

Disability and Inclusive Development: a Theoretical analysis of The Elderly Disability In Kenya

Sibuor, J. O.; Otengah, W. A.;

Department of Humanities and Social Sciences Rongo University P.O. Box 103-40404. RONGO, Kenya

Abstract:- Global projection for elderly persons for the year 2030 is 1 billion with Africa peaking to 1.6 billion from 1.0 billion in 2010. Advanced age is often associated with disabilities thus challenges activities of daily living. In Kenya like other nations, the elderly are often discriminated and excluded from participating in development programs under different circumstances and situations on the basis of age. Despite these, they are potential and salient contributors to development. In African societies, they play vital roles including care for grandchildren, placate controversies and are custodian of community resources. Preserving and harnessing their talent means complementing community development with optimal aging. It is thus imperative that the inclusion of the elderly in community development be a priority. This paper aim to review the role of the elderly in sustainable community development with a view to advocate for their inclusion in development agendas to realize the Community Based Rehabilitation's beliefs. A literature search was used to obtain data which was analyzed, and interpreted within study objectives. The findings are that health care and social protection are key factors that influence participation of the elderly in community development and that elderly contribute more to development contrary to popular beliefs.

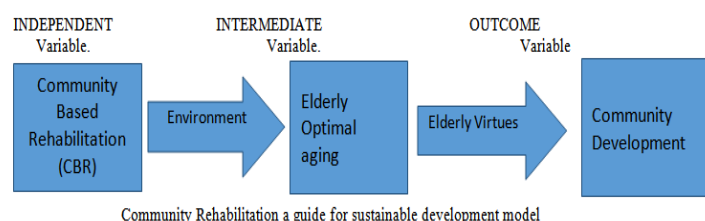
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I. INTRODUCTION

The impact of the elderly community which is now felt all over the world is a celebrated great positive achievement of humanity especially the contribution of health care and the overall quality of life in societies across the world. Improvements in public health practices (*housing, sanitation, hygiene, immunization, nutrition, health education*) and biomedical breakthrough (*antiseptics, antibiotics, medical practice*), resulting in good quality of life with increase in life expectancy has contributed to increased number of the elderly persons though at various rates in different regions of the world (Wan et al 2016, UNFPA 2012, HelpAge 1999). Longevity comes with opportunities for endless contributions that a socially and economically active, secure and healthy ageing population can bring to society. Ban Ki-moon stated "It is how we choose to address the challenges and maximize the opportunities of a growing older population that will determine whether society will reap the benefits of the longevity dividend" These calls for strong political commitment, solid data and knowledge for effective integration of the ageing community to development. People everywhere must age with dignity and security (social and physical) to enjoy life through the full realization of human rights and fundamental freedoms. Looking at both challenges and opportunities is the best recipe for success in an ageing world (UNFPA 2012). Despite these observations elderly people are often victims of cognitive and physical impairments (disabilities) which generally results in their social exclusion and discrimination on the basis of chronological-age with or without any impairments. This affects the elderly across all socioeconomic groups, cultures, races, and ethnicities leading in most cases to exclusion from participation in development programs and agenda (APA 2012). This paper reviews the role of the elderly in sustainable developments with a view to advocate for their inclusion in community development agenda in order to realize Community Based Rehabilitation (CBRs) belief in the ability, potential and right of persons with disabilities irrespective of age, to contribute to progress by maximizing their full potentials. This is also in line with the United Nation Population Fund (UNFPA) (2012) report of the Second World Assembly on Ageing 2002 which focused on mainstreaming older persons in development, advancing health and well-being into old age, and ensuring enabling and supportive environments. Good health enhances the potentials of the elderly which can then be harnessed for community development. Preserving the potentials of the elderly, involving them and harnessing their talent go a long way to complement community development with optimal aging. This review is part of an ongoing research survey for the fulfillment of the requirements of an academic graduate program evaluating the health systems responsiveness to the care needs of the elderly persons in Kenya

II. CONCEPTUAL FRAMEWORK

The conceptual framework shown below has Community Based Rehabilitation as an independent variable which manipulates the environment in which the elderly is operating in. The environment influences the potentials of the elderly by modifying any adverse life effects. This ultimately leads to optimal aging as an intermediate variable which then releases the effector virtues of elderly wisdom and knowledge and to play roles as custodians of culture as well as to placate controversies. These virtues are reaped and utilized as parts of the wheels that drive community development to the desired goals. Community Based Rehabilitation in this context can act as a guideline for including the elderly in sustainable development by spelling out standard benchmarks for optimal aging. In optimal aging the elderly would feel recognized appreciated and thereby develop a feeling of honor, respect, and self-worth thus be positively empowered to contribute to community development agendas. Optimal Aging according to Smith (2007) is the capacity of an individual to function across many domains—physical, functional, cognitive, emotional, social, and spiritual to one’s satisfaction despite one’s medical conditions. A number of debates have discussed the good quality of aging in different terms including robust, successful aging, aging well, positive aging, effective aging, elite aging, anti-aging. All these terms except the one used here tend to address the holistic aspect of a person physical, functional, cognitive, emotional, social, and spiritual in the process of aging.



III. METHODOLOGY

Data for this review was obtained by literature search in line with the study objective specifically focusing on community rehabilitation, the role of the elderly persons in community national and international levels and the social protection cover for the vulnerable population. Data was obtained by reviewing existing literature taking the global, regional and the Kenyan perspectives. The contentious points were periodically discussed by the two authors to bring meaningful understandings based on the contemporary national practice in line with the regulatory standards like the Constitution and the regulatory professional boards. Literature was thematically approached to bring out relevant key elements of interest. The collected data was analyzed and interpreted thematically in line with study objective.

IV. FINDINGS AND DISCUSSION

3.1 The impact of the number of the elderly to nations

Globally the proportion of older persons is growing at a faster rate than the general population though at different rates in different regions of the world (Wan, 2016, UNFPA 2012). Increased rates are more in developing nations particularly the Sub Saharan Africa (SSA) where the impact of their presence emerges in the context of widespread economic strain (Aboderin 2010). Population ageing presents social, economic and cultural challenges to individuals, families, societies and the global community. The most notable challenges are the sustainability of pension funds and the ability of the already overburdened health-care systems to serve a much higher numbers of people who have unique and multiple chronic health conditions. The social and economic implications of this phenomenon are profound, extending far beyond the individual older person and the immediate and wider family, touching broader society and the global community in unprecedented ways.

3.2 Old age related challenges of the elderly

Longevity is often associated with health challenges of chronic and debilitating conditions which places the elderly to dependency for activities of daily living thereby undermines their inclusion for active participation in community developments. Health challenges of the elderly are varied and many are associated with multiple factors including degenerations, demographics, physiologic, economic, psychological, social and mental. The unique characteristic challenge of old age health conditions are the unpredictable manifestations of illnesses, variable causes of ill health and the far reaching consequences of the illnesses. In the elderly symptoms of even acute illnesses tend to be more subtle and less predictable but with far reaching morbidity (disability) than in other segments of the population (Aboderin2013;Frenk 2010; Nanak et al. 2008; Savigny et al. 2004).Health and functional impairments may significantly impact negatively on older persons’ quality of life. In SSA, sizeable proportions of older persons suffer from physiological disabilities-physical and or cognitive impairments. The physical include among others the preventable effects of malnutrition, impaired vision, impaired hearing, joint pains (arthralgia). The cognitive include among others depression and

memory lapses. There are other medical conditions like cardiovascular conditions (particularly hypertension), diabetes and arthritis, which in essence do not absolutely exonerate an individual from contributing to development age and when well managed however on the basis of their presence in an elderly person, the potential of the individual attracts less attention to community development. There is a consistently higher risk of disability, depression, dementia as well as self-reported poor health and function among older people in Sub Saharan Africa. Unlike in the developed nations where the focus of health care is on queries about expected trends in old age morbidity, mortality, disability and the sustainability of existing health care systems, in SSA the focus is on concerns about vulnerability of older persons to detrimental health outcomes. This falls in two perspectives. On one aspect, older populations are at high risk of ill-health and disability from age-related chronic non-communicable disease (CNCD): cardiovascular, respiratory, diabetes and cancers which are due to a lifetime of exposure to conditions of deprivation and a growing prevalence of modifiable CNCD risk factors. On a second level, older persons are believed to lack access to basic healthcare services than do younger age-groups thus suggesting an element of age-related exclusion. In as much as African nations signed the Madrid International Plan on Ageing (MIPAA) which focused on enhancing health service provision for Africa's older persons as a way to realize their right to health and to encourage their valuable contributions to families and societies development, there is an impasse leading to compromised implementation due to misunderstanding on the scope, nature and causes of major deficiencies in service provision for the elderly (Aboderin 2010) against the youthful population

3.3 General view and observations of old age by Community

In reviewing the relationship that exist between health care providers and the older persons in terms of dignity, values ,attitudes, and person-centeredness, Galloway (2013) point that in as much as people argue that age discrimination is now uncommon in English health services, there is deep-rooted negative attitudes and behaviors' towards older people. The same sentiment is expressed in a report by Gwenda (2007) that revealed that old people were still not afforded the respect and dignity they deserve while receiving health and social care services. This report that came out in the year 2006 attracted government attention which lead to corrective initiatives being undertaken by government and other agencies – the British geriatric society, Care Forum Wales, Age Concern Cymru and Help the Aged Wales. These are good positive actions that should be emulated by societies as they go a long way to nurture the elderly to productive contribution. United Nations Population Fund (2012) report points that abuse, neglect and violence against older persons are much more prevalent than currently acknowledged. The same sentiment is echoed by APA (2012) that as the population of older Americans grows, so does the hidden problem of elder abuse, exploitation, and neglect. Every year an estimated 4 million older Americans are victims of physical, psychological, or other forms of abuse and neglect and for every case of elder abuse and neglect reported, experts estimate that as many as 23 cases go undetected. The quality of life of older individuals who experience abuse is severely jeopardized, as they often experience worsened functional and financial status and progressive dependency, poor self-rated health, feelings of helplessness and loneliness, and increased psychological distress. APA says, research suggests that older people who have been abused tend to die earlier than those who have not been abused, even in the absence of chronic conditions or life-threatening disease. Mental vitality does not depart in the elderly just because physical limitations arrive. And when old people are stereotyped as feeble, people eliminate the fact that many get angry. Age limit ought not to be a deterrent, Kenyan policy on social security director says. "It is the willingness and productivity of an individual that matters and not chronological age (Karpf 2012; Matt 2009). The habit of stereotyping the elderly as non-productive consumers of resources only work to widen the social gap between them and the general community thereby downplaying their potential contributions to inclusive sustainable community development. Abuse of the elderly in different situations and in many forms seem to be a common global problem. Literature report cases of abuse in both developed and developing nations.

A WHO global report on elderly abuse (Chapter 5) indicate that in sub-Saharan Africa, accusations of the practice of witchcraft have driven many older women from their homes and their communities to live in poverty in urban areas. In the United Republic of Tanzania, an estimated 500 older women accused of witchcraft are murdered every year. Myths about the physical appearance of witches --- that they have red eyes, for instance, often give rise to accusations of witchcraft. The eyes of many older women are red from a lifetime of cooking over smoky stoves, or from medical conditions such as conjunctivitis. Educating the Community to understand the effects of poor environment to health may help such misunderstandings that causes barriers amongst people. When such barriers exist there is less likelihood that an elderly can be considered as a useful contributor to community development. It is reported that one young boy killed his mother after traditional healer told him that she was the cause of his problems. In Kenya a report focusing on elder abuse in health care services and social context of abuse of elderly people in the former Emuhaya district, reveal appalling health care service provision to the elderly including abandonment, delayed attention, unkind utterance all which reflects the general attitude of society (Atetwe et al, 2013; HelpAge International 2001) .

3.4 Positive contributions of the elderly to nation building

The current older generation in most countries worldwide are celebrated as heroes (first citizens, seniors) because of the various candid contributions to nation building. Older people today are more visible, more active, and more independent than ever before. They are living longer and are in better health. It is worth appreciating that the new generation of the elderly are more knowledgeable therefore will be of great value to the communities and nations if their talents, skills, knowledge and experience are protected and harnessed. Population ageing has opened up new markets and brought more experienced workers, a growing cadre of custodians of culture, and caregivers of grandchildren, volunteers, voters, entrepreneurs, and consultants among others. It is by putting the right measures in place to secure health care, regular income, social networks and legal protection, that the nation can sustain and reap the benefits of longevity UNFPA (2012). In a report to the United Nations (UN), Canada assert that their seniors are enjoying a reasonable standard of living and good quality of life. Among the initiatives Canada has put in place to advance the participation of seniors in society are those that enable seniors to share their knowledge and skills, support volunteerism, promote positive images of ageing, and ensure supportive living environments. The low-income rate among seniors has decreased and more Canadians in their later years are reported to have better education and continue to be active in the paid labor force. Seniors are living longer and are experiencing good overall health. It continue to promote sustainable and equitable economic growth as a means of responding to population ageing and ensuring the economic security of older persons. The nation creates age-friendly environments and actively promote the implementation of the Age-Friendly Communities model throughout the country. This is a sustainability approach for the nation to benefit from the elderly persons (Government of Canada 2012). A United Kingdom tax research report reveal that older people are an asset, not a drain. The report castigate popular debate about ageing population which is conducted typically in terms of the problems and costs of supporting older people. It is emphasized that far from being a burden on the economy, older people are in fact net contributors. Taking together the tax payments, spending power, caring responsibilities and volunteering effort of people aged 65-plus, the report reveal that old people contribute almost £40bn more to the United Kingdom's economy (£175.9bn) than they receive in state pensions, welfare and health services (£136.3bn). There is projected further increased contribution with the turn of the baby boomers to the elderly category by 2030 (Brindle 2011). With this kind of report it is noble to allow statistics to change the story of the elderly from "being a drain on society to being the most extraordinary resource to nations economy. In most African Societies, the contributions of the elderly at the household, community and national levels cannot be overemphasized. Millions of families survive with the contribution of the elderly's as resources and hence the elderly have pivotal decision making role in community development. In Kenya a report by HelpAge international (2001) identified the following positive roles played by the elderly: - Caring role: taking care of the vulnerable children while the younger adults are out of the homestead in economic pursuits, accompanying children to hospital for outpatient care and for in-patient care where they have to contend with and share the inadequate food rationed to the sick child; Advocacy and Conflict resolution role: the elderly are often called upon to advise and to resolve conflict within family and community. This is a crucial role as custodians of culture especially in the face of a rapidly changing society. They provide advice on what to do at different stages of life including when, where and how; Caretakers of homesteads role: while other family members are away; Entrepreneurial role: Promote economic development by undertaking farming, business, handicraft, trade and formal employment like teaching. There are also vital chores such as cooking, washing, gardening and tending livestock; HealthCare Provider role: They provide first form of healthcare that the majority of the sick seek in the villages as traditional healers. The report points that these roles are often unrewarded and grossly undervalued. All these roles which the younger parenting population abdicate to the elderly while in pursuit for livelihood would otherwise be compensated by hired labor. The elderly however safely fills the roles with good understanding with familial, communal and cultural alienations.

3.5 Preparation to care for the elderly

The emerging thematic factors that have influence on the inclusion of the elderly to participate in community development agenda are health care and social protection. In order to realize and to enjoy the highest attainable standard of physical and mental health so as to be economically productive to attract possible inclusion in sustainable community development, older persons must have access to age-friendly and affordable health-care information and services that meet their needs. This includes preventive, curative and long-term care. This should be a life course perspective that include health promotion and disease prevention activities that focus on maintaining independence, preventing and delaying disease and disability, and providing treatment. In Arnot (2011), Milne a gerontologist calls for better preparation of care providers for the elderly persons if the community has to benefit from their wisdom, knowledge, experience and skills. Milne advocates for a high number of trained care staff which she admit is expensive to get but argues that it would save money

in the long term. Well-trained staff have the capacity to among others build and maintain a relationships with communities a state that help to reduce reliance of the elderly on medication and need for acute medical care. She argues “the more you know about the person in that chair, the more likely you are to see them as rounded human beings and the less risk of neglect”. To make best practice universal would require an investment in providing a proper career structure for carers, with better training and substantial increases in their pay, says Milne. "Having a good heart is not enough" links between the health service providers and older people in their home environments is important. Policies that promote healthy lifestyles, assistive technology, medical research and rehabilitative care need to be implemented for the elderly. Training of caregivers and health professionals is essential to ensure that those who work with older persons have access to information and basic training in the care of older people. Better support must be provided to all caregivers, including family members, community-based carers’ particularly long-term care for frail older persons, and for older people who care for others. Unfortunately personnel trained in gerontology seems to be inadequate in most parts of the world taking into account the rate at which the number of the elderly has risen. In the United States of America (USA) a report reveal that despite a 30-year effort on the part of academic and professional nursing organizations, the number of prepared geriatric nurses’ remains very small and that practicing nurses have limited preparation in the principles of geriatric nursing care. Only 23 percent of baccalaureate nursing programs have a required course in geriatric nursing (Williams et al. 2000).In Brazil Veraz (2015) indicate that the Brazilian National Health Agency and the World Health Organization point to the urgency of changes in the paradigms of attention to the elderly, with creative and innovative structures, accompanied by different actions so that the extra years provided by advances in science are put to good use. She emphasize the need for all those involved in the process of organizing the health care of the elderly to be encouraged to rethink the model, with the purpose of building a more humane, participatory and qualified health care system, able to effectively improve the lives of seniors – a model based on the early identification of risks and intervene before the injury or major disability occur. Once identified the risk, the priority is the early rehabilitation, in order to reduce the impact of chronic conditions in functionality. Such a model go a long way to nurture health of the elderly and therefore sustain their usefulness to community and national development. Finally Veraz conclude that “Any contemporary policy for health sector should enhance healthy aging, maintenance and improvement of functional capacity, disease prevention, recovery of health and functional capabilities. Without a preventive and comprehensive approach that associates epidemiological reflection and planning health actions, there is no escape possible”. In Kenya this is a gap in the training curriculum for medical and paramedical workers who mostly handle the physiological discourses common in old age. Kenya has done well to structure care provision to age specific groups called cohorts based on ailments common to specific age groups with the intention to offer specialized focused care to specific populations. Cohort 1 includes pregnancy, delivery and the newborn child up-to 2 weeks of age; Cohort 2 includes early childhood 2 weeks to 5 years; Cohort 3 includes late childhood, 6 to 12 years; Cohort 4 includes Youth and Adolescence, 13 to 24 years; Cohort 5 includes Adulthood, 25 to 59 years; and Cohort 6 includes the elderly, 60 years and over (Ministry of Medical Services and Ministry of Public Health and Sanitation 2011). In any demographic, the populations that have most health challenges (the vulnerable) are the expectant mothers, children under the age of five years and the elderly. In terms of care provision for the vulnerable group, cohorts 1 and 2 are well covered by offering care through structured care packages – the Focused Antenatal Care (FANC) for expectant mothers and the Integrated Management of Childhood Infections (IMCI) for children under the age of five years. The elderly however lack such structured package to guide their care. In addition there are no specialized units for geriatrics and gerontology in the Kenya health facilities as opposed to specialized units for cohorts 1 and 2. A general consensus among health care providers in a survey by HelpAge International in Kenya health facilities is that the existing inadequate staff are also not trained for the care of old persons of cohort 6. The positive approach Kenya has taken for cohorts 1 and 2 support the fact that cost-effective advances come from ensuring that age investment begins at birth. Social protection are policies and actions which enhance the capacity and opportunities for the poor and vulnerable to improve and sustain their livelihoods and welfare in a manner that guarantees a minimum level of well-being, including access to food, health care, education, housing, water, sanitation and other noneconomic factors like human rights and participation. Social protection measures are social insurance, social assistance and social transfers. Social Security on the other hand is basically social insurance that is sufficient for social protection against socially recognized conditions, including poverty, old age, disability, unemployment and others. Social Transfers on the other hand is non-compensatory government payment or service to individuals, as for welfare or social security benefits. (Mathieu et al. 2012). Individuals and groups who are well integrated into society are more likely to build the society. Healthiest societies are not the richest ones but those in which income is distributed most evenly and level of social integration are highest. The widening gap in income distribution undermine social cohesion and make it more difficult for people to manage risks and challenges. Highest social isolation and failure to cope are reflected in health indicators. Social factors – the strength of social contacts, ties within communities a sense of security –are the main determinants of health of a

society(Giddens et al 2012).There is no solid evidence that population ageing undermines economic development or that countries do not have sufficient resources to ensure pensions and health care for older population. Globally, only one third of countries have comprehensive social protection schemes, most of which only cover those in formal employment, or less than half of the economically active population worldwide. A report by Matt (2009) indicate that the Kenyan government introduced a national policy on older persons and ageing to make their life easier. The plan include subsidized housing, food, health care and social security for elderly people. The report is however focused in Nairobi the capital city which according to the report is described as the greying of Kenya because of a robust economy headed by burgeoning middle class living longer into old age. The report quote Juliet Kola, the head of the governmental social welfare programme, saying” The policy would provide elderly people with employment opportunities, a recognition on the part of the government that people can contribute to society’s development in old age”. To date the government has put in place monthly cash transfer pension scheme for the elderly. Social pensions may make differences in the well-being of older persons as they have been shown to benefit entire families. They can constitute the main source of household income that enable families to cope with financial demands. As signatories to Madrid International Plan of Action on Ageing (MIPAA) and the African Union (AU) Kenya through the National Health Sector Strategic Plan (NHSSP) II developed strategies for preventive and curative primary healthcare services for major CNCND and other degenerative diseases; social protection measures to redress the exclusion of older persons from health services, by removing financial barriers (Aboderin 2010).A system that guarantee income security, access to essential health, social services and provide a safety net for older persons will contributes to the postponement of disability and prevention of impoverishment which is common in old age. In summary, the elderly are potential salient contributors to development whose benefits can only be reaped when their health is promoted and their social protection is adequately covered.

V. CONCLUSION

Community development is a concerted effort of all stakeholders. The findings of this literature review reveal that contrary to popular belief, the elderly are active contributors to national development starting from the household to national levels because of their wisdom, knowledge, skills and experience. They are custodian of community resources and therefore deserve a place in community development committees where development agenda is discussed. Chronological age and manageable health conditions common in old age should not be a deterrent to their contribution in community development. For them to be actively involved in development agenda, the elderly need relatively vibrant health and good social protection services which the government has the capacity to provide. The potentials in the elderly may be forced to fade by the way they are psychologically handled just as reported by APA that an individual may die from psychological depression even in the absence of actual disease. A World report on Violence and health (2015) conclude by stating among other points that “The nations of the world must create an environment in which ageing is accepted as a natural part of the life cycle, where anti-ageing attitudes are discouraged, where older people are given the right to live in dignity – free of abuse and exploitation – and are given opportunities to participate fully in health, educational, cultural, spiritual and economic activities” (Falk 2013). In studies on ‘Individual autonomy and state involvement in health care’ by Rice (2001) and A Proposal to Adapt Decision Making by Alvarez- et al., (2015) summarizes that a society where people make their own choices results in the highest level of satisfaction.

VI. RECOMMENDATION

For the elderly to obtain optimal health to be able to participate in inclusive community development the following recommendations should be put in place. Training curriculum specific to care of the elderly should be developed by social and health care training intuitions to structure training the needs of the elderly as other similar vulnerable populations have trainings focused to their health needs. Health care providers should be specialized in offering care to the elderly (Geriatrics and gerontology). There is evidence that care delivered by specialists have better impact: the impact of the effort of antenatal, neonatal and pediatric specialists have reduced the mortality and morbidity among these cohorts. Health care policy should strive to put in place units which are specific to old age (Cohort 6) in health facilities to address their complex health conditions. Currently the elderly receive general care in units generally designated as adult wards/units (males or females). Care provision for the elderly should be guided by care package similar to those used for antenatal mothers and children under five years. There is evidence of the impact of a structure guided care. Community health workers should encourage the elderly persons to seek regular health checks even in the absence of ill-health. Community health workers are closer to the elderly people and may be more influential over the elderly than care providers in health facilities. For social protection, drawing from the experience of the United Kingdom, Kenya should allow statistics to guide the amount of money disbursed to the elderly on monthly cash transfer. Based on state economy, the current amount is deficient for a daily livelihood. The government systems should institute social

support initiatives in all sectors to sensitize citizens against stereotyping old age. This will blend the youths and the elderly for the benefit of the nation. It is worth trying to get reality with the concept. The government should endorse the implementation of the Age-Friendly Communities model throughout the country to promote the image of the elderly. In view of the virtuous knowledge of the older persons they should be given the opportunity to contribute to community development agenda as knowledgeable custodians of culture. Disabilities like impaired vision, fallen tooth may not grossly interfere with the intellect to bar individual from participating in community development.

Finally media could be a powerful tool for advocacy for elderly ability to participate in community development programs.

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