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Original Research Article

The role of care-giving in the well-being of the older persons in Kirinyaga County, Kenya

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ABSTRACT

Background: The population of the older persons is increasing steadily worldwide. This is secondary to lower fertility rate and increasing longer life. With the increased older person's population, societies get challenges taking care of the health function of older people. The growth in older person's population comes with the challenges of taking care of the older persons. As old age sets in, quality of life goes down.
Methods: Population based cross-sectional descriptive study was used. Multi-stage sampling method was applied to select participating units starting with Sub County, wards, and then villages. Households with an older person were selected and formed a sampling frame. Systematic random sampling using the sampling frame formed was used at household level to select 333 participating respondents. In case a house hold had more than one older person the eldest or the head of the household/bread winner was selected. Statistical package for social sciences version 25 was used for data analysis. Descriptive analysis was used for social-demographic characteristics. Testing the association between independent variables and dependent variables was done using Chi-square and Odds ratio.
Results: The results indicated that age of the older persons respondents (p=0.0001), education (p=0.046), walking with support (p=0.001) and occupation (p=0.020) were significantly associated with care giving in personal hygiene practices. Most of respondents 100 (30.0%) carried out daily activity by themselves, equally by the relative especially on bathing 182 (54.7%) and attending medical appointments 107 (32.1%).
Conclusions: The role of care giving in enhancing well-being of the older persons was hygiene, nutrition, environment and older persons abuse whereby feeding and older persons abuse were the most significant.

Keywords: Older persons, Nutrition status, Caretakers

INTRODUCTION

Older persons refer to 65 and above years old persons.[1] Older person's population is divided into three groups. These are young old 65-74 years, the middle-old aged 75-84 years and the old-old aged 85 years and above. There are four phases of care for older persons. In phase one the old has just retired. Loneliness is the issue hence regular contact with loved ones is important to prevent depression. In Phase 3 the older person is partially dependent on the care giver. This is because the older functions starts declining, coping with chronic illness and multiple disabilities making them partially dependent on the care giver. Worldwide population for the old is projected to reach 1.4 billion by 2030 and 2.1 billion by 2050. This could increase to 3.2 billion in 2100.[2,3] The population of the older persons in sub–Saharan Africa was estimated at 43 million in the year 2010. This was projected to reach 67 million by 2025 and 163 million by

2050. African continent and Sub-Saharan Africa too are facing increase in ageing population amidst challenges of increasing budget constrain, changes in environment and poor healthcare accessibility. The older population has status disparities ranging from those living in poverty while a small fraction enjoys wealth.[4]

In Kenya an older person is one aged 60 years old similar to the stipulated official retirement age. In 2019 census, Kenya had a population of 1.5 million persons who were 60 years old or more and the number was projected to reach 2.2 million in 10 years' time. Modern Kenyans begins admitting their ageing parents to retirement homes. Health problems are one of the major challenges that face older persons as age sets in. The older persons lack consistent access to enough source of income for example employment, older person's support system or even pension. This makes it difficult for them to cater for their health needs. Lack of specialized geriatric doctors and other health workers worsen the situation further.[5] Elder abuse is an act or lack of required act which could be done once or repeatedly, occurring in an expected trustworthy relationship and causes the older person harm or distress. The violence constitutes a violation of human rights. Elder abuse includes physical, psychological, emotional and sexual, abuse. It also includes financial and material abuse. Another one is abandonment, neglect, loss of dignity and respect.[6–8] The older population is a key wealth to nations and hence their welfare needs to be looked after by all the policy makers in all nations.[4,5]

Kirinyaga County's older person population has increased from 9,778 in 2009 to 29,842 in 2019. This means increased demand for healthcare, care givers, institutions of care, old age services and increased budgetary allocation to pension. Kirinyaga County is also characterized by NCDs which has a prevalence of 14-17% against 11% national prevalence. In Kirinyaga County, the older person's populations have poor health seeking behavior partly contributed by lack of medical insurance schemes where only 10% against 14% nationally have medical insurance cover. There is also lack of specialized geriatric doctors, enough institutions of care and other old age services. High level of poverty among the phase three older persons in Kirinyaga County leads to poor housing, poor hygiene and poor diet leading to poor health. Older persons in Kirinyaga County also face the problem of neglect and abuse due to loss of family with changes in family set up and poverty, urbanization and mortality from HIV and other chronic diseases.

METHODS

This was a cross-sectional descriptive study design using mixed method approach including qualitative and quantitative methods. The study was carried out in Baragwi, Njukiini and Ngariama wards in Kirinyaga East subcounty, Kirinyaga county between September 2019 to January 2020 among older persons aged 75 years and above who gave an informed consent to participate in the study, mentally stable and had lived in the area for over one year. A structured questionnaire was administered to the caretakers of older women and men aged 75 years and above. Multi-stage sampling method was applied to select participating units starting with Sub County, wards then village. Households with an older person(s) were selected and formed the sampling frame. Systematic random sampling using the sampling frame formed was used at household level to select participating respondents. First household was identified and then the fourth household where K=4. One older person per household was selected. Where a household had more than one older person the head of the family or the oldest one was selected. In case of a polygamous family will several wives and the household head was not alive, the first wife was selected. Quantitative data was analyzed using statistical package for social science (SPSS) version 26.0. Descriptive data was presented using frequencies, percentages, means and standard deviation while inferential statistics used chi-square test to measure association between independent and dependent variables, $p \leq 0.05$ was considered statistically significant.

RESULTS

Socio-demographic characteristics of study respondents

The respondents' age ranged from 75 years to 99 years, the mode was 75 years, median 78.00 years and the mean age was 79.64±2.28. The findings showed that 212 (63.7%) were between 75-79 years, 22 (6.6%) 90 years and above and 128 (38.4%) were from Njukii-ini ward. More than half of the respondents 203 (61.0%) were married with 5 (1.5%) being single at the time of the study (Table 1).

Socio-economic characteristics of study respondents

On terms of occupation (this was occupation before and after reaching the phase three), more than three-quarter 254 (76.3%) of the respondents were farmers, 39 (11.7%) had no occupation while 8 (2.4%) were casual labourers. In terms of living arrangement of the older persons, slightly less than three-quarter 241 (72.4%) of the participants responded that they lived with family members, 68 (20.4%) lived alone while only 10 (3.0%) lived with an employed care-giver. On their health status, 220 (66.1%) of the respondents noted that they walk with support, 228 (68.5%) were unwell while 147 (44.1%) had chronic illness (Table 2).

Care-giving in personal hygiene practices

Majority of older persons respondents 208 (84.1%) were practicing personal hygiene by themselves during the time of the study.

Table 1: Socio-demographic characteristics of study respondents.

Characteristics	Male		Female		Total	
	N	%	N	%	N	%
Age group (years)						
75-79	114	59.1	98	70.0	212	63.7
80-84	55	28.5	22	15.7	77	23.1
85-89	6	3.1	16	11.4	22	6.6
90 and above	18	9.3	4	2.9	22	6.6
Marital status						
Single	2	1.0	3	2.1	5	1.5
Married	143	74.1	60	42.9	203	61.0
Widow(er)	47	1.0	77	55.0	124	37.2
Divorced	1	0.5	0	0.0	1	0.3
Religion						
Christian	191	99.0	140	100.0	331	99.4
Muslim	2	1.0	0	0.0	2	0.6

Table 2: Socio-economic characteristics of respondents.

Characteristics	Male		Female		Total	
	N	%	N	%	N	%
Occupation						
None	18	9.3	21	15.0	39	11.7
Farming	149	77.2	105	75.0	254	76.3
Business	24	12.4	8	5.7	32	9.6
Casual laborers	2	1.0	6	4.3	8	2.4
Leaving arrangement						
Alone	25	13.0	43	30.7	68	20.4
Family member	148	76.7	93	66.4	241	72.4
Employed caregiver	9	4.7	1	0.7	10	3.0
Bread winner	11	5.7	3	2.1	14	4.2
Walk with support						
Yes	126	65.3	94	67.1	220	66.1
No	67	34.7	46	32.9	113	33.9
Ailing						
Yes	132	68.4	96	68.6	228	68.5
No	61	31.6	44	31.4	105	31.5
Chronically ill						
Yes	88	45.6	59	42.1	147	44.1
No	105	54.4	81	57.9	186	55.9

Daily personal hygiene activities with care-giving in personal hygiene practices

Personal hygiene is the basic things that one does daily such as feeding, bathing, dressing, grooming, brushing, toileting etc. To the older persons these things may seem difficult and calls for assistance. Majority of older persons 79 (92.9%), 84 (92.3%) and 80 (94.1%) who practiced personal hygiene by themselves perceived their bathing, feeding and grooming was better and this was significantly associated with care giving in personal hygiene practices. Bladder control (p=0.213), bowel control (p=0.374) and toileting (p=0.216) were not significantly associated with care giving in personal hygiene practices (Table 3).

Nutritional activities with care-giving in cooking or feeding practices of the older persons

Slightly more than half 132 (61.7%) of older persons who had three meals per day cooked by themselves and 68 (57.1%) who reported that their food intake had moderately decreased had a caregiver giving the services, this was not significantly associated with care giving in

cooking or feeding practices at p=0.109 and p=0.614 respectively. In addition, assisted feeding of older persons influenced care giving in cooking or feeding practices (p=0.029).

Table 3: Daily personal hygiene activities with care-giving in personal hygiene practices.

Variable		Self		Others		P value
		N	%	N	%	
Bathing	Poor	51	79.7	13	20.3	0.033
	Good	150	81.5	34	18.5	
	Very good	79	92.9	6	7.1	
Feeding	Poor	48	82.8	10	17.2	0.039
	Good	148	80.4	36	19.6	
	Very good	84	92.3	7	7.7	
Grooming	Poor	58	82.9	12	17.1	0.011
	Good	142	79.8	36	20.2	
	Very good	80	94.1	5	5.9	
Dressing	Poor	48	80.0	12	20.0	0.062
	Good	152	81.7	34	18.3	
	Very good	80	92.0	7	8.0	
Bladder control	Poor	38	79.2	10	20.8	0.213
	Good	158	82.7	33	17.3	
	Very good	84	89.4	10	10.6	
Bowel control	Poor	38	80.9	9	19.1	0.374
	Good	158	82.7	33	17.3	
	Very good	84	88.4	11	11.6	
Toileting	Poor	44	84.6	8	15.4	0.216
	Good	152	81.3	35	18.7	
	Very good	84	89.4	10	10.6	

DISCUSSION

Most of older person's respondents (84.1%) were practicing self-personal hygiene. The rate of practicing personal hygiene among the older persons reduced with increase in chronological age. Age was significantly associated with care giving in personal hygiene practices (p=0.0001).

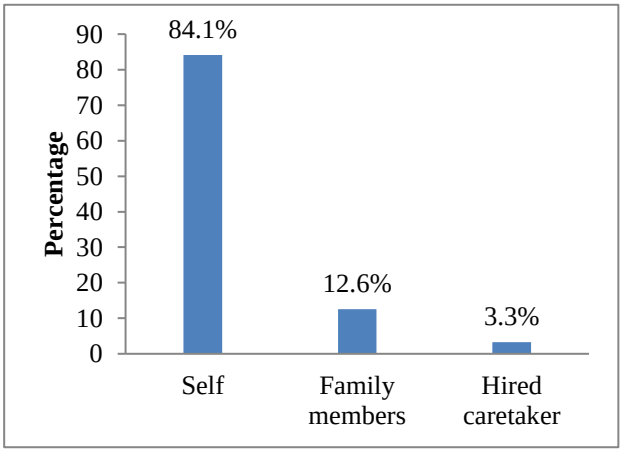

Figure 1: Care-giving in personal hygiene practices.

This concurs with a study by Mangiola et al and Waudo et al personal hygiene and nutrition status of older persons correlates with educational level of the older person, availability of a care giver and living independency.[9,10] An older person living alone has a tendency of taking few or no baths at all and taking few monotonous meals. In case of urine and fecal incontinence the older persons should be encouraged to change and bath regularly to maintain hygiene, which calls for a care giver. Mangiola concluded that good personal hygiene will not only promote physical health well-being among the older persons, but also good psychological health. Bladder control (p=0.213), bowel control (p=0.374) and toileting (p=0.216) were not significantly associated with care giving in personal hygiene practices.[9] In Kenya nutritional needs of the older persons are neither documented clearly nor understood. Older people are acknowledged as vulnerable to malnutrition yet their nutritional needs are not adequately met. Efforts to improve the malnutrition should be made by both health professionals and care givers. This is more important especially for the demographic changes. In the study 68% male and 44% female reported that they were ailing out of which 119% males and 28% females were chronically ill.

Table 4: Nutritional activities with care-giving in cooking or feeding practices of the older persons.

Variables	Self		Others		P value
	N	%	N	%	
Feeding pattern					
One meal a day	14	6.5	5	4.2	
Two meals a day	54	25.2	45	37.8	0.109
Three meals a day	132	61.7	62	52.1	
Three meals a day with a snack in between	14	6.5	7	5.9	
Feeding intake decline					
Severe decrease in food intake	39	18.2	17	14.3	0.614
Moderate decrease in food intake	113	52.8	68	57.1	
No decrease in food intake	62	29.0	34	28.6	
Water intake per day					
No water intake at all	16	7.5	10	8.4	0.563
One glass of water per day	83	38.8	53	44.5	
One glass of water after each meal	107	50.0	50	42.0	
Six to eight glasses of water	8	3.7	6	5.0	
Reassurance during doubt					
Yes	51	23.8	30	25.2	0.779
No	163	76.2	89	74.8	
Assisted feeding					
Yes	58	27.1	46	38.7	0.029
No	156	72.9	73	61.3	

Specific training should be done on knowledge about nutrition. Another important area of training is community-based diagnosis entailing screening of malnourished/vulnerable groups. Nutritional interventions for the poor and those living with multiple comorbidities should be done. Similarly, nutritional guidelines for older persons should be developed.[1,10]

Limitations

The limitation of the study was low level of literacy among the respondents; however, the questionnaire was translated into local language. Confounders like critical illness, wealth and physical strength/stamina contributed a significant challenge.

CONCLUSION

The role of care giving in enhancing well-being of the older persons was hygiene, nutrition, environment and older persons abuse whereby feeding and older persons abuse were the most significant.

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REFERENCES

1. WHO. HIV infection in older adults in sub-Saharan Africa: extrapolating prevalence from existing data. World Heal Organ. 2010;96(32):100-210.
2. UNDP. Nutrition of older people in emergencies. United Nation Dev Progr. 2015;87(11):23-59.
3. WHO. Valuing older people: time for a global campaign to combat ageism. World Heal Organ Libr. 2015;31(55):879-938.
4. SAGE. Multicentre study on ageing, health and well-being among people aged 50 years and over in eight countries in Africa and Asia. Glob Health Action. 2013;3(8):77-86.
5. HAI. Sustainable Development in Ageing World: A call to UN Member states on the development agenda beyond 2015. Help Age Int. 2010;16(9):102-10.
6. Lancet. Linking ageing to development agendas in sub-Saharan Africa: Challenges and approaches. Lancet (London, England). 2017;1(1):51-73.

7. Baker JA, Roberto KA, Barrow KM. Making sense of intimate partner violence in late life: comments from online news readers. Gerontologist. 2016;11(1):30-4.
8. WHO. Definition of an older or older persons person. Geneva, Switzerland. World Heal Organ Libr. 2019; 45(6):124-231.
9. Mangiola J. Family involvement in care transitions of older adults: What do we know and where do we go from here. Annu Rev Gerontol Geriatr. 2016;31(11): 61-4.
10. Waudo J. The Nutritional Status of the older persons in Kenya. A paper presented at the Nutritional and Family Conference, North Coast hotel, Mombasa. Int J Epidemiol. 2018;43(29):198-204.

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