidentiality would be maintained, they agreed to participate in the study. The researcher assured them that to maintain the same during the reporting of information, she would withhold their names. The researcher did not attach the list of the respondents in this study so as to maintain confidentiality. The researcher also met with resistance when attempting to record interviews held with the elderly people. This was because as they put it, they did not want “their voices on the machine forever”. The researcher therefore had to rely on notes taken by hand.

1.9 Summary

This chapter set the background to the study and revealed that challenges facing the elderly are a universal phenomenon. The chapter further outlined the statement of problem that the study set out to investigate. This chapter stated that there is disconnect between the stated mission of the MCK, Mikumbune Circuit and its practice on support to the elderly. The chapter also revealed that the general consensus is that challenges of the elderly are reality and that the elderly need support.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Introduction

This chapter reviews related literature concerning challenges facing the elderly. It also covers theoretical framework and conceptual framework. Literature was selected in relation to the research problem and analyzed thematically and divided into various sub-endings of: The elderly, care of the elderly: a global perspective, African cultural practice on care of the elderly, contemporary Africa and care of the elderly, problems facing the elderly and structures in place to help the elderly.

2.2 Review of Related Literature

2.2.1 The Elderly

According to United Nations Procurement Divisions (2008), the world's elderly population has been increasing. By 2025-2030, the population aged 60 and above will grow about 4 times. Studies indicate that by 2050, nearly 80 per cent of the world's elderly population will be living in less developed countries (UN, 2010). This will happen due to the advancement in medical treatment and technology, prevention and eradication of many infectious diseases, improved nutrition, hygiene and sanitation (WHO, 2004).

Siringi (2007:13) noted that globally, the elderly are projected to double from 10 per cent in 2000 to 20 percent in 2050. He also stated that the population of people aged 60 years and above in Kenya stand at 1.5 million and is projected to rise to 2.2 million by 2020. The UN (2010) also estimated that life expectancy in Kenya would grow to 83 years by 2050. The increasing life expectancy will result in increased challenges of the elderly.

2.2.2 Care of the Elderly: A Global Perspective

In traditional African societies, as a man grew old, his prestige increased (Kidakwa, Mbugua, Jaoko and Mirumbe 2013:65). The aged were therefore perceived as having wisdom more than other people in society (Alvarez, 2015:3). They were also seen as custodians of tradition and culture, and were expected to have positive influence on their society and ensure the transmission of cultural values (Njuki, 2002).

The researcher observes that the scholars do not tell us whether that prestige and honor is upheld by other people in the society, a concern that the present study explored to understand if the practice is evident in the MCK, Mikumbune Circuit.

Annsuppes and Wells (2000:65) observe that historically, before governmental social policies dealing with the elderly were developed, the family members provided services to the elderly almost entirely. For example in Asia, the

responsibility for the elderly care lay strongly on the family (Traphagan *et al.*, 2005:321-322). However, most of the perceptions about the elderly have changed with socio cultural transformation of society (Daichman and Giraldo, 2013).

The above literature shows that there was great concern and support to the elderly among Africans in traditional society. It was therefore important to explore if the same practice is evident in the MCK, Mikumbune Circuit.

Ting (2009:3-4) asserts that today, the state and charitable institutions provide care for the elderly. The reasons for this change include decreasing family size, the greater life expectancy of the elderly, geographical dispersion of people and women being educated and working outside their homes (Mba, 2000:4; Apt 2002:10; Ayayo 2004; Badasu et al. 2010; Baataar 2011).

According to Mba (2000:4), when young adults move to the city, economic support replaces personal services. Monetary gifts rarely compensate parents for the loss of the day-to-day presence and care of their children (Apt 2002:14). Caring services extended to the elderly within the traditional household become more problematic and even impossible, when elderly people become geographically separated from kin (Apt, 1993:838).

As observed by Korboe (1992:7) clearly, the domestic separation of the urban elderly from the traditional structure tells us something about the changing image of the traditional family. According to (Apt, 1991:4), young families do not live with their elderly much longer. At times the elderly living in rural areas have no option but to migrate to the city to live with relatives there, this it is not an easy situation because it can be quite traumatic for the elderly and stressful for the relatives (HAG, 1999). This happens because of low wages and employment insecurity that work against the ability of urban African offspring to meet the income requirements of their parents, as compared to their rural counterpart's (Korboe, 1992:7).

In the traditional African society, the elderly were treated with honor and great respect. The society and the children cared for them and provided for their needs. According to Kinoti (1994:175), some of the ways in which the elderly were catered for was through song and dance. Some dances were meant to give the elderly occasion to get rejuvenated. The elderly also had special roles and duties. An individual continued to be given a sense of usefulness to the end of physical life. Grandmothers took care of their grandchildren. In the process they taught them proper sexual morality. On social-religious occasions they became ritual elders. This shows that the elderly held value in African society. This study sought to know whether the same is practiced in MCK Mikumbune.

2.2.3 Contemporary Africa and Care of the Elderly

As noted by Apt (1991:4), the children and grandchildren of the elderly are everywhere. Some have settled in urban areas and some have gone abroad. After spending their energies in upbringing and educating these children, their reward seems to be loneliness. Those who are well-to-do may visit their children or the children visit them. However, spending long unhurried time with their children, who are themselves busy and bringing up their own children is a pleasure that has eluded them.

Kinoti (1994:187) further observed that, although the elderly may be active in their local churches and communities, they do not have the joy of being surrounded by their own children and grandchildren, especially as the youth converse and consult them less and less.

According to Sheehey (1974:499), many retired civil servants are strangers in their rural homes where they are expected to go and spend their old age gainfully doing some farming. Some may not have the farms and some are strangers to the community. This group needs special nurture but it is not always easy for the community members to nurture them since they are not well known to them. As a result of this, they feel suddenly weakened and empty. They feel idle and frustrated. Depression brings other ailments and the process of aging is highly

accelerated. The community members need to be encouraged to help such to pick themselves up.

As Kinoti notes (1994:182), widowhood and being a widower among the elderly hasten the process of aging. This is because widows and widowers become vulnerable to much harassment and abuse. Questions about property ownership become a concern for the elderly widows and widowers. The contemporary society finds it difficult to help widows and widowers due to the unknown ways of dealing with such challenges.

Kinoti (1994:183) asserts that, vulnerable elderly are many and continue to grow in numbers. Their problems are compounded by poverty and inevitable diseases and the frailty that poverty brings. The growing homes for destitute elderly must be help to alleviate the problem. However, these institutions have their limitations and this problem need to be addressed.

2.2.4 Challenges Facing the Elderly

Challenges facing the elderly are not limited to any one gender, religious, cultural, ethnic or income group. They may occur in many different settings, including private homes, residential care settings and hospitals (Obiri, 2002:132).

According to (Krug *et al.*, 2002:1084 and Fallon, 2006:8), the elderly experience problems due to; family violence, or a history of a poor long-term relationship

between the abused and the family members, the impact of dementia, alcohol or other substance abuse or mental health problems. Actions that people would likely find offensive and socially unacceptable to younger persons or other groups, are sometimes treated as acceptable if the same are happening to the elderly (Canadian Network for the Prevention for Elderly Abuse, 2005 in Age Concern New Zealand, 2005). Those abusing the elderly are commonly family members, but also may be due to unrelated caregivers, who have reduced support and may view the elderly as a source of stress (Podniecks, 1992:69).

Rahman (2013:534) notes that some elderly people describe their experiences as ‘devastating’ with many feeling they would never fully recover. Challenges facing the elderly may result to the following pandemics among others: dehydration, malnutrition, poor hygiene, inappropriate dress, unattended physical or medical needs, extensive pressure and ulcers (Kelkelame, 2000:30). The abused feel helpless, guilt, shame, fear, anxiety, denial and post-traumatic stress and illness of heart (Kelkelame, 2000:31).

As noted by Lauer & Lauer (2002), in the USA, the elderly are highly mistreated thus causing problems to them. This happens when caregivers employed to take care of the elderly also abuse and neglect them (Harriet, 2002:426). Many middle-class families are also unable to bear the financial burden of seeking professional health care, resulting in gaps in care (Bookman and Kimbrel 2011:120).

Traphagan et al. (2005: 321-322), contend that poverty is the most insidious social hazard afflicting the African American aged. This is because it is the stem or cause of other social ills, such as poor health status (WHO, 2002). According to De-Graft Aikins et al. (2010:156), inequity of access and underutilization of health, services have contributed to the diminished health of the African American aged. The African American elderly as compared with the White elderly are more likely to be infirm, to die, to have chronic diseases at earlier ages and to be more physically limited by these illnesses (UN, 2010). This happens due to the issues of racism.

According to Steinmetz (1998:100), in Ireland, the elderly depend totally on caregivers. This makes them have challenges in case the caregiver turns violent. People see the elderly as weak and as people who are not capable of anything;, moves and thinks slowly, resist change, suffer from declining mental capacity and eventually become childlike in their dependence on others (Lauer and Lauer, 2000). Low status of the elderly is held and reflected in prejudice and discrimination against them and this may account for poor treatment accorded to the elderly by the relatives (Schaefer, 2004).

Owen (1996:312) noted that, some African people carry out cruel practices on the elderly like forced levirate marriages and expulsion from their homes. In some places accusations of witchcraft, often connected with unexpected events in the

local community, such as death or crop failure are directed at isolated elderly women (Gorman, 1999:3). In sub-Saharan Africa, accusations of the practice of witchcraft have driven many elderly people from their homes and their communities to live in poverty in urban areas. For example, in Tanzania, an estimated 500 elderly women accused of witchcraft are murdered every year (Aging and development, 2000) Modernization and industrialization and the government's failure to put in place structures and policies to cater for the elderly have been blamed for creating the gap that leads to the disrespect and consequent issues of the elderly in Nigeria (Ajomale, 2007:6; Oluwabamide and Eghafona, 2012: 66-67; Egwu 2013:117).

According to Help Age International (2005), the situation of the elderly in Darfur in Sudan is dehumanizing. The communal clashes of the year 2014 in some parts of the Plateau State are examples of mistreatment of the elderly. Here, frail and feeble elderly people were abandoned in the various homes, some burnt along with the buildings when help was not forthcoming. The government did not make any special arrangement or even consider the elderly in its rehabilitation programme after the crises.

As observed by Joubert and Bradshaw (2006:204), in South Africa, the elderly are dissatisfied with the quality of healthcare at the primary level, including inefficient appointment systems, long waiting times and apparent lack of interest

of staff in the health problems of the elderly. This is where the quality of public health care services the elderly receive becomes of major concern including; shortage and unavailability of assistive devices, and perceived lack of respect and sharing of information by health personnel who attend to them (Joubert and Bradshaw, 2006:219). This happens because only a small proportion of health workers have specialist training in management of chronic illness among health workers in general (De-Graft Aikins et al., 2010:154). Lack of geriatric teaching and exposure to geriatric medicine also contributes to negative perceptions around the elderly and reduces the quality of services delivered (Maharaj, 2012:5).

Kowal and Suzman (2003:4), observe that the elderly in South Africa are viewed as dependants, unpleasant, unhealthy dull and ugly. Because of this, the elderly are over-medicated, are sexually abused and face violence and theft (Kosberg, 1995: 183). In addition to this, the society feel that the elderly are incapable of carrying out their duties and sometimes compel them to retire from their current positions at the age of sixty though they are able of serve at that age (Hossain et.al, 2005:98). They are labeled as aged and considered as unproductive due to biased social construction of being aged (Kosberg, 1995:198).

According to Manyara (2016:7), there is evidence that the elderly are really suffering in Kenya and are calling for help from the government. In relation to this, Siringi (2007:13), notes that the elderly suffer from health problems more

than younger people and health difficulties often increase with advancing age (Giddens, Duneir and Appelbaum, 2003:35). The elderly visit hospitals regularly due to the onset of diseases associated with ageing such as diabetes and high blood pressure among others. Poor health including chronic diseases may necessitate dependence on others for tasks the elderly could normally do such as shopping, housework, bathing and meal preparation (Lauer & Lauer, 2002).

As stated by WHO (2002), neglect is one of various problems facing the elderly. Neglect may be intentional (active neglect) or inadequate knowledge of the caregiver concerning the care of the elderly (passive neglect) (Mosqueda and Dong, 2011:532). It is difficult to determine the extent of neglect affecting the elderly because of lack of research and the invisibility of neglect (Acierno *et al.*, 2010: 293). Cohen *et al.* (2007:810), states that the elderly abuse and neglect occurs at a much higher rate than studies reveal. The most common form of neglect facing the elderly is self-neglect. This occurs when an elderly person fails to ensure basic needs are met and perform personal care because of physical, emotional, or cognitive impairment (Fulmer, Mosqueda and Dong, 2011:540; Caceres, 2012:546).

As noted by Wei and Herbers (2004:33), the elderly are sometimes reluctant to speak out concerning their challenges. They may be protective of the abusive

individual, fearful of not being believed, afraid of revenge, or believe that they cannot do anything about their situation (Rodriguez *et al.*, 2006). For example, the norms of American society make behavior inside the home a private affair, and that even after violence occurs, the rule of the family privacy is so strong that it works to prevent victims from seeking help (Wei and Herbers, 2004:36). This increases cases of the elderly issues.

2.2.5 Structures in Place to Help the Elderly

Lauer and Lauer (2002) indicate that social support network for the elderly is important as living arrangement and loneliness is a problem for the elderly who are likely to have fewer resources at their disposal. Human development policies fail to address the needs of the adequately (Apt 2002:129 and Dsane 2010:23).

According to WHO (2002), confronting and reducing elderly abuse requires a multidisciplinary approach. Public attempt at addressing domestic irresponsibility in the area of care for the elderly has not targeted areas beyond childcare or maintenance (Badasu, 2004) and Oppong, 2005:655)

UN (2010) identifies that, in 1982 the First World Assembly on Ageing was held by the United Nations in Vienna. It later designated 1999 as 'The Year of the Older Person'. It also instituted October 1 as the day of the aged. The efforts in this regard culminated in the adoption of an International Plan of Action on Ageing in 2002 at Madrid during the second UN Assembly on the aged (UN,

2012). This marked the beginning of a concrete step towards addressing the needs of the elderly with a globally concerted effort.

In 1990 the council of Europe (Human Rights Organization) convened a broad-ranging conference on human rights that looked at definitions, statistics, laws and policies, prevention and treatment as well as the available sources of information on elderly issues (Council of Europe on Elderly, 1991). In addition, the Second World Assembly on Ageing was held as one of a number of international forums in April 2002. This called upon countries to implement strategies to ensure that the elderly remain healthy and productive members of society for as long as possible (UN, 2002). As a result of this assembly, Latin American countries like Mexico, Cuba and Brazil, formulated the elderly abuse legislation at the national level (Daichman and Giraldo, 2013:243).

According to the Ministry of Employment and Social Welfare of Ghana (2010), Ghana adopted a policy on ageing in July 2010. The policy document was titled: *National Ageing Policy: Ageing with security and dignity*. The caption of the ageing policy suggests that security and dignity are important components of the ageing experience of the elderly. The objectives of the ageing policy are eleven; and the overall was to ensure the wellbeing of the elderly by fully realizing all their human rights and fundamental freedoms.

Status Report on Elderly People in Nepal (2010) stipulates that, assistance to the elderly is provided in accordance with assessed care needs, with additional supplements available for the people. The elderly health facilities fund has been established in each district in Nepal (Hall and Taylor, 2003:7-8). In the annual budget the government planned to fund free health care to all heart and kidney patients older than 75 years. In addition, they provide stipend to all citizens over 70 years and widows over 60 (Ginneken, 2003:18). There are also a handful of private daycare facilities for the elderly, but it is limited to the capital city (REPN, 2010). The services are very expensive and out of reach for the public.

In Ireland, services of the elderly are limited (Ruddle, 1997:326). These services are to maintain elderly people's dignity and independence at home (Department of Health, 1997).

Schubert and Beales (2006:265) contend that in most African countries the demographic projections do not correspond with the plans and existing programs to address the needs of the elderly. As a consequence the majority of the elderly continue to live at risk in the face of abject poverty and lacking social protection (Help Age International, 2004). It is noted that the elderly are not explicitly mentioned in the Millennium Development Goals (MDGs). Yet, the key objective of MDG's is social protection and to reduce the vulnerability of the poor (Devereux and Sabates Wheeler, 2004; Schubert and Beales, 2006:267). The

elderly are part of this group and therefore failure to remember them increases their vulnerability.

As observed by Ferreira (2008:803) and Mba (2007:61), Laws have been passed to criminalize some customary practices that place elderly populations and other vulnerable groups such as women and girls at risk of abuse, but one of their shortfalls is that they do not focus specifically on the rights of the elderly.

According to Help Age International (2008), in instances where there is legislation to protect the elderly population such as in South Africa, these laws are not applied systematically. Existing laws in Tanzania that govern widow's inheritance rights are also discriminatory as different laws apply to different people (Help Age International, 2008). This happens where some vulnerable elderly are discriminated.

The African Union has therefore put ageing issues on the agenda and recommends its member states to develop and implement strategies that extend the coverage of formal and informal social security systems for their elderly populations (Help Age International 2008).

Mba (2005:27) records that, in Kenya, Some elderly persons live with their extended family or their siblings. This makes them feel part of the family of a

relative. By this type of living arrangements, the elderly receive support and care from their family members and others. Some forms of interventions currently exist in the community and within the country, but they are not sufficient to protect the elderly from abuse within the community and the Church (Bennet, 2001:16).

As noted by Knox-Vydmanov, McPherson and Leon, (2012:23), Kenyan policies have been founded to deal with challenges of the elderly. For example, the Mbao Pension Plan; a voluntary savings programme to help people save for retirement was introduced in 2009. The Retirement Benefits Authority implements the programme. There are, however, inherent limitations to the reach of the programme, and the extent to which it will help members achieve income security in old age. Despite the relatively low minimum contribution rates (KSh20 per day, equivalent to USD0.24) this will still be unaffordable for the very poorest Kenyans. Pension benefits are given as a lump sum, meaning the plan will not provide a regular income in old age.

According to HelpAge International (2011, there exists Older Person's Cash Transfer (OPCT) programme in Kenya aimed at offering 2000 per month to the poor elderly. This programme is being fought from all directions because it is difficult to identify poor elderly people; there could be imposters.

Rensons, (2016) attested that some elderly in Kenya also benefited from free healthcare. This is where a hospital was evidently opened to cater for the elderly with disability and victims of sexual harassment. Purity Elderly Care Foundation in Nyeri has also moved a step in helping the vulnerable elderly (Kanyi, 2017:3).

Research by Agnew (2010:1678) has been able to document the vital role that faith institutions play in the lives of the elderly. According to the Methodist Book of Discipline (2008:39), the united Methodist social principles state that the church encourages provision of safe environment, counsel and support to the victims of abuse and neglect. Through this, they affirm the sacredness of all persons and their rights to safety, nurture and care. They name domestic abuse as a sin and pledges to work for its eradication (Methodist Book of Order, 2013).

As indicated in the Methodist Book of Resolutions (2008), the church commits itself to listening to all those who are violated and victimized and provide leadership in responding with justice and compassion to the presence of domestic problems among the members and the community at large. By this, they ensure that the elderly live at peace and with support from their relatives.

2.2.6 The Church and the Elderly

According to Greenberg (2009:139), the MCK guided by the Bible believes that people are made in God's image and are deserving of love and compassion regardless of status; that every human deserves to be treated with dignity and

respect, especially one's elders. This compels most MCK community to intervene in the challenges affecting the elderly compassionately.

As the researcher observes, the church has a duty to care for the spiritual and psychological needs of the elderly. This is because the elderly believe they are neglected when their sense of abandonment at home is compounded by a local church community whose youthful minister and committee sidelines them on account of old age the dejection is complete.

Most of them have constructive ideas and practical wisdom if only they would be accommodated in the church and local committees and study groups. Those who were pioneer Christians have a wealth of history of the church that has not yet been tapped. Although some churches have kept the elderly busy in church leadership, the picture is changing fast. Many are now in need of special pastoral care.

2.3 Theoretical Framework

The present study drew from two diverse yet seemingly similar views on elderly, namely, the Christian/biblical teaching and the modernization theory to construct a conceptual framework to guide the study. The Christian teaching on the elderly draws heavily from the Bible. It seeks to interpret the scripture in the light of the elderly for it to make meaningful contributions to their lives.

The elderly, biblically, are people viewed to be wise (Job 12:12). The church therefore, benefits from them learning, getting challenged by them and getting counsel from them on different issues of their lives' experience. The Bible presents God's love for His people both in the New and the Old Testaments. God's love for humanity is viewed as being tender than a mother's love for the baby (Isaiah49:14-16). In the book of Job, the elderly are put at the centre of the teaching. They are taken as models of knowledge, understanding and immediacy in relationship with God (Job 32:7).

As indicated in the literature review, many among the elderly are faced by myriad challenges. Nevertheless, these challenges have not been viewed by the church as insurmountable. The Church has in its mitigating measures to include the elderly in various activities and programmes to ensure they do not fall prey to abuse.

The church expresses hope that what seems impossible today may be possible tomorrow (Lukel3:6-9). The Church believes that all is not lost for the elderly. It understands that with a little more patience, the elderly will at the end become stable pillars on which the Church and society will stand. The church trusts that even those affected by challenges can be resurrected and their lives freed (Mark 5:22-24; 35-43).

The church ministry of the elderly is, therefore, life-giving in the sense that its main focus is to promote the life of the elderly from all perspectives. Elderly clerics are called to assist the elderly to free their lives by spotting problems each elderly. Once they discover the challenges inherent in the elderly, the elderly clerics are called to accompany them and invite them to express their challenges, the whole of themselves to Jesus. Through their love and tender care to the elderly, the clerics can help them become useful members of the Christian community even amidst the challenging situations they encounter. Above all, the church takes a stand that the elderly are the best evangelizers to the young (Deuteronomy 32:7). Through their experience, wisdom and knowledge they can benefit of the Church. Abram was an old person when he was called by God. He built alters to and worshipped God there (Genesis 12:4-7). This was through wisdom, faith and knowledge of the Lord.

The family is endowed with this noble responsibility of caring and inspiring the old and protecting them from harm. However, the family, though the first caregivers neglect their elderly members (Mosqueda and Dong, 2011:534). This results from migrations of family members to urban areas.

The Church itself is aware of the current challenging situation the elderly of today are faced with. The current situation is posed as a heavy cross which brings about sadness, suffering and death among the elderly. The cross carries the reality of violence, poverty, diseases, lack of basic essentials of life, frustration, anxiety and despair. All these culminate to self-neglect, failure to attend church fellowships and hatred.

Faced with this situation for its elderly, the Church, like Moses in the desert, is called to help the elderly raise their eyes on Jesus on the cross in order to be saved and redeemed from all forms of suffering (Numbers 21:4-9).

The study was also guided by Modernization theory which asserts that the status and treatment of the elderly declines during the transition from "traditional" to "modern" social systems. The theory was developed by Talcott Parsons (1902-1979). This theory was used to explain the process of modernization within societies. Modernization refers to a model of a progressive transition from a 'pre-modern' or traditional' to a 'modern' society. The theory attempts to identify the

social variables that contribute to social progress and development of societies, and seeks to explain the process of social evolution. The modernization theory stimulated well placed humanitarian concern about the needs of the elderly in changing, developing societies.

Modernization theory provided the study with a concept that would be useful in understanding the usefulness of the elderly today. Modernization theory views the elderly as people who have been neglected. In this way, the elderly are suffering abuse of all forms. They are seen as a burden to the family and the society. As a result, certain measures have to be employed to ensure that the treasure in the elderly is not ruined. Therefore, an integrative approach (which involves preventive, care and counselling measures) should be used to address various issues which threaten the survival and usefulness of the elderly to the society as a whole.

The key guiding principle from the Christianity point is that the elderly should not only be preached to and have their challenges wished away or left to the mercies of hope. Instead, pragmatic activities and programmes should be put in place in order for them to be serviced in practical ways of overcoming most of the challenges that confront them. This is the point of agreement between the two views looked at as the guide to the study. The two world views are understood to give a responsibility to the church to equip the elderly with economic, moral,

physical, social and spiritual support. The support will give the elderly the direction expected of their life by the society.

The two concepts brought forth the questions on challenges facing the elderly and their possible effects on the elderly. It is also clear that both the world views take actions to help the elderly so that they can lead a healthy and happy life in the society. Moreover, they highlighted possible challenges faced by the MCK in Imenti South as it tries to address challenges facing the elderly.

2.4 Conceptual Framework

Following literature review, the following was conceptual framework that guided the study. Elderly people were conceptualized to be the dependent variable with challenges facing the elderly as neglect and abuse being considered as independent variables.

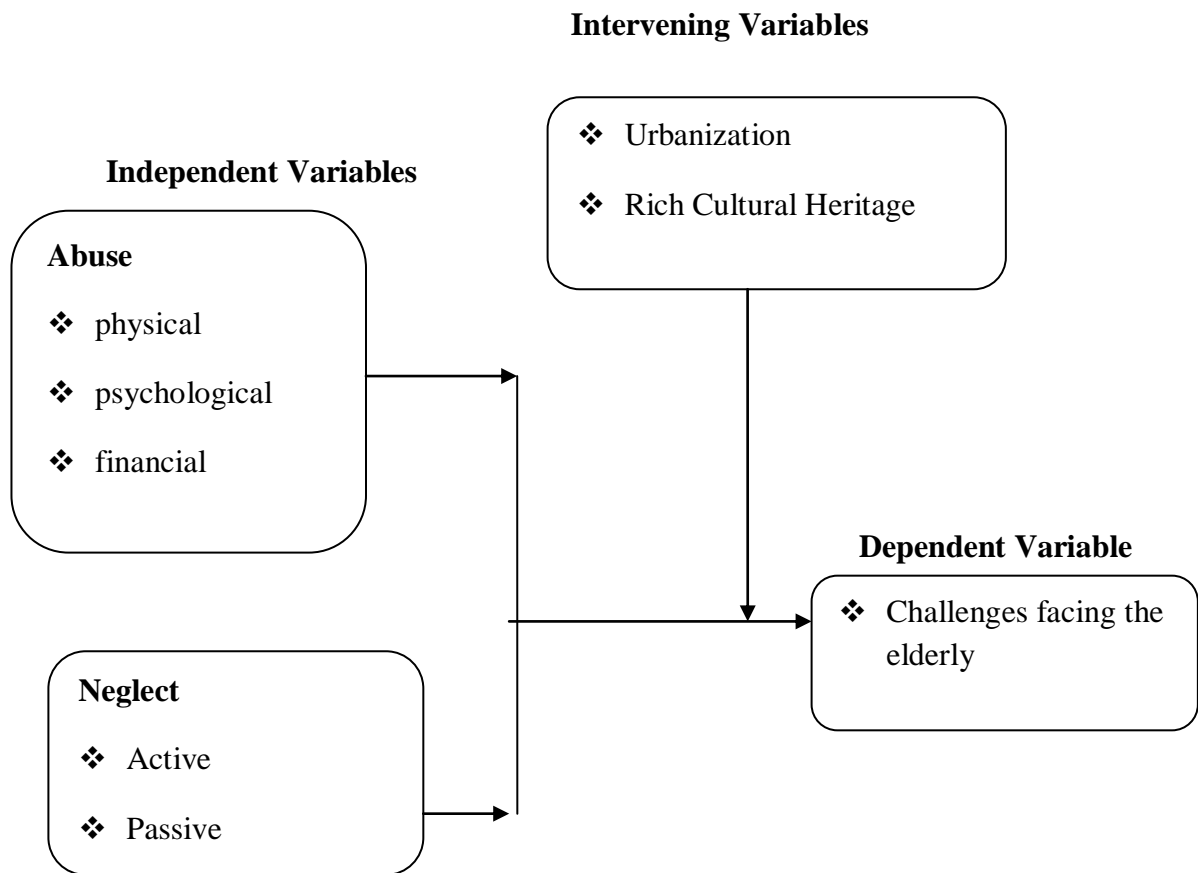


Figure 2.1 Conceptual Framework

2.5 Conclusion

The reviewed literature informed the study that, according to the church, the elderly are highly regarded as its joy and hope. Owing to this, the church has attempted to put measures in place to see to it that its elderly are taken care of to help them lead happy lives in the church and society at large.

From the literature reviewed, it was clear that the elderly are facing many challenges. These challenges were found to have diverse causes. It was also evident that many stakeholders concerned with the elderly, including the church, have tried to address the challenges facing the elderly through various measures. However, gaps emerged on the particular challenges facing the elderly in Meru County, their causes and effects as we have seen in the activities that the MCK is engaging in to address them. These gaps are what the study has attempted to fill. Most of the works did not stem from scientific research hence the basis of their observations, like their conclusions, were unclear.

The chapter also presented the conceptual framework which guided the study. The conceptual framework drew from the Christian approach and the Modernization theory. The two worldviews had an almost similar understanding of the elderly in that they viewed the elderly as an important segment in the society. Talcott Parsons too was aware that the elderly are exposed to many challenges which, if not effectively addressed, can threaten their survival and productivity in the

society. Therefore, measures were put in place to cushion the elderly against challenges threatening their lives.

CHAPTER THREE

3.0 RESEARCH METHODOLOGY

3.1 Introduction

This chapter describes the research methodology used in the study. This includes the research design, study area, target population, sampling procedures and sample size, methods of data collection, pilot study, validity and reliability of research instruments, process of data collection, data analysis, and ethical consideration.

3.2 Research Design

The study adopted descriptive survey design. The main purpose of the design was to gather systematic information for descriptive purposes and enhance the researcher's understanding of the phenomenon being studied through observation. Descriptive design allowed the researcher not only to collect the facts for description but also to understand the operations of the elderly in their life situation through observation.

Data collected through surveys is highly representative of a large population (Stroebe, Stroebe and Schut 2005:479). Thus the design allowed the researcher to draw conclusions that can be generalized to a much larger population. Data gathered from the sixteen congregations could be generalized to the whole synod. In addition, using the survey design, many questions were asked about a given

topic giving considerable flexibility to the analysis. Thus it was possible to collect a wide range of information concerning the support offered by the MCK Mikumbune Circuit, the challenges encountered in providing the support and explore the traditional Ameru practices on care of the elderly.

3.3 Study Area

Mikumbune Circuit in Imenti-South of Meru County was selected as the study area. Imenti- South is located between Imenti Central and Maara Sub-Counties. The region is in the slopes of Mt. Kenya, with its main townships being Nkubu, Kanyakine, Igoji, Ntharene and Mitunguu.

For the purpose of this study, the researcher concentrated in Mikumbune Circuit which is largely more representative of various categories of the elderly. The Elderly in the area have also been greatly affected by neglect and abuse. The elderly in this area were found to be more outward. It is also an area where the MCK has initiated various measures to counter the negative effects of the challenges facing the elderly.

Many of the congregations under the MCK are also found Mikumbune Circuit hence making it more appropriate to the study as compared to other circuits in Imenti South. The MCK Mikumbune circuit is one of the 161 circuits in Nkubu synod. It is found in Meru County of Kenya. The circuit has a total population MCK Christians 1,784. Mikumbune sub-location has a population of 4,613

(Kenya Bureau of Statistics for Meru District Projections, May 2009).

Mikumbune circuit is composed of sixteen congregations.

3.4 Target Population

The target population for this study was the people of Imenti south in Meru County. The target respondents were the MCK Christians of Mikumbune circuit and their leaders. The total population of Mikumbune Sub-Location contained approximately 4,613 people. The primary source of data was the Methodist churches of Mikumbune Circuit of Imenti South in Meru County. Mikumbune Circuit contained 1,784 church members.

3.5 Sampling Procedure and Sample Size

According to Mugenda and Mugenda (2003:58), the sample must be as representative as possible of the population from which it is drawn. In addition, Orodho and Kombo (2002:24) explain that sampling is a process of selecting a number of individuals or objects from a population such that the selected group contains elements representative of the characteristics found in the entire group when dealing with people. The study used stratified sampling method to group the church members. The strata comprised clergy, the elderly, middle aged and youth. Simple random sampling was used to select 546 respondents out of 1,784 from MCK Mikumbune circuit. 16 congregations were purposively sampled because of their experience and wealth of information on dealing with the elderly.

Table 3.1 Sample Size

	Sample Category	Number in Large Congregations	Number in Small Congregations	Total
1.	Church leaders	112	14	126
2.	Youth	60	3	63
3.	Elderly people	182	28	210
4.	Middle aged people	117	30	147

3.6 Methods of Data Collection

The study used interviews, observation and questionnaires to collect data. Each category of respondents had their own instruments designed on the objectives of the study.

3.6.1 Questionnaires

Questionnaires helped collect primary data. Close and open-ended questions relating to the objectives of the study were used. Questions sought to investigate the impact of MCK in dealing with challenges facing the elderly. Closed ended questions were used to gather specific information while open-ended questions were designed to give respondents freedom to express themselves using their own words. The questionnaires were completed on an anonymous basis, thus further

increasing the freedom of the respondent to be honest and frank in their replies. There were two types of questionnaires, which included: Questionnaire for the clergy and another for the laity who included the elderly, the youth and the middle aged (appendices A1 and A2).

Most of the respondents chose to complete and return the questionnaires immediately. In the few instances where the questionnaires were not returned, the researcher attended the church services and was able to follow up and collect the questionnaires. The researcher did not seek to replace these respondents who did not return the questionnaires because she considered that this small number would not adversely impact the study.

3.6.2 Interviews

There were informal face to face and structured interviews were conducted to generate information about the impact of the church on the challenges facing the elderly. The researcher asked the respondents that were interviewed questions related to challenges facing the elderly and especially the effort in addressing situation. There were interviews for the clergy and the elderly (appendices A3 and A4). The respondents that were interviewed were 42. These included 21 elderly people and 21 clergy persons.

3.6.3 Participant Observation

Participant observation was used with the intention of assessing and validating data from questionnaires and interviews. The researcher observed church gatherings such as fellowships and Sunday service. This helped the researcher to encounter the real situation of the elderly in the church. The researcher realized that the elderly were ignored in the church to a great extent. Therefore, the observations informed the researcher's interpretation of the case studies.

3.7 Pilot Study

A pilot study was carried out in Nkubu Circuit to test the instruments of study. After the study and improvements on the instruments under expert's advice, the researcher concluded that the instruments were relevant to the study. This led to the use of interview guides, observation schedule and questionnaires in data collection.

3.8 Validity and Reliability of Research Instruments

The study had objective questions included in the questionnaires. All tools including the interview guide, questionnaires and interview schedules were reviewed to identify and change any ambiguous, offensive questions. This was assured through piloting and expert opinion of the supervisors. This helped improve the content validity of the data that was collected.

Reliability refers to a measure of the degree to which research instruments yield consistent results (Mugenda and Mugenda, 2003:52). The pretesting aims at determining the reliability of the research tools including the wording, structure and sequence of questions. The pretest involved 15 respondents from Nkubu circuit in Imenti South Sub-County. The respondents were selected to the convenience of the researcher since statistical conditions were not necessary in the pilot study. The purpose was to refine the research tools so that respondents in the major study would have no problem in answering the questions.

3.9 Process of Data Collection

The researcher was offered a letter from Graduate school of Kenyatta University permitting her to conduct the research. She later visited NACOSTI offices where she was offered a letter of permission do the research. A visit was then made to the circuit headquarters in Nkubu, Meru County followed by the various congregations in the study area.

3.10 Data Analysis

To analyze means categorizing, ordering manipulating and summarizing of data to obtain answers to research questions (Kerlinger, 2000:450). Collected data was categorized and then analyzed. Data analysis tool that was used was dependent on the type of data, that is; qualitative and quantitative. To analyze quantitative data frequency tables were used. The qualitative data took conceptual content analysis process, this was more ideal as the information gathered from the open ended

questions which were many did not consume much time. Data from primary and secondary sources was put together and analyzed in relation to the objectives via SPSS version 20. Through this, descriptive analysis was used to generate tables, graphs and charts.

3.11 Ethical Considerations

There were several ethical issues that the researcher took into consideration during the study:

First, due to the intensely emotive nature of abused elderly, the researcher used her counseling skills to counsel any respondents whose emotions were awakened. The researcher ensured that she used a skillful manner of asking questions to avoid evoking painful memories.

Secondly, the researcher ensured confidentiality of the study participants by making sure that the names of the respondents were not written on any questionnaires. The researcher explained to those who took part in oral interviews that, their names would not be used. This ensured that their identities were not revealed. For this reason, the researcher did not attach the list of respondents in the appendices.

Thirdly, those who were not comfortable to participate were not forced to. Participation was limited only to those who voluntarily consented to take part.

CHAPTER FOUR

4.0 DATA PRESENTATION, ANALYSIS, DISCUSSION AND INTERPRETATION OF THE FINDINGS.

4.1 Introduction

This chapter comprises data presentation, analysis, discussion and interpretation of the findings from the data collected from the field.

4.2 Demographic Characteristics of Respondents

Respondents in the study were drawn from 16 congregations in Mikumbune circuit. The demographic information of the respondents is discussed below and summarized in tables indicating frequency and percentages.

4.2.1 Congregations in Mikumbune Circuit

The respondents were asked to state the names of their congregations and their responses are shown in table 4.1

Table 4.1: Number of Respondents from Each Congregation

Congregations	Youth	Clergy	Elderly People	Middle aged	Total
Mikumbune	4	8	14	10	36
Kiunju- mitarune	4	8	13	9	34
Muringo- kamoro	4	8	13	9	34
Gaatia	3	7	13	9	32
Kiamiriru	4	8	14	10	36
Kiamutuja	4	7	13	9	33
Kiaruji	4	8	13	9	34
Iriene	4	8	13	10	35
Murungurune	4	8	13	9	34
Kaguru	4	8	13	9	34
Kiegene	4	8	13	9	34
Muchege	4	8	13	9	34
Kigane	4	8	13	9	34
Koonju	4	8	13	9	34
Kionyo	4	8	13	9	34
Kithurine	4	8	13	9	34
Total	63	126	210	147	546

Table 4.1 shows that 546 respondents took part in the study including youth, clergy, elderly people and middle aged congregants. Majority of the respondents came from mikumbune and Kiamiriru congregations. This happens because they had larger membership compared to other congregations.

4.2.2 Response Rates

Table 4.2 shows the actual returns of properly completed questionnaires and the response rates.

Table 4.2: Response Rates

Respondents	Expected Number	Actual Returns	(%)
Clergy	126	120	95.2
Elderly people	210	200	95.2
Youths	63	59	93.7
Middle aged	147	140	95.2
Total	546	519	95.1

Table 4.2 indicates the overall response rate. Majority of the respondents were the elderly because they were the subject under study.

4.2.3 Respondents' Gender

The gender of the respondents was noted and recorded in table 4.3

Table 4.3: Respondents' Gender

Respondents	Male		Female		Total	
	Figures	%	Figures	%	Figures	%
Clergy	81	67.5	39	32.5	120	23.1
Youth	30	50.8	29	49.2	59	11.4
Elderly	97	48.5	103	51.5	200	38.5
Middle aged	73	52.1	67	47.9	140	26.9
Total	281	54.1	238	45.9	519	100.0

Both male and female participants were included in the study. More respondents were male that is, 281(54.1%) compared to females, 238 (45.9%). Among the youth, the elderly and the middle aged participants, the difference between the number of male and female participant was quite small. However, there were 81 male clergy and 39 females. This could be as a result of the fact that more men tend to hold more church positions than women. This tends to agree with the conclusions of (Miller, Alan, and Rodney, 2002:507) that men are always ready to take risk in leadership because of their physiological or hormonal basis. A study by Sullins, (2006:122), differs with this research because he states that women tend to be more spiritual than men. Hence they are likely to accept leadership positions in the church.

4.2.4 Clergy's Age, Marital Status and Duration of Service

The clergy taking part in the study indicated their age, marital status and the duration they had been in service as leaders. These were relevant to the objectives because they ensured all types of respondents participated in answering the question under study. They also proved the reliability of data collected. This is because they are custodians of the congregation's information and data. These are summarized in Table 4.4

Table 4.4: Clergy's Age, Marital Status and Duration of Service

		F (Figures)	%
Age	Below 25	-	-
	26 to 35	11	9.2
	36 to 45	33	27.5
	46 to 59	56	46.7
	60 and above	20	16.7
Marital status	Married	114	95.0
	Widowed	4	3.3
	No response	2	1.7
Duration of service	Below 2 years	25	20.8
	2 to 5 years	33	27.5
	Above 5 years	41	34.2
	Above 20 years	21	17.5

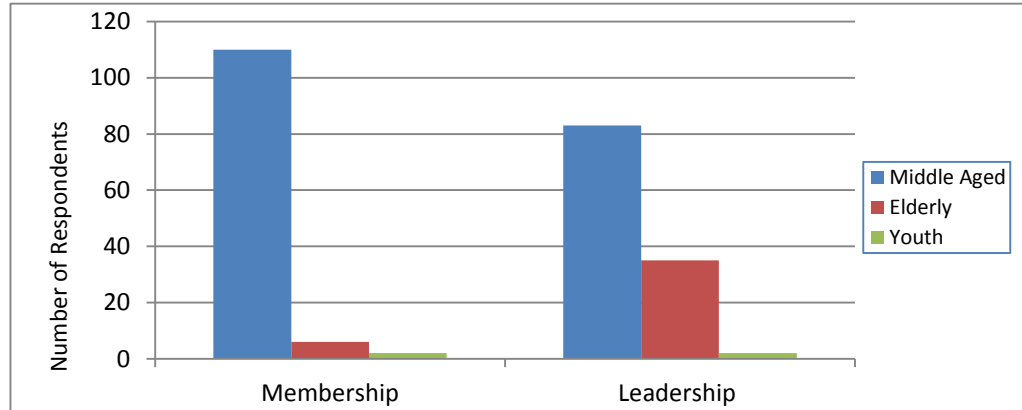
Data was collected from a sample of 120 clerics. The data shows that close to half of the clergy were between 46 and 59 years old (46.7%) and none was younger than 25. This indicates that most of the clerics are mature and knowledgeable about the challenges of the elderly. 114 (95%) of them were married. This indicated that they had vast experiences concerning challenges of the elderly as family people. In terms of duration of service, majority had served for between 5 and 20 years (34.2%) followed by those who had served for between 2 and 5 years (27.5%). This indicated that they had vast experiences concerning the elderly since they were in the leadership for long. They may have witnessed several cases of elderly challenges. It further proved the response of the youth concerning their satisfaction with the care given to the elderly. In their responses most of them asserted that they were comfortable with the care given to the elderly (Table 4.15). This meant that most of them had no experience of church leadership, hence were not aware of problems facing the elderly.

4.3 Findings of the Study

4.3.1 The Elderly in the Church

The researcher investigated how the elderly interacted with other congregants. This was done in order to gain a better perspective of how the congregation treated the elderly. The researcher sought to find out from the clergy which age group made up the majority of church membership and church leadership. Their responses are in Figure 4.1

Figure 4.1: Majority of Membership and Leadership in the Church



According to Figure 4.1, the middle aged comprises the majority in both Church membership (according to 110 (91.7%) of clergy people) and Church leadership of the clergy men. The elderly and youth make up a smaller proportion of both church membership and church leadership. This finding suggests that the elderly are under-represented in the church.

The researcher also interviewed 21 elderly people to get better understanding of how they lived and interacted with the other congregants. These were 10 (47.6%) male and 11(52.3%) female individuals. The researcher asked them about their children, that is, whether they had children, where the children stayed and whether they (children) visited them and cared for them. Table 4.5 summarizes their responses.

Table 4.5: Children of the Elderly

Question (s)	Response(s)	Figures(F)	(%)
Do respondents have children	Have grown up children	20	95.0
	Have no children	1	1.0
Where are children	Children are away from home	16	76.0
	Children at home	5	24.0
Do children visit regularly	Children visit regularly	5	24.0
	Children rarely visit	16	76.0

Table 4.5 shows that only 1(4.8%) of the interviewed elderly had no children. 16(76.2%) of those with children did not live close with their children as they were working or studying away from home. This finding is supported by the findings of (Mba, 2000:4; Apt 2002:122; Ayayo 2004:79; Badasu et al. 2010:17; Baataar 2011), who observes that the status and treatment of the elderly declines due to social changes in the society. Only 5 (23.8%) of them had their children staying at home though not in their parents' compounds. 5 (23.8%) of the interviewed elderly received regular visits from their children. The rest were only visited on special occasions such as holidays. Mindzenty (2015) had a similar study. He stated that the elderly are only visited on holidays. Monetary gifts cannot fully replace the presence of children (Mba, 2000:4). It is possible to conclude from the findings in Table 4.5 that many of the elderly people live alone

and rarely interact with their grown up children. In the same interview with the 21 elderly people, the researcher sought to establish whether they attended religious fellowships and how they were treated during those fellowships. Table 4.6 shows their response.

Table 4.6: Interaction of the Elderly with Other Congregants

Question (s)	Response(s)	Figures(F)	(%)
fellowship attendance	Attended throughout	13	62.0
	Attended sometimes	6	29.0
	Never attended	2	9.0
Treatment by other congregants	Felt fully accommodated	5	24.0
	Felt ignored sometimes	8	38.0
	Did not understand language used	8	38.0

As shown in Table 4.6, only 2(9%) of the interviewed elderly persons never attended church. This shows that the elderly have a desire to participate in the fellowships.

This is similar to the findings of Vail et al., (2009), which states that religion helps soothe fear and insecurity about one's own mortality especially when religion offers immortality.

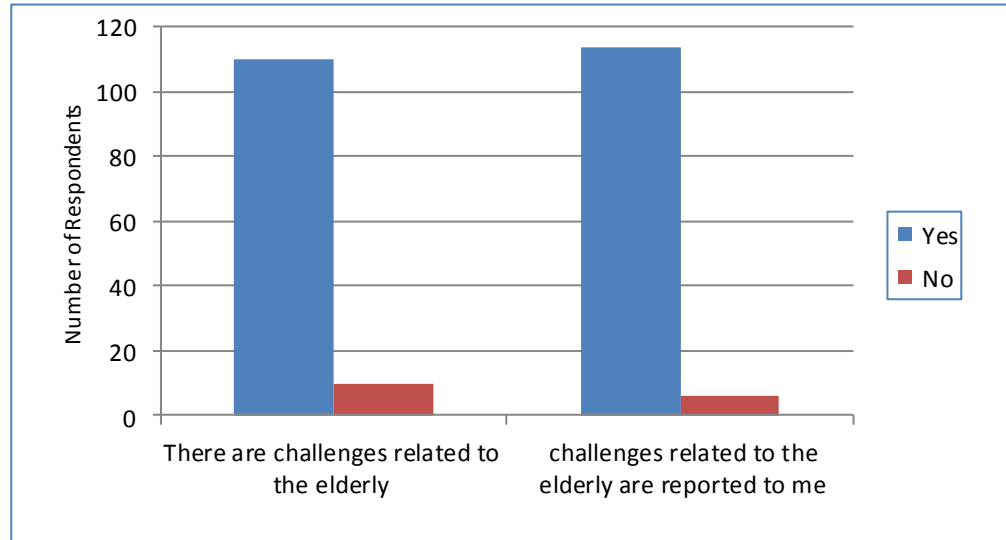
This makes the elderly more active in the fellowships. However, only 5(23.8%) of the fellowship attending elderly felt fully accommodated by the congregation.

8(38%) of them felt that the congregation ignored them some time while eight complained that their congregations used English and Kiswahili during service, languages they did not comprehend.

The researcher went step further and observed fellowships with the intention of noting how the elderly participated. It was noted that elderly people were present in all the congregations and participated in all of them. However, the researcher noted that language was often a barrier to effective participation in fellowships by the elderly; an observation that corroborates what the interviewed elderly persons had indicated (Table 4.6). The researcher also confirmed by observation that congregants ignored elderly people to varying degrees. The researcher also observed that about half of the clergy people were elderly. This raises an important question, why the elderly did not feel fully accommodated even when half the clergy persons were elderly.

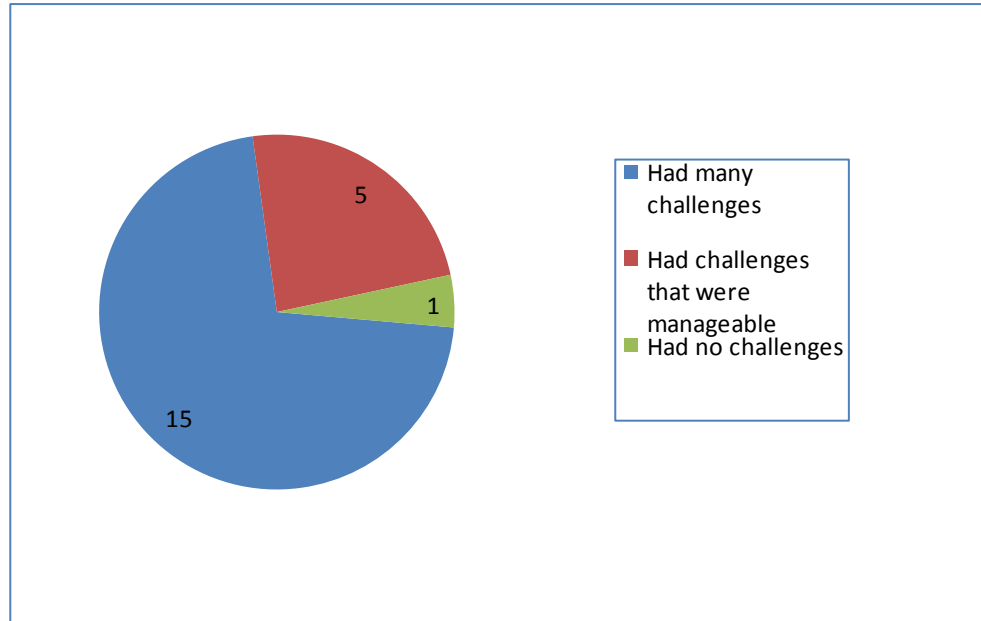
The clergy was asked to state whether the elderly faced challenges in their congregations. Their responses are presented in Figure 4.2

Figure 4.2: The Clergy's View(s) on Challenges Facing the Elderly



As the information in Figure 4.2 shows, only 10(8.3%) of the clergy stated, that there were no challenges facing the elderly in their congregations while only 6 (5%) stated that the challenges were not reported to them. This is evidence that the elderly in the selected congregations are facing challenges and are not reporting them. This is because 110 (91.6) clergy persons stated that there were many challenges facing the elderly and 114 (95%) said that the challenges were reported to them. This is similar to the findings of Wei and Herbers, (2004:249) who found out that, the elderly are sometimes reluctant to speak out concerning their challenges. Further evidence that the elderly face challenges was provided by the interview done with 21 of the elderly persons. Figure 4.3 shows how they responded when asked whether they faced challenges.

Figure 4.3: Interviewed elderly who Faced Challenges



As Figure 4.3 shows, only 1(4.76%) of the elderly interviewed had no challenges, 5(23.8%) faced challenges they said they could manage and 15(71.4%) faced many challenges. The information from these elderly persons and from the clergy lead to the conclusion that majority of the elderly people are facing many challenges.

4.3.2 Factors behind Challenges Facing the Elderly

The second objective of the study was to identify the factors behind the challenges of the elderly. The researcher sought opinions from the clergy, the youth, the middle aged through the questionnaires as well as the interviewed elderly persons on what causes these challenges. The responses are summarized in Tables 4.7, 4.8, 4.9 and 4.10.

Table 4.7: Clergy's Views on Factors behind Challenges of the Elderly

Responses	Figures(F)	%
Children move to urban areas leading to neglect of the elderly	58	48.3
Death of children	28	23.3
Failure of caregivers employed by children to care for the elderly parents	26	21.7
Torture by children	26	21.7
Self neglect	13	10.8
HIV/AIDS	5	4.2
Children abandoning them to be taken care of by the church or leave them in the homes	3	2.5
Death of spouses	13	10.5
Failure of church to take its role of caring for the elderly	28	23.3

Table 4.8: Interviewed Elderly on Factors leading to Challenges of the Elderly

	Figures (F)	%
Children migrating to urban areas	15	71.4
Caring for grandchildren	5	23.8
No issues	1	4.7

Table 4.9: Youth's Views on Factors leading to Challenges of the Elderly

Responses	Figures(F)	%
Children move to urban areas hence neglect	30	50.8
Failure of care-givers employed by children	10	16.9
Self-neglect	4	6.8
HIV/AIDS	2	3.4
Death of spouses	6	10.2
Failure of church to take its role of caring for the elderly	7	11.9

Table 4.10: middle aged Views on Factors Leading to Challenges of the Elderly

Responses	Figures(F)	%
Children move to urban areas hence neglect	44	31.4
Death of children	22	15.7
Failure of care-givers employed by children	14	10
Torture by children	14	10
Self-neglect	11	7.9
Children abandoning them to the church or homes for care	5	3.8
Failure of church to take its role in caring for the elderly	24	17.1

An examination of Tables 4.7, 4.8, 4.9 and 4.10 shows that according to the clergy, the youth, the middle aged that responded to the questionnaires and the elderly persons interviewed, the main cause of challenges of the elderly is when children move to urban areas and leave the elderly to look after themselves. This factor was cited by 58 (48.3%) of the clergy, 30 (50.8%) youth, 44 (31.4%) middle aged and 15 (71.4%) of the interviewed elderly persons. This corroborates the findings of Kaseke, (1999:97), who asserts that due to industrialization, urbanization and westernization, the younger family members are moving to urban centers to make a living hence the extended family is no longer a source of

security for the elderly. Consequently, the elderly are left with no one to look after them. This finding is similar to that of Apt (2002:120) and Mba (2000:4) that due to transformation of African society, the elderly are left alone in rural homes resulting to neglect.

Death of children is the second cause of the challenges facing the elderly. 28 clerics (23.3%) cited it as a major problem. The elderly have no one to look after them when their grown up children die. At the same time, the elderly are often left to care for grandchildren. 5(23.8%) of the interviewed elderly noted the burden of caring for grandchildren as a cause of concern. This resonates with the findings of Hughes, Linda, Tracy and Ye Luo (2008:1146) who observed that caring for grandchildren has drastic and widespread negative effects on grandparents' health. This is contrary to Waldrop and Weber; (2002:470) who highlighted that caring for grandchildren makes the elderly healthier and more active. In relation to this, 5(23.8%) clerics noted that HIV/AIDs has led to the death of grown up children of the elderly thus the elderly are left to care for grandchildren. This further corroborates the study by Ssengonzi, (2009:309) who stated that care of the AIDs orphans is mostly left to the elderly grandparents.

26 (21.7%) clerics noted that sometimes the people hired to care for the elderly fail to provide appropriate care and that the elderly are tortured by their own children. This is similar to the findings of UN (2010) & Harriet, (2002) which states that the elderly depend totally on family as care-givers and in the process

are abused. Fallon, (2006:7) and Krug et al., (2002:136), also noted the problem of violence within families. At the same time, when these elderly persons are viewed as a burden, they are more likely to be abused by family members and those tasked with caring for them. This further corroborates with studies by Podniecks, (1992:20), who observed that those tasked with responsibility of caring for the elderly view them as a burden.

Self-neglect was also noted as a cause of the challenges facing the elderly by 13 (10.8%) of clerics, 4 (6.8%) youth and 11 (7.9%) middle aged. This is similar to the findings of Comijs *et al.*, (1998:886) which states that self-neglect is likely to happen when the elderly live alone. The elderly are likely to forget about basic things concerning their lives. This includes: Refusal to take assistance from the church and their neighbors, failure to cook or eat, refusal to bathe among others.

All the 519 congregants highlighted the challenges that the elderly people were facing as presented in Table 4.11

Table 4.11: Challenges Facing the Elderly

Issues	Respondents in Figures	%
Rape by strangers	40	7.7
Self-neglect	146	28.1
Dementia	82	15.8
Inadequate basic essentials of life	58	11.2
Lack of attention by the church	128	24.7
Theft	38	7.3
Discrimination	110	21.2
Financial exploitation	72	13.9
Medical	52	10
Neglect	220	42.4
Abandonment	194	37.4
Violation of Rights	98	18.9

Table 4.11 contains the problems facing the elderly as outlined by the respondents. The elderly are victims of sexual abuse according to 40 (7.7%) respondents. This is often done by strangers. This corroborates with Kosberg, (1995:187) who observed that the elderly are sexually abused, suffer violence and theft. Many lack the basic necessities of life such as food and clothing according to 58(11.2%) respondents. This is similar to the findings of Hudson (1991:11), that the rights of the elderly are often violated. They are also vulnerable to theft

38 (7.3%), where people steal their property. The elderly suffer from abandonment 194(37.4%), neglect 110 (91.7%) by those who are expected to look after them and self-neglect 146 (28.1%). According to 52(10%) respondents, their health is also jeopardized as health facilities may withhold medication or over-medicate them. The elderly have many of their rights violated according to 98 (18.9%) respondents. 82(15.8%) clerics also noted that the elderly may suffer from dementia which diminishes their ability to care for themselves. This is similar to the findings of Kosberb (1995:186), that the elderly are over-medicated, sexually abused and suffers theft.

4.3.3 Effects of Challenges Facing the Elderly on the Church

120 clerics that responded to the questionnaires were asked to state whether these challenges had effects on the congregation. Their responses are in Figure 4.4 and Table 4.12

Figure 4.4: clergy's views on whether Challenges of the Elderly Affect the Church

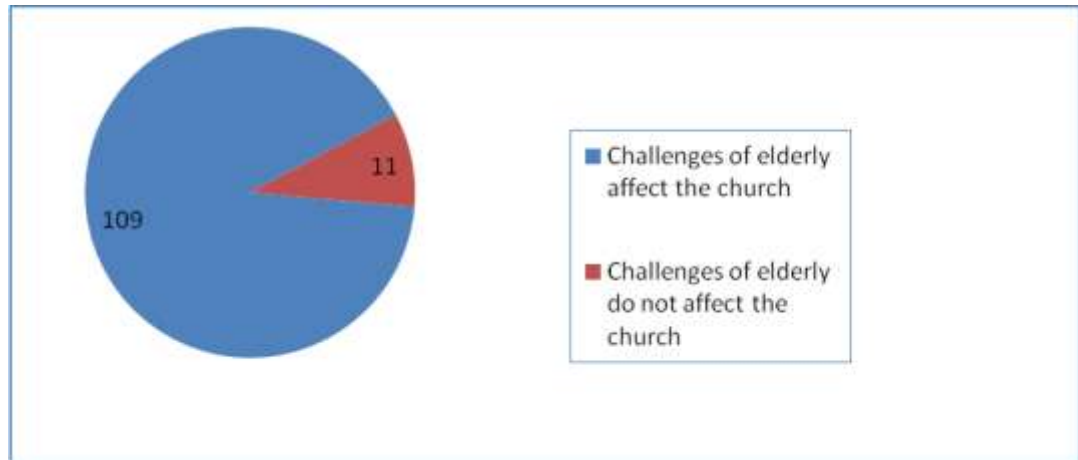


Table 4.12: Effects of Challenges of the Elderly on the Church According to Clergy

Responses	Figures (F)	%
Lack of concentration by the elderly in the church service	75	62.5
Reduced church membership	56	46.7
Financial strain caring for elderly	40	33.3
Loss of leadership experience	29	24.2

According to Figure 4.4, 109 (90.8%) of the clergy agreed that challenges facing the elderly affect the church. In Table 4.12, there is lack of concentration by the elderly during the church service; membership in the church has reduced as the elderly fail to attend services. Caring for the elderly places a strain on the church

since the elderly expect the church to assist them when in need. They also noted that the church has lost experienced leadership when the elderly stop contributing to the church.

The researcher interviewed 21 clergy persons to get their perspectives on the challenges affecting the elderly. They were asked to state whether these challenges affected them personally as clergy. Their responses were as shown in Table Figure 4.5

Figure 4.5: Views on whether Challenges of the Elderly affects the Clergy

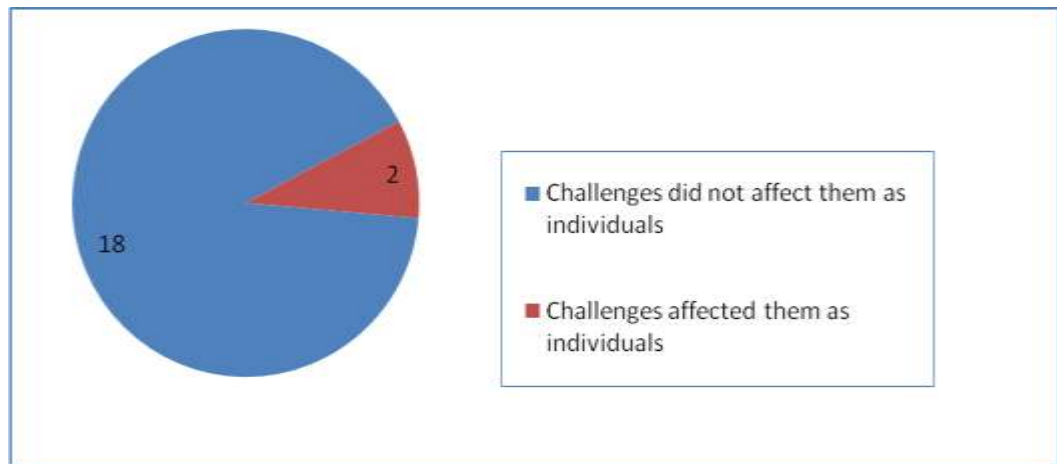


Figure 4.5 shows that 18(85.7%) of the interviewed clerics were not affected personally by the challenges. They responded that they were not affected because they did not receive any report of their members who had challenges. This was a clear indication that the elderly who had challenges rarely reported them. This corroborated the findings of WHO (2002), that the elderly rarely reported their abuse. It remains hidden from the community. 2 (9.5%) clerics said that they were

personally affected. They were affected personally because they shouldered the burden of sensitizing the laity on problems facing the elderly that were reported to them and that they were sometimes blamed by the community for not caring for the elderly.

All the 519 respondents that filled the questionnaires including: The clergy, elderly, youth and middle aged were asked to give their views on the effects of the challenges facing the elderly. Their views are in Table 4.13

Table 4.13: Effects of challenges of the Elderly

Responses	Figures(F)	%
Challenges burden the church that is expected to intervene	165	31.8
Premature death of the elderly	193	37.8
Hatred of the elderly persons' children by community	54	10.4
Psychological torture	34	6.6
Contracting HIV/AIDs from rape	73	14.1

Table 4.13, shows the effects of the challenges of the elderly. 193(37.8%) respondents highlighted premature death as an effect of challenges facing the elderly. Premature death is one of the effects noted by Silverstein and Bengstone (1991:383), who stated that the elderly are susceptible to premature death. This study further found that some of the factors associated with premature death of

the elderly include; loneliness due to abandonment or widowhood, abuse by caregivers or family members, lack of access to medical care and lack of basic needs.

Secondly, 165 respondents (31.8%) stated that the elderly become a burden to the church. The church is often forced to intervene and help the elderly and this requires resources that are scarce. Another effect cited by 73(14.1%) respondents was that the elderly contracted HIV/AIDS from sexual assault. This is similar to the findings of Owen, (1996:114) which states that the elderly are sexually assaulted. The elderly also suffered psychological torture and their children experienced pressure from the community.

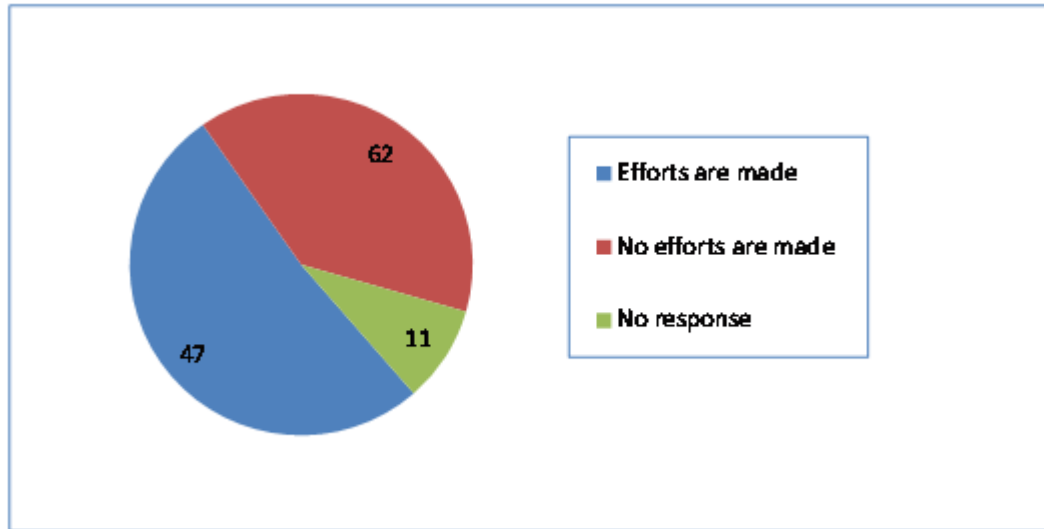
4.3.4 Efforts of the MCK in Addressing challenges of the Elderly

4.3.4.1 Strategies to Curb Challenges of the elderly by the MCK

The clergy that answered questionnaires were asked whether efforts were made in their congregations to solve the challenges facing the elderly.

Figure 4.6 shows the proportion of clergy whose congregations made efforts to address the challenges facing the elderly.

Figure 4.6: views of the clerics on efforts made to address challenges facing the Elderly



An examination of Figure 4.6 reveals that more than half of the clerics 67 (51.7%) said that their congregations did not make efforts to solve the challenges facing the elderly while 47(39.2%) said that their congregations made efforts.11 (9.2%) of them did not respond. This revealed that the church did very little to help the elderly that had challenges. This agrees with the finding of Help Age International (2005), which asserts that in Dufur in Sudan during communal clashes, the elderly were abandoned and others killed. The government and the church did not make any special arrangements to rehabilitate these elderly who were isolated.

The clerics who said their congregations made efforts to address the challenges facing the elderly stated measures they had taken in that regard. These are summarized in Table 4.14

Table 4.14: Measures Taken by Congregants to Solve Challenges of Elderly

Responses	Figures(F)	%
Congregants visiting elderly people in their homes	30	63.8
Inviting local administrators to talk on care of elderly	5	10.6
Elderly day celebrated	5	10.6
Having programs like income generating projects to help elderly	7	14.8

As Table 4.14 shows, the church has implemented some measures to deal with the problems facing the elderly. These include members visiting the elderly in their homes 30(63.8%), inviting local administrators to talk on care of the elderly 5(10.6%), celebrating elderly day 5(10.6%) and having programs to help the elderly 7(14.8%). These measures are however, not adequate compared to the magnitude of challenges.

The researcher sought to find out from the 140 middle aged how often the elderly were visited. The researcher also was interested in finding out whether the administrators were invited to talk about care for the elderly. In addition, she sought to find out whether free drugs were given to local health officers to cater for the elderly and whether they celebrated a day for the elderly. The responses are in Table 4.15.

Table 4.15: Frequency of Caring for the Elderly According to the Middle Aged

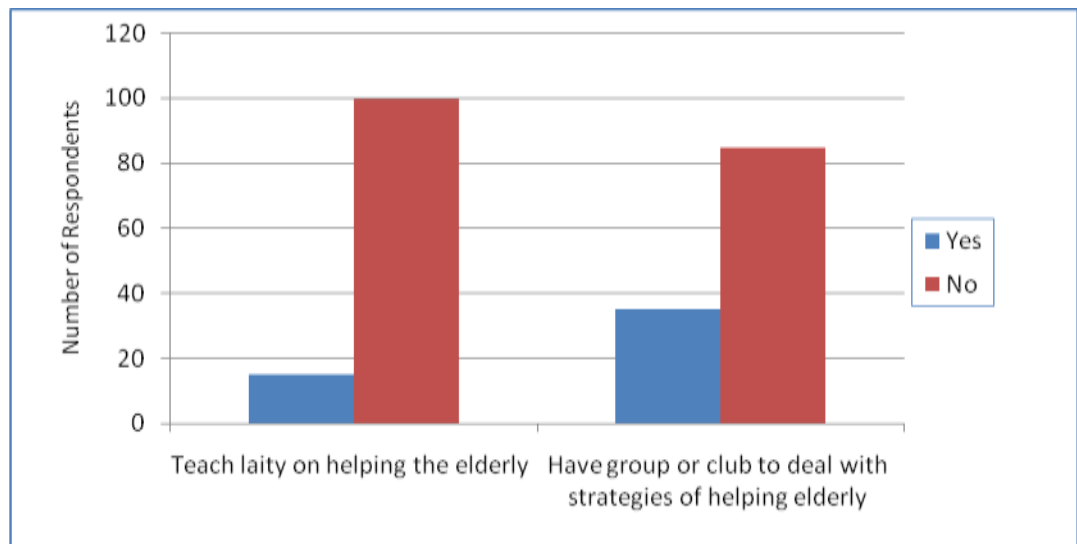
View	Frequency	Response(s) in Figures	%
Visit the elderly	Often	13	9.3
	Rarely	50	35.7
	Never	77	55
Invite local administration	Often	-	-
	Rarely	-	-
	Never	140	100.0
Give free drugs	Often	-	-
	Rarely	2	1.4
	Never	138	98.6
Celebrate elderly day	Often	-	-
	Rarely	-	-
	Never	140	100.0

The information in Table 4.15 shows how often congregants catered to the elderly. According to more than half of the middle aged, 77(55%) the elderly were never visited while one-third figure 50(35.7%) said they were rarely visited. Only 13(9.3%) of them said the elderly were visited. It is clear that few of the elderly people enjoyed visits from the clergy. All middle aged 140 (100%) said that local administration officials were never invited to talk about caring for the

elderly nor was a day for the elderly celebrated. With the exception of 2 middle aged respondents, all 138(98.6%) said that free drugs were never given to help the elderly. Of the four measures taken to help the elderly according to Table 4.15, the elderly only enjoyed visits. This led the researcher to conclude that the efforts made by the church to solve challenges facing the elderly were inadequate compared to the magnitude of challenges.

The clergy were asked whether they taught the laity how to help the elderly and if they had a group or club to deal with strategies for helping the elderly. Their responses are in Figure 4.7

Figure 4.7: Measures Taken by Clergy to Help the Elderly



An examination of Figure 4.7 reveals that only 15(12.5%) clerics taught the laity about the challenges facing the elderly and possible ways of addressing these challenges while the rest did not 6 (28.5%). At the same time, only 35(29.2%) clerics had groups or clubs to help the elderly.

The researcher sought to find out from all 519 respondents that responded to the questionnaires how their congregations approached the challenges of the elderly. Table 4.16 highlights some strategies for caring for the elderly and the proportion of respondents who agreed that those strategies were used in their congregations.

Table 4.16: Approach of the MCK on the Care of the Elderly

Responses		Figures (F)	%
Elderly are consulted when making important decisions in the church	Yes	413	79.6
	No	26	5.4
	Not aware	80	15.4
There are church programs for the elderly	Yes	121	23.3
	No	391	75.3
	Not aware	7	1.3
Church helps elderly access health care	Yes	29	5.6
	No	489	94.2
	Not aware	1	0.2
Money generating activities for the elderly	Yes	19	3.7
	No	500	96.3
	Not aware	-	-
Programs to teach and develop the elderly	Yes	43	8.3
	No	469	90.4
	Not aware	7	1.3
A group to deal with the elderly	Yes	6	1.2
	No	513	98.8
	Not aware	-	-
Clergy teaching on care of the elderly	Yes	19	3.7
	No	500	96.3
	Not aware	-	-
Visiting the elderly	Yes	382	73.6
	No	137	26.4
	Not aware	-	-
Church owned home for elderly	Yes	-	-
	No	519	100.0
	Not aware	-	-
Plans to build home for elderly	Yes	-	-
	No	519	100.0
	Not aware	-	-

According to Table 4.16, 413(79.6%) of the respondents stated that the elderly were consulted when making major decisions affecting the church. This shows

that largely, the opinions of the elderly are sought during decision making. Only 121(23.3%) of the respondents said there were church programs for the elderly, 29(5.6%) said the church helped the elderly get healthcare, 19(3.7%) said there were money generating activities for the elderly, 43(8.3%) said there were programs to teach and develop the elderly and 6(1.2%) said there was a committee to deal with issues of the elderly. These small numbers of respondents agreeing with the aforementioned activities indicates that very few of the congregants engage in them. At the same time, none of the respondents agreed that their congregation owned a home for the elderly or had plans to build one. Meanwhile, 382(73.6%) of the respondents said that their congregants visited the elderly. From the findings in Table 4.14, it is possible to conclude that visiting the elderly is the only activity most congregants engaged in as far as caring for the elderly is concerned.

The 21 interviewed clerics were asked to state the efforts they personally made to help the elderly and the 21 elderly persons were asked to outline the impact of the church in helping them. Their responses are in Figure 4.8 and Figure 4.9.

Figure 4.8: Measures taken by the Clergy to help the Elderly



A look at Figure 4.8 reveals that 10 out of the 21 interviewed clerics visited the elderly that they knew had challenges. They did this to give them support. 5(23.8%) of them had no strategy for helping the elderly whereas 6(28.57%) did not respond. This shows that minimal effort is made to care for the elderly. Figure 4.9 gives the responses from the elderly on the same.

Figure 4.9: The Elderly views on the Help Received from the congregation

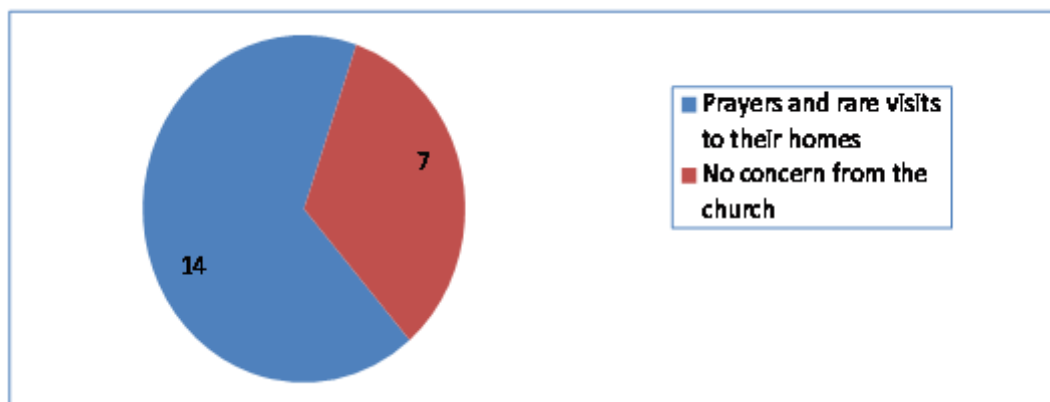


Figure 4.9 revealed that the 14(66.6%) elderly persons had benefited from prayers and occasional visits to their homes while 7(33.4) of them had not received assistance from the church. This leads to the conclusion that the church being the main social formal institution where the elderly are found regularly, needs come up with an elaborate effort to support their elderly congregants.

4.3.4.2 Effectiveness of Strategies to address elderly challenges

The researcher sought to find out from the questionnaires, whether the strategies used to help the elderly were effective. The clergy, youth and middle aged were asked whether they were satisfied with the care given to the elderly. Their responses are in Table 4.17

Table 4.17: Effectiveness of the Care Given to Elderly

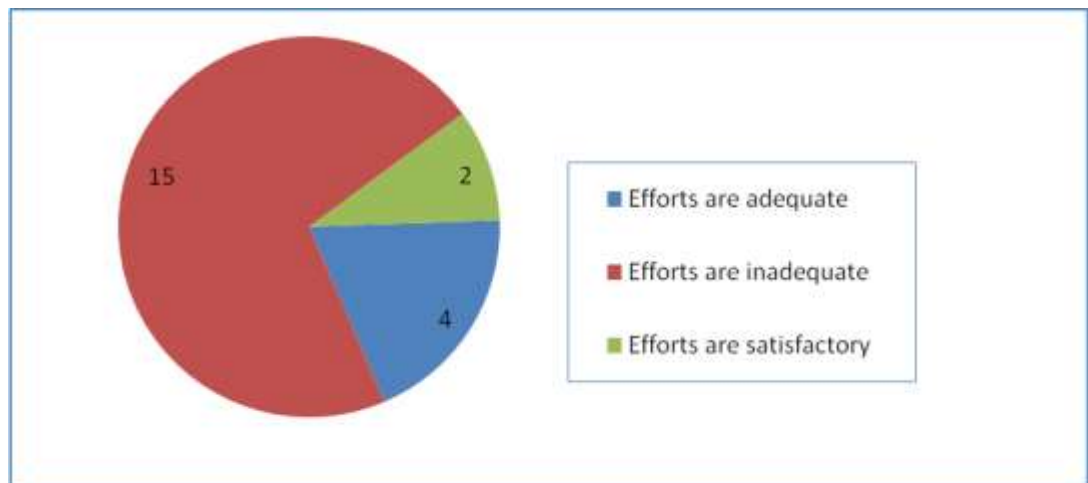
Respondents	Responses	Response in Figures	%
The Clergy	Satisfied	20	16.7
	Not satisfied	100	83.3
Youth	Satisfied	50	79.3
	Not satisfied	9	14.3
Middle Aged	Satisfied	37	26.4
	Not satisfied	103	73.6

Table 4.17 indicates that majority of the clergy 100(83.3%) were not satisfied with the care given to the elderly. For the youth, only 9(14.3%) of them were not satisfied and for the middle aged, 103(70%) were not satisfied. This finding

suggests that the age of the respondents determine how they view effectiveness of the care given to the elderly. The youth, being young people may fail to identify with the elderly. Therefore, to them whatever care given is adequate. This is also evident in the views of Mahzarin and Anthony (2013:250), who stated that the middle aged can identify with the aged since they are also advancing in age therefore they are more concerned with the challenges facing the elderly.

The researcher asked the 21 clergy interviewed whether they thought the strategies for caring for the elderly were adequate. Their responses are in Figure 4.10

Figure 4.10: Clergy's Satisfaction with Care of Elderly



According to Figure 4.10, most of the interviewed clerics, 15(71.4%) said that the activities their congregations carried out were inadequate. 19(4%) felt that the

efforts were adequate and 2(9.5%) said they were satisfactory. The researcher concluded that the activities were unsatisfactory guided by majority of respondents. The church needed to do more in collaboration with the government and NGOs to support the elderly.

4.3.4.3 Problems Encountered by the Clergy in Dealing with the Elderly

All the 120 clerics that responded to questionnaires enumerated a number of problems that they encountered when dealing with the elderly. Their responses are presented in Table 4.18.

Table 4.18 Problems Encountered by the Clergy in Dealing with Elderly

Problems	Figures (F)	%
Members not taking helping elderly seriously	35	29.1
Members lacking time to care for the elderly	20	16.6
Clerics have too many needy cases to address	14	11.6
Ignorance about needy cases	51	42.5

According to the information in Table 4.18, 51(42.5%) clerics said that the clerics are ignorant about the elderly facing challenges. The second problem according to 35(29.2%) clerics is that the congregants believe that caring for the elderly is the

responsibility of their own children hence they do not take it as duty. Congregants also lack time to care for the elderly as stated by 20 (16.7%) clerics. Finally, 14 clerics (11.7%) stated that there were many cases of the elderly facing challenges to attend to, hence unable to intervene. This is clear evidence that the church has inadequate interventions to the elderly challenges. There is need to sensitize the congregants on the strategies to care for the elderly.

The clerics were asked to suggest strategies that could help the ordinary congregants, clergy and the community to sustain support for the elderly. Their suggestions are presented in Table 4.19.

Table 4.19: Sustainability of Support Given to the Elderly

	Strategies to help	F	%
Congregants	Having elderly day	65	54.2
	Forming groups to organize the care	45	37.5
Clergy	Having elderly day	89	74.2
	Forming groups to create awareness about challenges facing the elderly	27	22.5
	Committing them to elderly care homes	2	1.7
Community	Having elderly day to create awareness about challenges facing the elderly	120	100.0

Table 4.19 contains suggestions from the clergy on how the ordinary congregants, the clergy and the community can sustain support for the elderly. The clergy suggested having an elderly day 65(54.2%) and forming committees to organize about care to be offered to the elderly 45(37.5%). The clergy suggested having an elderly day 89(74.2%), forming committees to create awareness 27(22.5%) and committing the elderly to elderly care homes (only 2 clerics suggested this). The clerics also suggested having an elderly day to create awareness on the needs of the elderly. With these interventions the elderly would be helped to greater degrees.

4.4 Summary

The quest for this field research was to establish the impact of MCK in addressing challenges facing the elderly. Data collected revealed that there were inadequate interventions to care for the elderly. The researcher observed that there was a significant relationship between abuse and neglect. It is important to note that from observation made and data collected, the church and the government has not done much in Meru in relation to increasing number of challenges of the elderly.

CHAPTER FIVE

5.0 SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter summarizes the findings of the study and presents conclusions and recommendations of the study as well as indicates areas that require further research. The purpose of the study was to find out the impact of MCK in addressing challenges facing the elderly in Imenti South, which is located in Meru County.

5.2 Summary of Study Findings

In Chapter One of the thesis, the background information to the problem was discussed. Related literature was reviewed in chapter two along aforementioned key objectives. The discussion here below presents a summary of the study findings.

5.2.1 Challenges Facing the Elderly and their Underlying Causes

The literature reviewed raised many challenges facing the elderly and also discussed their causes. The findings showed how difficult it is, to readily distinguish between the challenges and their causes. This was so because a factor could be a challenge looked at from one angle while from another it was a cause to another challenge. For instance, neglect was cited by 58 out of 120 clergy respondents as one of the challenges facing the elderly. The same factor was

indicated by 220 out of 519 respondents from the questionnaires and in the interviews, being a cause to many of the challenges the elderly were facing. Some of the challenges which resulted from neglect were rape by strangers, inadequate essentials of life, among others. Moreover, it was faulted to have been a cause to financial exploitation and theft, among others.

The elderly cited urbanization as a major factor underlying their abuse and neglect. As a result of these, the elderly found themselves in isolated situations where they were lonely while others were abused. Death of their children exposed the elderly to negative concomitant effects such as taking care of their orphaned grand children which burdened them at their old age. The lack of financial support led others yielding to diseases such as high blood pressure and hence found themselves weak and frail. The result of which were self-neglect, poverty, and conflict with the church which sometimes leads to failure to attend church fellowships.

To some extent, lack of adequate interventions from both the Church and their children was seen as part of the challenge. This ended up plunging the elderly in more difficult situations. The elderly ended up by having negative attitudes to the help availed to them by the church such as counseling, among others. However, many of the challenges facing the elderly and their causes were outside their power to eradicate completely. Such challenges include abuse by care-givers,

death of spouses, dementia, theft, discrimination, bad governance in both the church and the government and poor implementation of the government policies especially concerning abuse of the elderly.

5.2.2 Extent to which the Challenges Affected the Elderly

The challenges facing the elderly were found to have far reaching effects on their lives. Due to the challenging situations, some elderly found themselves suffering from chronic diseases. Others neglected themselves. For instance lack of basic essentials of life. Some plunged into poverty and engaged in conflicts with their children and neighbors often.

The aforementioned challenges often lead to poor health. Other effects were failure to attend church fellowships and isolation as measures to escape from the frustrating situations. However, some elderly people were found to have successfully overcome their challenging situations as they had managed to carry on with life as though it bore no challenges at all. Such had been able to cater for themselves and attend all the church fellowships. Others had been able to care for their grand children who were under them. A case to mention was an elderly woman whose children had migrated to urban centers after death of their elderly father. She was left alone in the rural home with a two years old granddaughter to take care of. Through well wishers, who supported the destitute people by giving them foodstuffs, they had lived happily. The elderly woman was at the time a retired teacher having retired in 2005. Her husband was deceased.

5.2.3 Impact of MCK in Addressing Challenges Facing the Elderly

Part of the research findings confirmed the fears that were raised in the background to the study and therefore satisfied the objectives and questions. Both the literature reviewed and the conceptual framework has it that the elderly were a very crucial group to the church and the society at large.

Some of the literature that was reviewed identified the elderly as people who can easily be affected positively or negatively. The MCK in Imenti- South was found to have taken steps to positively affect the elderly in order for them to feel valued and an integral part of the church. It did this by visiting them, offering material support and engaging them in church leadership where they were involved in making major decisions affecting the church. By doing this, the church demonstrated its care for the plight of its elderly hence helped them to feel accepted and important. The church did this to cushion the elderly against any possible challenge that could impact on them negatively.

However, some of the elderly had been adversely affected by the challenges which they encountered from time to time. Confronted by this reality, the MCK Mikumbune circuit had taken the initiative to address challenges facing the elderly as it understood that it had a social responsibility to take care of them. By doing so, it was demonstrating its adherence to the social teaching of MCK of transforming its vulnerable members into useful people necessary for the service

of the church. It was also found to have a great potential of establishing and running counseling programmes by including the elderly.

5.2.4 Constraints of MCK in Addressing Challenges of the Elderly

The MCK in Mikumbune Circuit was found to face shortcomings even as it handled the elderly. First and foremost, majority of its clerics were not adequately skilled to handle the elderly. The cleric respondents informed the study that as a result lack of time, many needy cases and ignorance of the needy cases among the elderly there is inadequate involvement in the elderly ministry. The congregants also poorly participated in the elderly care activities at the circuit. This was found to be caused by lack of awareness, enough time and lack of skills on addressing challenges of the elderly, among others.

The MCK in Imenti-South was also found to have comparably few programmes for the elderly members compared to the numerous numbers of the elderly congregants. This was because the clergy at its disposal had enormous responsibilities besides the elderly ministry. This made it difficult for them to give undivided attention to the elderly.

20 cleric respondents argued that the Circuit was too large, and that the population was also high. Their circuit had been assigned few reverends. According to them, it was very difficult to manage to serve all groups of Christians under them effectively due to time constraints. The Church had also to deal with the challenge

of diverse categories of the elderly in terms of age, education levels and economic status among others. Bringing all these diverse categories of elderly together and have them work as a single unit, required a professional touch and enough time. Owing to the large number of the elderly in need of attention, the church was short of resources such as money, time and capacity to cater for the many deserving elderly.

The study found out that most adult children were not fully providing their elderly parents in terms of financial support as well as social support. Church leaders and adult children neglected the elderly. The elderly were also not involved in making critical decisions by their children even those which concerned their own lives.

The research also found out that the church has done quite a commendable job in trying to mitigate the socio-economic challenges facing the elderly in the county. However, a lot more remains to be done by the church and other stakeholders such as more guidance and counseling sessions through the church leadership and other trained counselors. For the guidance and counseling to succeed, the Church must equip the ministers in charge of the elderly in the circuit with counseling skills appropriate for elderly ministry.

The MCK Mikumbune Circuit was found to have created committees such as financial support committee, visitation committee among others. However, the

study found that even in its efforts, the church did not have enough personnel to work with the elderly. It was also criticized for Poor management of some of those committees, leading to their breakdown. Some of the elderly interviewed complained of being neglected by the church.

5.3 Conclusion

The findings of this study are can be useful to stakeholders involved in all sectors which have interest or are in one way or another concerned with the elderly. Based on the results of this study, the MCK Mikumbune circuit is not satisfactorily addressing itself to the current challenges confronting its elderly.

The Church has managed to recognize and brace itself for its responsibility to the elderly albeit to some degree. It does so realizing that the elderly are its help for now. More so, as a family, the church acknowledges that it has a social and basic role to care for the elderly. The church therefore, holds the elderly as crucial members of her congregation. As a result, the church had employed certain measures to enable it care and protect its elderly from any factor which may threaten their survival or health. The MCK as an institution had great potential for succeeding in developing effective ways of caring for the elderly. Besides, the church had attempted to assist those, among its elderly, who were already in frustrating situations.

The study concludes that there are several challenges facing the Elderly in Meru County. In summary, these socio-economic challenges facing the elderly in the County include: Neglect, rape, theft, diseases, lack of basic essentials of life, lack of elderly guidance and counseling from the church since many of them fail to attend church proceedings as well as activities organized by the same.

5.4 Recommendations

On the basis of the findings, discussions as well as conclusions, and in line with the objectives of this study, the following recommendations are suggested for effective address of the challenges facing the elderly by the MCK of Mikumbune Circuit in particular and Kenya as a whole.

To start with, the church should engage experts in non-biased baseline study to identify the main challenges facing its elderly. It is from this that the stakeholders should come up with strategies, tailor-made to address the raised challenges. By carrying out the suggested investigation, the church should come up with a collaborative system of probable joint ventures' with other stakeholders such as the National Government and the County Government of Meru to bail the elderly from these challenges.

In the collaborative joint ventures suggested between the church and the two levels of governments, the study would come up with the underlying factors

leading to these challenges. This study has already found out that one of the key factors to the challenges facing the elderly is neglect. This by extension was found out to be leading to poverty since many elderly people had barely basic essentials of life. Their adult children were largely unable to support them financially.

This study recommends that the law enforcers should ensure that all vulnerable elderly be taken care of by their adult children. This is a long term measure so that the elderly of the future to be supported financially and be well equipped for life challenges.

Secondly, the MCK should write its policy on elderly care clearly and concisely for it to be well understood and implemented by church leaders. It should disseminate the policy statement widely to the entire Methodist Communion in Kenya. The policy should clearly stipulate the support that the church would give the elderly. This is a long term measure so that the elderly of the future to be supported financially and be well equipped for life challenges

Thirdly, the study found out that some of the elderly were not attending the church services and activities. This was largely as a result of the static way the church operates including a degree of elderly exclusivity. This study therefore recommends that the church seek ways of including the elderly through dynamism by including them in more church activities. Elderly day should be

established in the church which would be entertaining to the elderly. These are things that the elderly identify more with.

Fourth, the study further recommends that the MCK should strengthen home-based fellowships that will include the elderly congregants. The church needs to encourage the elderly to belong to home fellowships in their home areas. These home-based fellowships should meet regularly for congregants to form close relationships. The clergy need to maintain contact with the leaders of such home-based fellowships. This will create awareness about ant challenges facing the elderly.

Fifth, on the effects of the challenges facing the elderly, the study recommends that the elderly be engaged in relevant empowerment programmes by the stakeholders. This would make them more of independent as opposed to the dependants most of them were found to think about.

Sixth, the church should ensure that the church leaders are well-trained and equipped with necessary skills to handle the elderly. This includes exposing the lay leaders and clergy to regular seminars and workshops to gain counseling skills which are vital in dealing with the elderly. The church should organize regular refresher courses for the clergy on elderly care.

Seventh, the study recommends that the church should openly talk about the challenges facing the elderly. Sermons touching on challenges of the elderly need to be addressed even when problems have not occurred. This would prepare Christians to view challenges facing the elderly as a reality and as part of life.

Eighth, the study recommends that the elderly should embrace the little support offered by the church. They should be encouraged to speak about their problems so that the church can assist them resolve those problems.

Finally, MCK should designate a clergy to co-ordinate all the elderly care activities. He/she would be in charge and should therefore be freed from all other duties. The clergy in charge should involve the community of believers in the congregation. This would make it easier to identify serious issues that need attention.

5.5 Suggestions for Further Research

Further research related to this study needs to be carried out to fill the gaps revealed by the study as presented in this section. They are drawn from the finding; based on the research objectives and premises.

The study, through the first and second objectives, sought to find out the status of the elderly and factors behind their challenges in Imenti-South and their causes.

The research findings found a gap in that the elderly were so diverse in terms of age and economic status.

Owing to this, research could be carried out to establish the most efficient strategies that could be put in place in order to effectively address the challenge caused by various diversities among the elderly.

Objective three of the study looked into the effects of the programmes of the Methodist Church in addressing the concerns of the elderly in Imenti South. The church was found to have put some strategies in place in its effort to do so. For instance, it has a project of visiting the elderly members in their homes and giving them foodstuffs through which the elderly get help. However, a gap was found in that some elderly complained of neglect by the church and the diversity of the availed activities by the church. A research on the ways of diversifying activities meant for the elderly in the church in order to accommodate the different diversities within the aged people is important. This is because the current study established that many of the elderly hardly got interested in the activities in their congregations.

Objective Four further studied Suggestions on holistic strategies to address challenges facing the elderly in Imenti South. From the research, it was found that many of the clerics and lay persons accorded the responsibility to work with the

elderly were not well equipped for the job. A study may be undertaken to further investigate how adequately the different clerics and lay people were equipped, before they were accorded the responsibility to handle the elderly entrusted to them. This would probably suggest ways through which they could be prepared to take up that responsibility.

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APPENDICES

A1: Questionnaire for the Clergy

I am Kathambi Fridah, a Masters student at Kenyatta University and currently carrying out a study about the impact of the Methodist Church in addressing challenges facing the elderly. You have been selected to take part in this study. You are kindly requested to respond to all the questions with honesty. All information will be treated with confidentiality.

SECTION A

1. Name of the congregation.....

2. Gender

Male [] Female []

3. Age 1-25[] 26-35[] 36-45[] 45-59[] 60 and above []

4. Marital status

Married [] Not married [] Window/widower [] No
response []

5. For how long have you served as church elder?

Below 2years [] 2-5years [] Above 5years [] Above 20years []

SECTION B

Tick the most appropriate answer.

1. Who makes the majority of the laity or followers in your church?

- a) The elderly [] b) Middle aged [] c) Youth []

2. Majority of clergy are: a) The elderly b) Middle aged c) Youth

3. How often do your congregation visit the elderly?

- a) Quite often [] b) Often [] c) Rarely [] c) Never []

4. Church invites representatives of local administration to talk about the elderly

- a) Many times [] b) Occasionally [] c) Rarely [] d) Never []

5. Church gives free medical drugs to the local health officers to assist in treating the elderly

- a) Many times [] b) Occasionally [] c) Rarely [] d) Never []

6. How many times do you celebrate the elderly day?

- a) Many times [] b) Occasionally [] c) Rarely [] d) Never []

7(i) Are there challenges related to the elderly in your church? Give examples

- a) Yes [] b) No []

(ii) If the answer above is (a), what do you think causes the challenges? Give examples

.....
.....
.....
.....

8. What are the effects of the challenges facing the elderly on the Church? Give examples

.....
.....
.....
.....
.....

THANK YOU FOR YOUR COOPERATION.

A2: Questionnaire for the Congregants

I am Kathambi Fridah, a Master's student at Kenyatta University and currently carrying out a study about the impact of the Methodist Church in addressing challenges facing the elderly. You have been selected to take part in this study. You are kindly requested to respond to all the questions with honesty. All information will be treated with confidentiality.

Tick against Yes or No

1(i) Does your congregation have people aged 60 years and above?

(Yes) (No)

(ii) If yes are they consulted when making decisions?

(Yes) (No)

2. Do the congregation have programmes for the elderly?

(Yes) (No)

3(i) does it have a home for the elderly?

(Yes) (No)

(ii) If the answer for number 3 (i) is no, does the congregation have plans for building one?

(Yes) (No)

4. Does the church help the elderly access good health care?

(Yes) (No)

5. Does it have any income generating projects for the elderly?

(Yes) (No)

6. Other than church fellowships, does the church have programmes for teaching and developing the elderly?

(Yes) (No)

7. Does the congregation have a group that deals with the issues of the elderly?

(Yes) (No)

8. Does the church teach about care of the elderly?

(Yes) (No)

9. Does the church visit the elderly who are not able to attend the service?

(Yes) (No)

10(i) Are there challenges affecting the elderly in your community? List them.

(Yes) (No)

(i) If the answer for (10a) is yes, which are some of the challenges?

.....
.....
.....
.....

11. What do you think are the effects of the challenges affecting the elderly? List them.

.....
.....
.....
.....

12. Are you satisfied with the care that the elderly are receiving? (Yes) (No)

13. Give reasons for your answer above

.....
.....
.....
.....

THANK YOU FOR YOUR COOPERATION

7 i) Do you know of any challenges facing the elderly within your community?

.....
.....

ii) If your answer above is yes, what do you think causes the challenges?

.....
.....

8. What effect do the challenges facing the elderly have on you as a clergy member?

.....
.....
.....

9. What is your reaction about the effort of the church in addressing challenges facing the elderly?

- (a) Satisfactory (b) Adequate (c) Inadequate

10. Give your suggestion on the way forward if the feeling above is inadequate

.....
.....

THANK YOU FOR AVAILING YOURSELF FOR THE INTERVIEW

A4: Interview Guide for the Elderly

I am Kathambi Fridah, a Master's student of Kenyatta University and currently carrying out a research study on the impact of the Methodist Church in addressing challenges facing the elderly. You have been selected to take part in this study. You are kindly requested to respond to all the questions with honesty. All information will be treated with confidentiality.

SECTION A

1. Name of congregation.....

2. Age.....

3. Gender.....

SECTION B

4. Do you have children? Yes [] No []

5. Where are your children? At home [] Away from home []

6. Do they care for you regularly? How? Yes [] No []

7. Do you attend church services? Yes [] No []

8. How are the elderly treated in your church?

a)Accommodated.....

b)Ignored.....

9 a) Do the elderly have challenges in your community? Yes [] No []

List some.....

b) If yes, what causes the challenges?

List them.....

10 a) Do the church make any effort in addressing the challenges. Yes []

No []

b) If yes, which activities do they carry?

.....
.....

11. What would you like the church to do for the elderly?

.....
.....
.....

THANK YOU FOR AVAILING YOURSELF FOR THE INTERVIEW

A5: Participant Observation Schedule.

	Adequate	Satisfactory	Inadequate	Remarks
Elderly people present.				
Participation of the elderly people in the service.				
Interactions between the elderly people and other members during service.				
Language used in the service in relation to the welfare of the elderly people.				
The ratio between the elderly and other congregants in the clergy				
Treatment of the elderly people by other congregants and the clergy after the service.				
General treatment of the elderly people by the congregation				

A6: Consent Form

The Respondents' Consent Form

I am Kathambi Fridah, a Master's student of Kenyatta University and currently carrying out a research study on the impact of the Methodist Church in addressing challenges facing the elderly.

A questionnaire and in-depth interview guide will be used to obtain information. The duration of the interview will be 25-30 minutes.

The study will help the church, the government and other partners in formulating and implementing policies to help the elderly.

The information given by all those involved in the study will be confidential and privacy will be safeguarded. The presentation of results will not display participants' names or any other characteristic that would make them identifiable. The study poses no risks to the participants. There will be no payments to the participants and there will be no anticipated cost for the participation.

As a participant you have a right to participate, decline or terminate the interview session.

Would you like to participate in this study? The appropriate response:

Yes	No
-----	----

Name of participant..... (Optional)

Sign.....

Date.....

In case of questions contact: 0729969681 or P.O Box 8-60202-Nkubu.

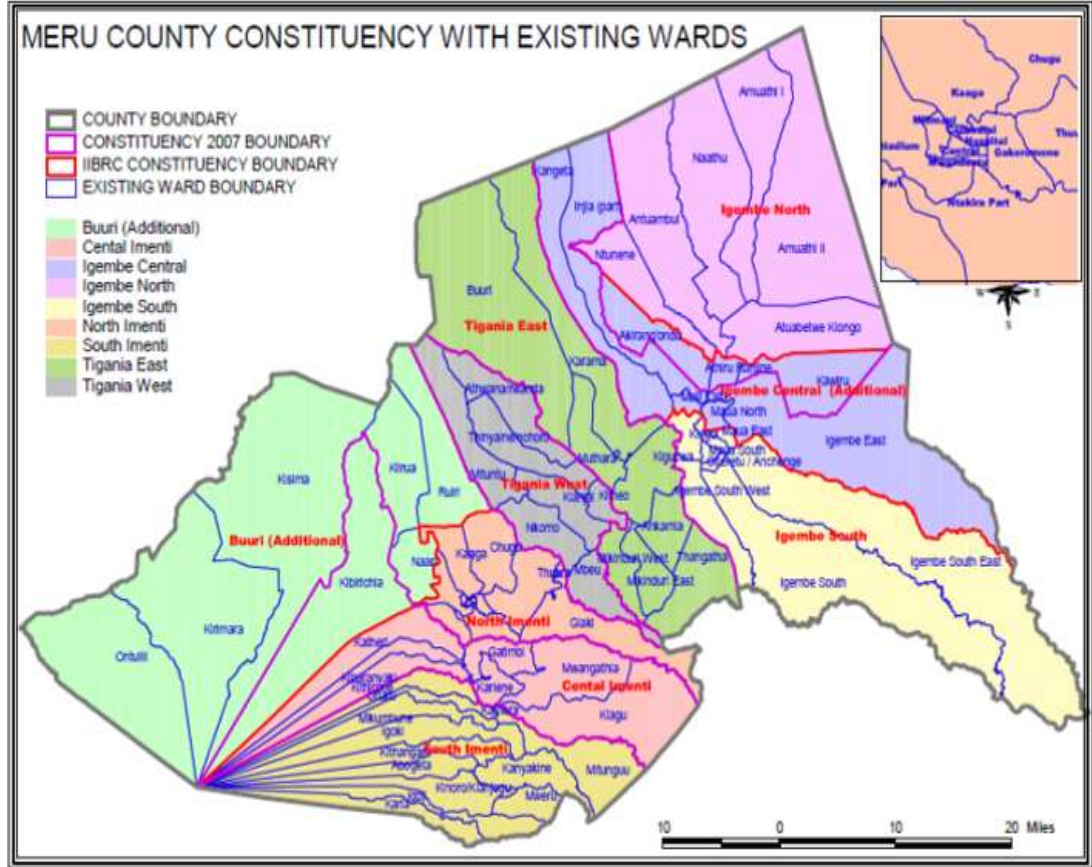
A7: Maps

Map of Kenya Showing Meru County



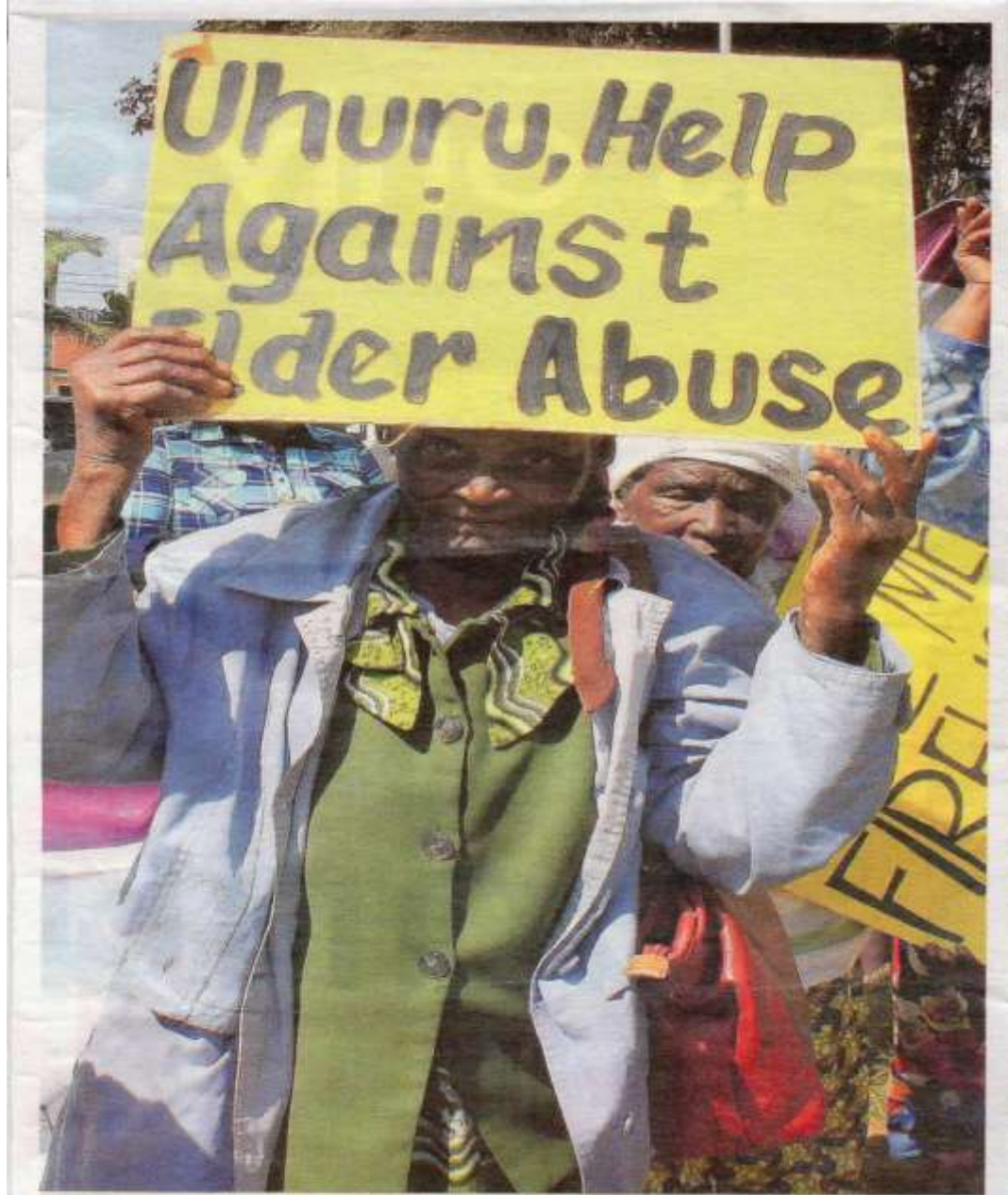
(Source: Google maps)

Meru County Map Showing the Study Area



[Source: Google maps]

A8: Elderly Woman Illustrating Abuse



(Source: Daily Nation)

