



The Influence of Public Perception of Old People on the Uptake of Institutionalised Care for the Aged in Nakuru County, Kenya

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Abstract

This study investigated public perception on age and aging and its influence on the uptake of institutional care in Nakuru County, Kenya. This study was informed by the growing population of older people around the world at a time when traditional social support structures for older people are increasingly disintegrating. The disintegration of social support structures for older people, imply that society has to seek for alternative support structures such as institutional care. Specifically the study examined perceived public efficacy to address the needs of their aged dependants, public perception of the elderly dependants' self-efficacy, and public perception of institutional efficacy in taking care of the aged and socio-cultural factors on the one hand and their influence on the uptake of institutional care for the elderly. A pilot study was carried at Kericho County to determine validity and reliability of the study. The reliability coefficient of 0.862 and validity of 79.4% were attained hence the tool was both reliable and valid. The study was guided by exploratory research design. The study engaged 400 respondents, who were selected through purposive and stratified random sampling. Data for the study was collected through the use of questionnaires and in-depth interviews. The results vividly reveal that older people are respected and valued and also play a crucial roles in the society. Unfortunately, the result loosely indicates that some older people face older abuse and are less tolerated. The regression results also indicate that willingness to accept formal care services is influenced negatively by elder role but negatively influenced by tolerance (measured as the intolerance level of the society against the elderly people). Thus, it is important to consider the roles actual significance of the elderly people in the society and their societal regards before marketing the services.

Key words: Public perception, Old people, Institutionalized care

1.0 Introduction

According to UNPF (2014), the number of elderly people in the world is estimated at 700 million, which represents about 10% of global population. It further projects that the population of elderly people will reach 2 billion by the year 2050, which was about 20% of the world's population. While in Africa, over 50 million, which is 5% of its population, are elderly people. According to World Bank (2014) 5.1% of the Kenyan population is aged 60 years and above, making it the third highest after Ghana and Nigeria. These population demographics present significant implications for comprehensive care for the aged populations. Longevity of life that lead to high population growth among elderly people is something to be celebrated, since it is indicative of the progress humanity has made in the field of nutrition, health, medicine and related areas. Schroder-Butterfill& Fithry (2017) however, noted that the high population growth of elderly people in Kenya is coming at time when traditional institutions that supported elderly persons are quickly diminishing. Care provision to the elderly in society has relied historically on family members especially in developing countries.



The changing family structure, dynamic migration patterns and associated risks of ill health in later life, place a higher need for long-term care and support. Unfortunately the norms, religious and cultural traditions of many countries place the duty of care on women; which in most cases is unpaid and informally provided thereby heightening the pressure on women's wellbeing, time and energy through a combination of competing demands (Hussein & Ismail, 2016). However, the fragmentation of the traditional large family groups into small family units as a result of socio-economic realities and dual career family orientation has drastically reduced the number of people especially women who can provide care to dependent elderly family members (Gaddis & Klasen 2014). The increased female participation in the labour market as expressed by Cazes & Verick (2013) means that a shift towards paid work for care giving is quite necessary. This and tighter regulation of labour markets has resulted in the availability of a very small pool of family members who can provide care to the family. It can be observed that this disintegration of traditional care provision structures has left many elderly people vulnerable to solitary lives, mal-care and elder abuse (Cazes & Verick, 2013).

In Africa, Countries such as Zimbabwe and Botswana have been providing formal care services to their elderly populations since late 1990s (El-Badry, 2013). While the emergence of formal care services was thought to provide relief to elderly persons especially those from dysfunctional extended family and kinship systems, the uptake of these services especially in developing countries has remained extremely low. For instance in Zimbabwe and Botswana only 2.4%, and 1.5% respectively of the elderly persons have taken up formal care services (El-Badry, 2013). Although there is no empirical study on the uptake of these services in Kenya, evidence from the aforementioned countries suggests that the uptake of these services in Kenya may be equally low. Just like the East African countries, few formal systems of care exist and therefore instead, families provide most of the caring for children, the sick and aged. And the care deficit for the old exists due to the huge difference between the need for care and the available supply of caregivers (Schatz & Seeley, 2015).

The low uptake of formal care services for elderly people as previously indicated has raised concerns about the efficacy of formal care institutions for elderly people (Sole-Auro & Crimins, 2014). The African view of care for the elderly transcends private gain covering the societal gain (Lloyd-Sherlock, 2018). As such it is viewed as a societal responsibility to ensure the elderly people age gracefully. This view reflects wider African discourses about the need to avoid western norms and models of long term care provision. Several other studies have focused on the role of institutional factors and its perceived efficacy to take care of elderly persons. For instance Sole-Auro & Crimins (2014) focused on the role of household and family composition in the provision of informal and formal care for incapacitated adults aged 50+ in Spain, England and the USA. Chen, Yamada, Nakashima, & Chiu (2017) analyzed the substitution of formal and Informal home care service use and nursing home service use and implications for a public health policy in Japan.

Several studies have focused on perceived self-efficacy of members of the public to take care of their elderly relatives or enlist the services of others. Factors that have been established by these studies as critical to individual's self-efficacy towards care provision for their elderly relatives are diverse. Although several studies have focused on factors influencing efficacy of formal care institutions and members of the public to take care of elderly people in society, little has been done with regard to how perceived efficacy influences the uptake of formal care services for elderly people in society. In addition the bulk of research has been in the Western world where formal care services are not only advanced but are also being implemented in a socio-cultural context. This poses a



knowledge gap especially in the developing countries with specific reference to Kenya. It is against this background that this study focused on the influence of public perceptions of elderly people and perceived efficacy on the uptake of institutionalized care services for the aged in Kenya in general and Nakuru county in particular.

2.0 Statement of the Problem

The disintegration of extended family and kinship ties due to changing value systems toward nuclear family, coupled with urbanization, wage labour and formal education have robbed society of traditional family caregivers such as children, women and young adults. This has left elderly people, without a reliable source of informal care providers. This situation predisposes them to diseases, hunger, abuse and other forms of degrading treatment. Formal care homes for the elderly people have consequently emerged in recent years in an effort to fill the void left by informal care providers. While these homes are meant to restore the dignity and authority of senior citizens in the society, it is disheartening that the perception of the society offers little support for the enrolment for these services in Kenya and other Sub-Saharan African countries. There is a dearth of information in regards to the public perception on the formal care for the elderly. This phenomenon perceived as a western thing is yet to gain traction in the African society. The bulk of studies on this subject have mainly focused on the developed nations. Thus, the drivers of the uptake of these institutions are not well researched especially in Kenya. This limitation poses a knowledge gap with regard to developing countries. This study set out to bridge this knowledge gap by focusing on the influence of public perceptions on the uptake of institutionalized care services for the aged in Nakuru County in Kenya. The purpose of this study is twofold: first was to the public perception of the elderly people on the uptake of institutionalized care for the elderly and the second one was to determine the influence of public perception of old people on the uptake of institutionalized care for the elderly in Nakuru County, Kenya.

3.0 Literature Review

3.1 Value and Respect for the Elderly

Respect for the elderly which is a process of honoring them by exhibiting care, concern, or consideration for their needs or feelings to a larger extent depends on how much people value the elderly. There are several reasons why people value or disregard the elderly in society. For instance, ageism which refers to discriminatory decisions concerning people because of their age, denies the opportunity of respect for the elderly (Kydd and Fleming, 2015). The kind of perception and respect individuals have towards older people is also influenced by individuals' demographic features such as gender, parenthood and health condition (Janeckova et al., 2013). Although different people have different reasons for the kind of attitude they have towards old people as already pointed above, a study by Bernhold, Gasiorek, & Giles (2018), reveal that the level of contact individuals have with older people determines whether they are cold or warm toward older people. Although the above study was done in the context of medical care provision and among healthcare professionals it was nonetheless relevant to this study. The study confirms that contact between people and the elderly significantly determines the kind of relationships and attitudes people develop towards them. Members of the public and care providers in formal care institutions were two sets of individuals that had contacts with older people. It was therefore necessary to establish whether the kind of contacts they had with older people had any bearing on the ability to take care of older people. Wolff, Spillman, Freedman, & Kasper (2016), following a series of their studies found that increasing knowledge and information about successful aging was an effective strategy of influencing older people's



views of aging in a positive way. The authors particularly noted that educating older people about the positive aspects of aging and correcting negative misconceptions was a good strategy of improving older people's self-perceptions of aging. This would definitely improve their respect for the fellow older members in the society. Although the above authors' main concern was on self-perception and its influence on ageism, the findings were still relevant to this study. There was need to understand how older people's self-perception affected public perception of their self-efficacy and the eventual uptake of institutional care services for older people.

3.2 Elder Role and Adoption of Formal Care for the Elderly

Due to modernization in the global community and Africa particularly, the status and role for the elderly are changing. In a traditional African society, it is believed that the aged has knowledge and skills that the young person has not yet acquired (Dosu, 2014). The above author further states that the aged own land as well and thus play a critical role of custodial of family possessions. They too have control over the decisions of the young. Beyond the family, older people have crucial economic, social and spiritual roles. In the economic pillar, most sub-Saharan African countries have their older people largely bestowed with the responsibility of giving the necessary labor force, particularly in smallholder agriculture (AGRA, 2018). In Kenya, for example, the average age of a farmer is estimated to be 60 years. Similarly, preliminary analyses of national survey data from Malawi and Kenya show close to 20% of decision makers on smallholder land use in both countries to be aged 60 years and older (African Population and Health Research Center, unpublished). The extent to which older African people can execute their social and economic functions effectively depends heavily on their physical and mental capacity. Conversely, if their health deteriorates to a point at which they themselves need care, the responsibility is likely to fall on female younger kin, whose own health, and employment and education opportunities, can be affected. Impaired health in older age in sub-Saharan Africa thus affects not only older individuals, but families, communities, and prospects for development more broadly. In addition, there are also religious ties and traditional customs that bind the young and the old together (Everton, 2015). The above studies although largely done in the developed world where socio cultural setting is different from that of Kenya, the findings were nonetheless important to this study since it informed the study of the reasons behind certain forms of perceptions towards older people. However, the studies were silent on how the kinds of attitude people have towards older people's efficacy to take care of themselves influences their decision to consider institutional care for their older relatives. There was therefore need to understand how individuals' perception of older people's roles and status in the society influences the uptake of institutional care for older people.

3.3 Tolerance Level of the Society for Elderly

In traditional societies old age is often highly valued, with the elderly personifying a source of knowledge and experience (Baider & Surbone, 2014). This is especially noticeable in non-Western ones cultures, where relatives continue to provide care and total support. At the most fundamental level, perceptions of aging and care are reflections of religious beliefs, traditional family hierarchies, and patriarchal norms of obedience. The quality of care given depends on the societal fabric that binds together the aged and the younger generation. Negative views of aging have resulted to among other things elder abuse and neglect (Akpan & Umobong, 2013). In this study, the willingness and ability of the society to accept and live with the opinions, behavior, dislikes and the likes of the older people in the society is analyzed to find out whether it has a bearing on the decision to enroll the



elderly in formal care homes. In this line of thought a study of 300 elderly people, Akpan & Umobong (2013) found that 46.7% of elderly people complained of medical neglect and bed sores, 47% experienced physical abuse, 49% lived in uncomfortable living conditions and 35% were being robbed of their little possessions. A negative evaluation of the elderly along discriminatory acts against this group potent a harassment. Again the level of tolerance of the society for the elderly differs depending on the cultural context and evaluation of the elderly (Vauclair, Lima, Abramsn, Swift & Bratt, 2016). Levy et al. (2012) also found that individuals who had a negative perception of older people during their early adult lives were more likely to suffer from poor health, social isolation, low self-esteem, low optimism, low self-efficacy and old age related physical and psychological problems compared to their counterparts who had a favourable perception of older people during their pre-old age life. Negative perception and attitudes against the elderly puts them at risk of being mistreated by the society. Unfortunately, many studies highlighted here fail to link directly this societal bias to the uptake of institutionalized care. The meta-perception of competence is usually related to perceptions of physical and cognitive declines which are frequently explained in terms of inevitable biological outcomes of aging (Robertson, D.A., Savva, King-Kallimanis, & Kenny (2015). Hence, it might be that this specific notion of aging becomes highly self-relevant once individuals enter old age. Furthermore, this self-relevance might lead to self-fulfilling prophecies and therefore heighten the perception of age discrimination. This association does not occur at the societal-level because the self-relevance aspect means that it is an entirely psychological phenomenon that might increase older people's sensitivity for age discrimination (Vauclair et al., 2016). A similar mechanism may apply to contempt, which includes feelings of disgust and possibly general anxieties due to the fact that aging can bring about illness and disability and eventually death. Again, this should become highly self-relevant for older people which in turn may make them more sensitive to any corresponding ageist behaviors. It is against this backdrop that this study needed to find whether societal view of the elderly and tolerance levels which transcends unnecessary discrimination of the elderly could influence the uptake of the formal care.

3.4 The Theory of Planned Behaviour (TPB)

This study was anchored on a TPB theory to explain the process of the acceptance of formal care services by the society. Ajzen (1985) provided a useful framework for understanding a recipient's behaviour in the TPB, which explains how different stimuli activate a particular behaviour, such as the intention to enroll for the formal care services by the elderly persons. The TPB provides a useful framework for understanding societal decision-making process according to their attitudes, subjective norms and perceived behavioural control, and the relationship with their intention to utilize a new idea. The likelihood that a person will engage in certain behaviour is also an indicator of intention, which is determined by the relevant salient beliefs about the behaviour.

Attitudes toward formal care homes, for instance, would refer to the individual's evaluation of the existing facilities which can be positive or negative. To measure an individual's attitude towards a particular behaviour, researchers have tried to simplify the understanding of the attitudes of the agents involved. The elements of the theory of planned behaviour are defined as follow: Subjective norms are defined as the individual's perception of the social pressures to use or not use a particular idea/intervention; it is a belief of an individual about how much others would like him or her to use that particular intervention. Subjective norms are driven by normative beliefs and the motivation to comply with social pressure.

Perceived behavioural control refers to the way a person regards a particular

behaviour as being difficult or easy to undertake, which is related to control belief and the influence of significant others in decision making. Situational and internal factors also restrict or facilitate the behavioural intention. In cases where respondents are assumed to be capable of adequately estimating their actual control, this can be a good measure. Illustration of the theory of TPB is in Figure 1:

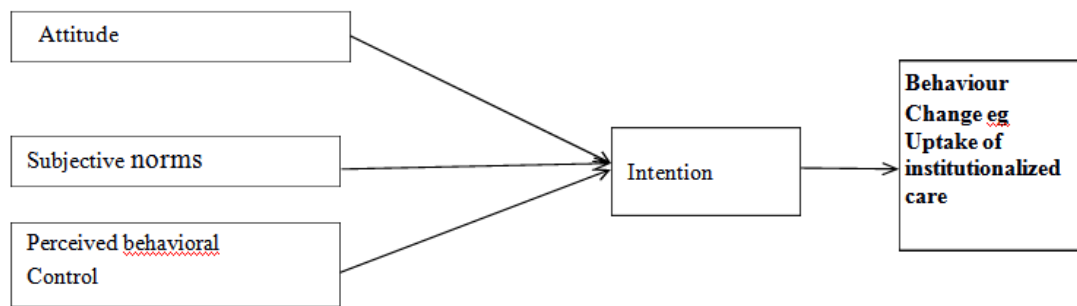


Figure 1: Theory of TPB; Source: Ajzen (2002)

4.0 Methodology

An exploratory research design was to establish the effect of public perception of the aged people on the uptake of formal care services for the aged people in Nakuru County. The design was considered relevant in this study because it is concerned with associations that exist between public perception and the uptake of institutionalised care. Nakuru County is one of the 47 counties of the republic of Kenya established in the Constitution of Kenya 2010. The county covers an area of 7,495.1 Km² and lies within the Great Rift Valley bordering eight other counties. The County headquarter is Nakuru town, one of the fastest growing towns in East African region (Nakuru County Integrated Development Plan, 2013). The population of elderly people in the county is estimated at 71,340, which is about 3.5% of the total population in the county (Nakuru County Integrated Development Plan, 2013). As stated in the CIDP 2013-2017, the proportion of the population aged above 65 years is projected to grow to 57,174 in 2015 and further to 60,771 in 2017 representing an increase of 9.6 per cent in the next three years and 16.5 per cent in the next five years from 2012. This implies that dependency ratio will increase and the same will exert pressure on active labour force population.

The study used purposive and stratified sampling methods. Purposive sampling method was used to select the key informants. County government official in charge of elderly people and formal homes for the elderly people, heads of homes for elderly people, expert in gerontology or associated profession, medical doctor and a professional counselor were the key informants. A sample of 400 persons was collected from a population of 895,783 aged between 20 and 59 years Using Yamane's formula (Yamane, 1973) for sample size determination. A Multifactor Leadership Questionnaire (MLQ) scale items related to public perception of the formal care services for the elderly people was modified to suit the purpose of the study (Bass et al., 1985). The research tool entailed the items for focus group discussions and the section with interview schedules for personal interviews. Likert scales were generated and used to collect views about the general public perception on institutional care for the elderly persons. Machuki (2011) asserted that the Likert scale has been used in most fields of scholarly and business research and particularly where the value sought is a belief, opinion, or effect, if it cannot be asked directly and with precision



and if it is considered to be of a sensitive nature such that respondents can only answer categorically in large ranges. The five point Likert-type scale indicated the extent to which individual questions or statements (items) were operationalized to reflect the intended variables and enable respondents to provide quantifiable information. Chi-square test, Pearson’s correlation, and multiple regression analyses were conducted to understand the functional relationships between the dependent and independent variables (Wooldridge, 2002). The explained variable was the uptake of institutionalised care proxied by the level of willingness to pay for the services was regressed against the three dimensions of public perception of the elderly. The average score for each dimension was used in the model. The dimensions included: Elder role, tolerance level and value and respect for the elderly. The intension was to understand the impact of these dimensions on the uptake of institutionalized care.

Hypothesis:Public perception of the elderly people does not significantly influence the uptake of institutionalized care in Nakuru, Kenya.

5.0 RESULTS

The first objective of this study was to determine the public perception of the aged and aging. The following issues under this objective were analyzed and discussed; the elder role, societal tolerance of the elderly people and the value and respect for the elderly as related influencers of willingness to enroll for institutional care giving services.

The results and discussions of the study on public perception toward aged and aging are presented in Table 1.

Table 1: Summary of the variables

Variable	Mean	Std. Dev.	Min	Max
Elder role	4.208333	.9786671	1	5
Tolerance	3.280822	.7957058	1	5
Value and respect	3.763369	1.001752	1	5
Willingness to accept	2.262087	1.20162	1	5

Perception on elder role was measured by a host of questions regarding the perceived importance of the elderly people in society. Questions under this variable included; older people play important roles in our society and older people were sources of wisdom and knowledge about the traditions of their society. Respondents were asked to state to what extent they agreed to these two statements. The responses were ranged between 5-Strongly Agree, 4-Agree, 3-Somehow Agree, 2- Disagree, and 1-Strongly Disagree. The Average score of the responses was used as an index for the variable. From Table 1, the results indicate that the respondents agreed that older people played crucial roles (Elder role=4.21), and were valued and respected (value and respect=3.76), somehow agreed that the elderly people were not tolerated and faced elder abuse (Tolerance=3.28) and they generally disagreed that they would be willing to take their older people to the care homes (willingness to accept=2.26).

A further analysis was done using Pearson’s correlation and the results presented in Table 2.

Table 2: The Pearson correlation analysis for Public Perception of Older People and Uptake of Institutional Care for Older People

	Elder role	Tolerance	Value &respect
Elder role	-		



Tolerance	0.1851*(0.0004)	-	
Value & respect	0.6026*(0.0000)	0.0928*(0.0827)	-
Uptake	-0.0696*(0.0736)	0.0174(0.7404)	0.0319(0.5385)

Note: figures on brackets are the p-values, * asterisks indicate the significance at 10%

The results in Table 2 indicate that elder role was positively correlated with tolerance and value and respect for the elderly people but negatively correlated with the uptake of institutionalized care. The other observation from Table 2 is that tolerance (which refers to the society's intolerance of the elderly peoples' weaknesses) was positively correlated with value and respect for the elderly. In this regard, the respondents were crucially asked to state whether they agreed or disagreed that older people play an important role in society. The uptake of institutional care services for older people was examined in the context of the willingness of members of public to enroll their older relatives into formal caregiving institutions.

This result essentially imply that the people who thought that elderly people played crucial roles in society had more respect for the elderly and were less willing to enroll them in the formal care homes but however were less tolerant to their weaknesses. The negativity in the uptake is not only reflective of their ambivalence on this issue but could also indicate their reluctance to embrace institutional care services for older people in society. This also implies that the respect and value members of society accord older people are not absolute as it is contingent upon the older person observing certain principles befitting his/her age and responsibilities in life. Older people together with traditional leaders such as chiefs and medicine men ensured harmony and sustained peace in society. They also helped in defining the rights and obligations of members of society and their relations. Older people also play a more formal role as an adjudicatory body whenever disputes occur in society. Disputants bring their conflicts before a council of elders, whose decision in many cases is binding. Elders also applied intense social pressure among members of society so as to enforce good mannerism, behaviour and social order. The authority of the elders is hugely respected by all members and the violation of such authority is unthinkable. This result lends credence to the findings of El-Badry (2013), which found that many African countries have low uptake of institutional care services. A study by El-Badry (2013), for instance found that only 2.4%, 1.5% and 0.8% of older people had been enrolled for institutional care in Reunion, Zimbabwe and Botswana respectively.

Hypothesis testing: Public perception of the elderly people does not significantly influence the uptake of institutionalized care in Nakuru, Kenya

To test this hypothesis, multiple regression analysis was used. The results for the influence of public perception of the elderly people on the uptake of institutionalized care in Nakuru are presented in Table 3. Multiple regression model was used with willingness to accept institutionalised care used as a proxy for the uptake of institutionalised care and was the dependent variable. The explained variable (dependent variable) was regressed against the three dimensions of public perception of the elderly people. The independent variables included public perceived role of the elderly people in society (Elder role), Society's intolerance of the elderly peoples' weaknesses (Tolerance), and the society's value and respect for the elderly people. The model is significant as indicated by the F statistics of 72.243 being significant at 1% significance level (Sig=0.000). Further, the results of the model summary of the multiple regression analysis in Table 3 shows that the three independent variables included in the model accounted for 37.5% of the variance in the uptake of institutionalised care (R Square=0.375). This shows that the public perception of the elderly people influenced 37.5% of the public's desire to enrol their elderly relatives in



the institutionalised care homes. Thus, the null hypothesis which states that public perception of the elderly people does not significantly influence the uptake of institutionalized care in Nakuru, Kenya was rejected and the alternative hypotheses adopted. The collinearity results also indicated that there was no serious multicollinearity between the three independent variables used in the model since the VIF values were all less than 5 (De Jongh et al., 2015).

A further scrutiny of the results in Table 3 indicates that the uptake of institutionalised care was specifically influenced by Elder role ($\beta=-0.115$, $p=0.028$) negative and significant at 5% and tolerance ($\beta=0.607$, $p=0.000$) positive and significant at 1%. These two variables were the only predictors of willingness to pay for institutionalised care services.

Table 3: Influence of Public Perception of the Elderly on Uptake of Institutionalised Care

Model Summary					
Model	R	R Square	Adjusted R Square	F(ANOVA)	Sig
1	.612 ^a	.375	.370	72.243	0.000

a. Predictors: (Constant), Value and respect, Tolerance, Elder role

Model	Coefficients ^a					Collinearity Statistics	
	Unstandardized Coefficients	Std. Error	Standardized Coefficients	T	Sig.	Tolerance	VIF
1 (Constant)	1.025	.250		4.096	.000		
Elder role	-.141	.064	-.115	-2.204	.028	.638	1.566
Tolerance	.626	.043	.607	14.526	.000	.993	1.007
Value and respect	.063	.062	.053	1.014	.311	.635	1.574

a. Dependent Variable: WTP SCORES

Elder role meant the perceived importance of the elderly people in society and was a significant factor that reduced the willingness to pay for institutionalized care by the people interviewed in this study. This implies that the respondents who recognized the important roles and the wisdom that the elderly people have were less willing to enroll their elderly relatives in the formal care homes. Clearly, people who appreciate the roles of their older relatives in society wouldn't be willing to seclude them from society by enrolling them in the care homes. In the same breadth, Dosu (2014), supported the above argument and stated that elderly people in society play critical roles of custodial of family possessions such as land and wouldn't be allowed to be secluded from their family members since chaos would arise with regard to the sharing of these possessions. Additionally, Robertson et al. (2015) noted that people who perceive older people negatively are the most likely to enrol them in the care homes since they are viewed as burdens in the society.

Tolerance was measured by the level of intolerance of the society towards the older people. Specifically, the study sought to determine whether older people were neglected by their relatives, whether they were leading solitary lives and whether they were facing elder abuse which jointly formed the tolerance variable. The regression results indicates that relatives who were intolerant to the weaknesses of the older people were the most likely to send them to care homes. This implies that such relatives were more willing to pay for the services and avoid the burden of taking care of the older people. This issues were also raised in a focus group discussion held where the panel members confirmed this result



where by older people were facing problems such as: Discrimination by their own family members because of old age as they are seen as a burden by their family members. Some of them are accused of committing witchcraft by the members of the society hence face the challenge of being burned to death by the neighbours. Due to these problems they lack or have inadequate care and social support from their own family members hence most of them live miserable lives in their homesteads. They thus face the risk of lacking proper medical care by the people they ought to look up to for the vital support.

The discussants however pointed out that the solutions to this problems would definitely be to enrol these members of the society to the formal care homes. They view this as the best option since the relatives would perhaps visit their older members once in a while when they miss them rather than being left in the society unattended to. This would restore their dignity and pride which is overly eroded. According to Akpan & Umobong (2013), people who held negative views about the elderly would orchestrate elder abuse and neglect which would condemn them to solitary lives. This is a clear impetus for enrolment of the elderly to the care homes by the relatives who can afford to pay otherwise such older people could easily lead a solitary life on their own without any attention from the relatives.

6.0 Conclusions and Recommendations

The paper finds that elder role plays a negative influence on the uptake of institutional care. Thus, while seeking to advance the adoption of these facilities in Nakuru, it is important to understand the significant roles played by the elderly in the society. Additionally, the paper finds that people who are intolerant to the weaknesses of the elderly people were more willing to send their older relatives to the care homes. It is therefore imperative to understand how the society treats the elderly people before engaging them in matters institutional care for the elderly people.

We therefore recommend that policy implementers to develop programmes that will assure the society of the availability of the elderly to them to serve their roles in the society. Once they are convinced that these people will still play their roles in the society while at the care homes, they would probably be willing to accept the formal services. Secondly, societal tolerance of the elderly people should be understood by policy makers for them rescue those who face abuse. The policy makers and development agencies need to sensitize the society about the possibilities of the elderly people being accommodated in the care homes instead of assaulting them in the society.

7.0 Areas for Further Study

Despite the fact that we integrated both focus group discussion and closed ended questionnaire interviews, the study falls short of the ability to analyze longitudinal variations in the preferences of the society and their likely shift in willingness to use the care homes over time. We therefore recommend that a further longitudinal study be done to monitor the effect of time on the changes of societal preferences and value for the care homes services. This is important as the changes in society lifestyle, incomes and government policy over time could influence their perception on the care homes.

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