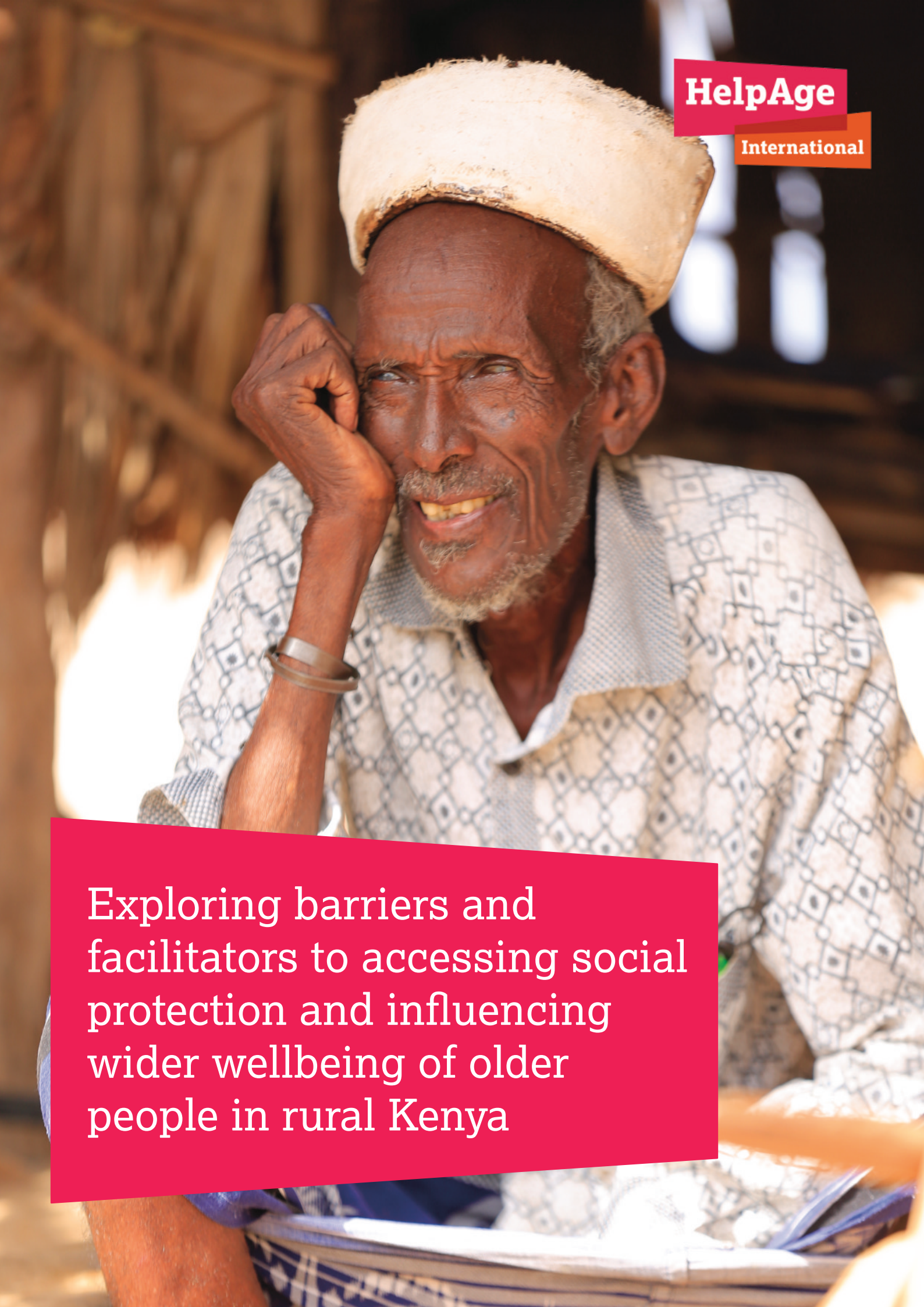

HelpAge International

Exploring barriers and facilitators to accessing social protection and influencing wider wellbeing of older people in rural Kenya

HelpAge International is a global network of organisations promoting the right of all older people to lead dignified, healthy and secure lives.

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Exploring barriers and facilitators to accessing social protection and influencing wider wellbeing of older people in rural Kenya

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Executive summary

For many countries in Sub Saharan Africa, such as Kenya, population ageing has a number of social and health implications, yet there is limited evidence on the wellbeing of older people living in rural areas, and the barriers they face when it comes to accessing social protection and other services. The present study endeavors to fill this gap by conducting an in-depth exploration of the complex challenges that older people encounter, thereby shedding light on the deficiences of the social protection system. This research was carried out in the counties of Kilifi, Siaya, Embu and Kisii and was qualitative in nature. It included 12 focus group discussions, 20 in-depth interviews and 16 key informant interviews.

Across the four regions the study revealed that social protection programmes for older people provide essential support, but face significant limitations. The key benefits highlighted by the participants were better health outcomes and dietary diversity. Beneficiaries also noted improved housing conditions and increased participation in community events, such as funerals and fund raisers, reflecting heightened social inclusion. However, participants observed limitations of the cash transfer system, in particular lack of adequacy.

The findings revealed significant barriers to healthcare access. These include financial constraints, service inefficiencies, and infrastructural challenges. It was observed that long waiting times and inadequate prioritisation of older people in public hospitals discouraged timely healthcare access. The financial strain of managing non-communicable diseases often leads to reduced access to necessary medications and treatments, further compromising the health and well-being of older people.

Older people rely heavily on community gatherings and social visits to connect with peers and prevent social isolation. Barriers to social participation included financial constraints which were cited as an obstacle to engaging in social activities such as savings groups or travel for gatherings. Financial stress also limited older people's ability to contribute to group activities or access health services. The findings illustrate a multidimensional problem of abuse and neglect faced by older people, aligning with global evidence that elder abuse is widespread in community settings. The study showed that older people face significant threats to their safety due to youth violence, drug abuse and inadequate security measures.

Key recommendations

- The older people who are enrolled in the *Inua Jamii* programme highlighted their problems in accessing services. It is critical that the Government of Kenya ensure that older people have access options that suit their circumstances. For those who are able to utilise mobile/digital platforms, the government should use mobile systems to facilitate access. In addition, digital skills training for older people must accompany any introduction of digital payment systems, or they risk doing harm.
- Many older people in rural areas are not aware of changes to and improvements in the services. Therefore, the Government of Kenya should establish and provide outreach and information about improvements in the delivery of *Inua Jamii*.
- Participants requested an increase in *Inua Jamii* benefits to better support their basic needs. There should be a periodic review of the social protection benefits (pensions and cash transfers) to cushion older people from high inflation. The Government of Kenya should also reduce the age of eligibility for *Inua Jamii*.
- Given the high rate of financial abuse that older people suffer from, the Government of Kenya should lead initiatives to protect older people from financial exploitation by strengthening enforcement mechanisms related to the delivery of social protection benefits and ensuring stronger protection against theft and manipulation.
- The Ministry of Health should prioritise providing Universal Health Coverage (UHC) for all older people. UHC for older people must include developing tailored services that meet the more complex health and care needs of increasing numbers of older people, alongside interventions that support the accessibility of health facilities and services, including, more accessible facilities, queue prioritisation and assisted navigation within hospitals.
- The Government of Kenya should enforce and uphold laws that prevent witchcraft accusations and violence against older people, while challenging cultural practices that perpetuate harm.
- The Government of Kenya, civil society actors, community leaders and members and other stakeholders should work together to create awareness about ageism and combat all forms of ageism, including among health staff.
- Loneliness and the rising cases of elder abuse are just some of the threats to older people's welfare. The Government of Kenya should lead initiatives to establish older people's homes for those who may prefer such places.

Introduction

Population ageing is a global phenomenon of the 21st century.[1] The number of people aged 60 years and older reached 1 billion in 2019, is expected to increase to 1.4 billion by 2030 and 2.1 billion by 2050.[2] In Sub-Saharan Africa (SSA), the number of older people is estimated at 43 million, but this is expected to increase to 163 million (8.3 per cent of the population) by 2050.[3] In Kenya, the number of older people was estimated to be 2.7 million in 2019 but is expected to reach 3.5 million by 2030 and 4.3 million by 2045.[4] For many countries in SSA, such as Kenya, the rise in the number of older people has a number of social and health implications. For example, the increasing prevalence of non-communicable diseases (NCDs) and co-morbidity may require new approaches to prevent and manage such conditions.[5] If unaddressed, the rise in NCDs is likely to lead to larger health costs for both governments and families.[6] For older people, social protection plays a particularly significant role in realising the human right to access essential services in a way that promotes their rights and dignity.

This is anchored in Sustainable Development Goal (SDG) number one - to end poverty in all its forms everywhere, and especially in goal 1.3, which is to implement nationally appropriate social protection systems and measures for all. In addition, social protection plays an important role in SDG 3 – to achieve good health and wellbeing for all, including goal 3.8 – to achieve UHC. To achieve UHC, it is critical to meet the needs of the rapidly ageing population and, to support countries to do this, the World Health Organization (WHO) in 2017 launched a global strategy and action plan on ageing and health to ensure all people can live long and healthy lives.[7] This includes aligning health systems to the needs of older people, developing and ensuring access to services that provide older-person-centred and integrated care.[7,8]

Inadequate data and information systems are a barrier to monitoring older people's wellbeing and increase the invisibility of this segment of the population in SSA.[9] Information on and systems of social protection are inadequate, particularly in rural areas. This further hampers access to care and services by older people. The barriers to services are influenced by various intersecting factors but the pathways of influence are not sufficiently documented or understood, especially in rural Kenya. The existing literature has often glossed over contextual factors, socioeconomic circumstances, gender and societal dynamics of access to social protection and healthcare services.[10] The study endeavours to fill the existing literature gap by conducting an in-depth exploration of the complex challenges that older people encounter.

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Many prior studies in Kenya omitted the distinctive rural context and inadvertently sidelined the experiences and needs of older people residing in these regions.[11] By embracing a qualitative research approach, the present study seeks to navigate this uncharted terrain of rural complexities, with the intention of generating context-specific insights. These insights, in turn, hold the potential to inform the development of tailored policies, targeted interventions, and service provision strategies that cater to the unique needs of older people in Kenya's rural communities. The study further seeks to explore the sources of income, access to health and care services, social participation and social protection mechanisms that may contribute significantly to enhancing the wellbeing of the older people in Kenya. In this study, social protection is defined as "the set of policies and programmes designed to reduce and prevent poverty, vulnerability and social exclusion throughout the life cycle."[12] Wellbeing is considered as a multidimensional construct encompassing not only material conditions, but also physical and mental health, security and subjective wellbeing.

This study focuses on the rural counties of Kilifi, Siaya, Embu and Kisii. The first two counties are predominantly rural with high poverty levels, while Embu and Kisii exhibit a mix of rural and peri-urban landscapes. The choice of these four counties also largely represents the old provinces of Nyanza, Western, Eastern and Coast, and are thus more representative of the country as a whole. The rationale for selecting these counties is rooted in the need to capture a cross-section of rural experiences and challenges faced by older people in different geographical and socio-economic contexts. This study aims to generate new evidence to inform policies and interventions that enhance support systems for older people, improving their overall wellbeing and ensuring their rights and dignity are upheld.

Methodology

Research design

This study is qualitative in nature and aims to explore older people's perspectives on aspects of social protection for those living in rural areas. In particular, the study investigated how much access older people had to formal social protection and health services in the selected rural counties of Kilifi, Embu, Siaya, and Kisii. It is cross-sectional in nature and aims at providing a snapshot of the current situation to enable a comprehensive understanding of the context and complexities surrounding the research questions.

Study area

The chosen locations for the study were Malindi sub-county in Kilifi county, Mbeere South sub-county in Embu county, Alego-Usonga sub-county in Siaya county and South Mugirango subcounty in Kisii county (Fig 1). The counties were selected based on their varying poverty levels, topography, and representation of different regions in Kenya, enhancing the study's external validity.

Methods of data collection

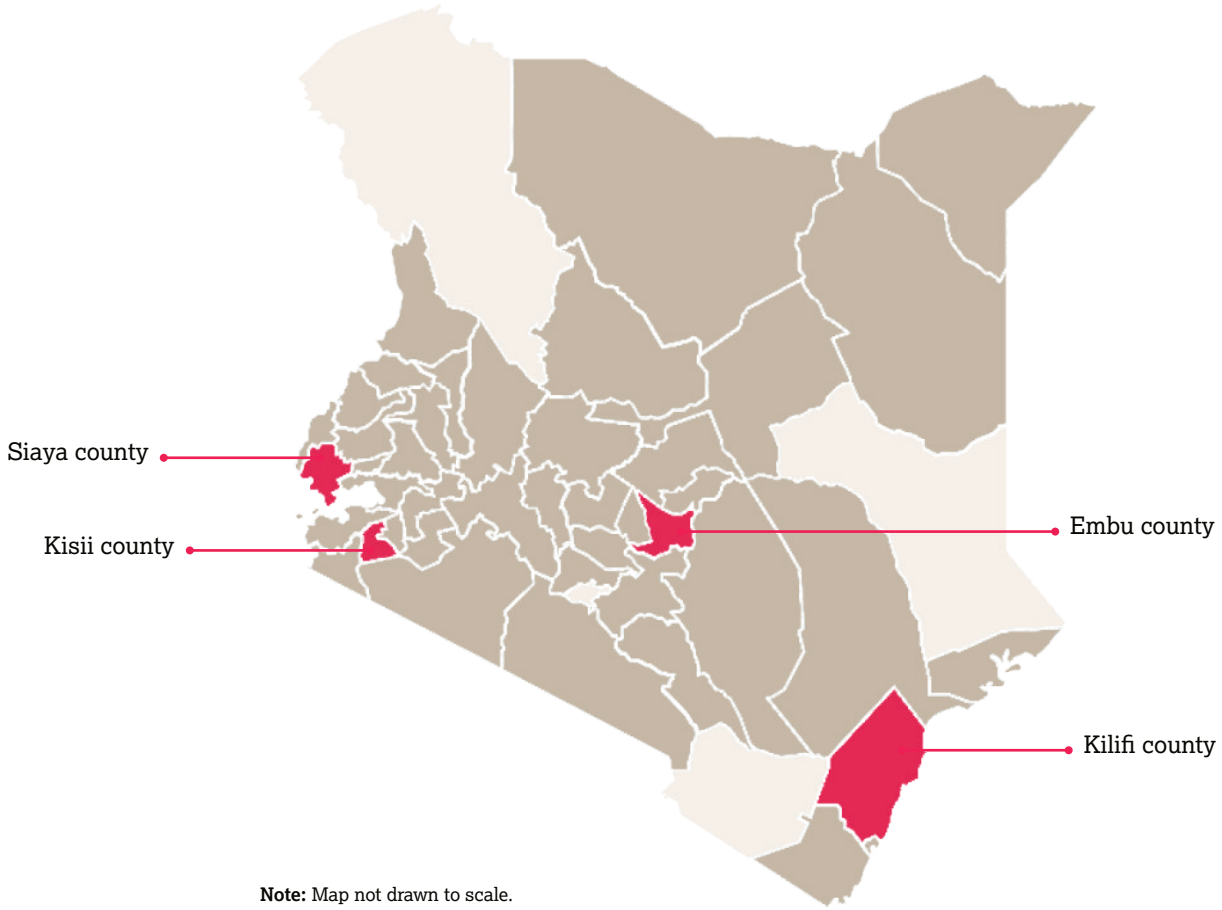
As this study is qualitative, it did not require probability sampling. Purposive sampling was employed to select participants. The methods included focus group discussions (FGD), in-depth interviews (IDI) and key informant interviews (KII).

FGD were the main method of gathering data. FGD foster group interactions, allowing participants to share and discuss common experiences and challenges.

FGD held with 3 groups in each county, consisting of between 8 to 12 participants in each group discussion. The rationale for 3 FGD per county was to obtain the perspective of older women alone, of older men alone, and then triangulate these with a mixed group of both older men and women to compare perspectives. These are summarised in Table 1.

A member of the study team recruited older people (women only, men only and a mixture of both men and women) from the study area for FGD. Community mobilisers were used to make the initial contacts with

Figure 1: Map showing study counties



Note: Map not drawn to scale.

eligible older people and to inform them about the study during a routine home visit or by phone call. The community mobilisers also utilised social gathering places or public service points such as hospitals and community meetings. The eligible older people were requested to come to a pre-agreed venue on a selected date to go through an informed consent process, sign informed consent forms and participate in an FGD.

The FGD were supplemented with in-depth interviews with selected older people to give further individualised experiences and challenges facing older people in selected communities. Participants were selected through purposive sampling and through snowball sampling – referral by a respondent to another older person within the study area.

For IDI, approximately 4-5 older people from each county were selected. The selection was done in places where FGD participants were drawn from. The samples consisted of males and females of which at least one person was an older person with disability (see Table 1).

KII were conducted to gather insights from 16 community leaders, social workers, and other organisational representatives (see Table 2). These interviews were expected to provide contextual information about policy implementation, healthcare infrastructure and community dynamics from the perspectives of key stakeholders. Participants were drawn from social development officers (SDOS), beneficiary welfare committees (BWC), local administrators and community health volunteers.

Table 1: Focus group discussions

Focus Group	Location				
	Siaya	Kisii	Kilifi	Embu	Total
Older people – Male	1	1	1	1	4
Older people – Female	1	1	1	1	4
Older people – Male & female	1	1	1	1	4
Total	**3**	**3**	**3**	**3**	**12**

Table 2: Key informant interviews

Key informant	Location				
	Siaya	Kisii	Kilifi	Embu	Total
Social development officer	1	1	1	1	**4**
Community health volunteers' coordinator	1	1	1	1	**4**
Beneficiary welfare committee representative	1	1	1	1	**4**
County social development coordinator	1	1	1	1	**4**
Total	**4**	**4**	**4**	**4**	**16**

In all the study protocols, members of the study team sought the consent of study participants and experts on the study subject to participate in the study.

The study team also engaged the local administrative units of the Ministry of Interior and Coordination including chiefs, sub-county administrators and the county commissioner. This team also acted as the study community advisory board (CAB) which guided outreach, site selection, recruitment, consent and retention during the study. The CAB facilitated the awareness of the study and participation in study activities.

The study recruited a total of 16 research assistants (4 in each location) in order to mitigate language barriers and to assist in data collection.

Ethical considerations

Ethical approvals were obtained from the African Medical and Research Foundation's (AMREF) Ethics and Scientific Review Committee (ESRC), approval number ESRC P 1603/2024. In addition, a research permit number 692976 from the National Commission for Science, Technology and Innovation (NACOSTI) was obtained before commencement of the study. Informed consent, confidentiality, and anonymity were upheld. Vulnerable participants were treated with particular sensitivity. Before interviews, consent forms were filled in by the discussants, stating that they had consented to participate in the interviews and discussions.

Study results

This study sought to explore the key barriers and facilitating factors to accessing social protection among older people in the target communities. This section presents the findings of the study.

Benefits and limitations of social protection programmes

Benefits of social protection programmes

The experiences shared in the FGD, KII, and IDI illustrate both the benefits and limitations of formal social protection programmes among older people. In most of the interviews carried out, older people perceived social protection to be only the cash transfer programme by the government.

Participants of the FGD across four regions mentioned that the formal social protection programmes for older people in these communities are limited to *Inua Jamii* (cash transfer to people aged 70 and over) and pension payments for those who are eligible due to retirement or death of spouse.

The cash transfer programme in these communities was reported to have had a positive effect on the lives of older people. An official from Kilifi and another from Kisii remarked that the cash transfer programme has improved the health of older people and that social protection has really boosted the dietary diversity of the beneficiaries. One key informant from Kisii remarked that it has enabled them to access better nutrition because "when we go to barazas (village meetings), we encourage them to use this money to make their lives better so that they have a decent life." The following excerpt illustrates older people's concerns:

"[The *Inua Jamii*] has also enabled them to access better medication. Some of them are on drugs to reduce blood pressure so they have prescriptions, but they buy the medicines in small amounts, so when they get this cash transfer, they are able to get the right amount of medication and improve their health status." (KI, Siaya)

In addition to health and nutrition, some older people have also used the money from cash transfers to improve their houses. For example, one key informant said:

"I have received testimonies from people who did not have a decent shelter over their heads. They only had a grass thatched house, but courtesy of this programme they have been able to put up a proper roof." (Key informant, Kisii). A participant in a mixed FGD in the same place said: "The positive effect can easily be seen. Before the government initiated the cash transfer programme, older people were unable to attend funerals, churches or fundraisers, not because they could not contribute but because they feared they would not be recognised." (mixed FGD, Kisii)

Most older people were aware of the National Health Insurance Fund (NHIF), the cash transfer (*Inua Jamii)* and the NSSF. For those who accessed the social protection schemes, the effect of the cash transfer was said to be positive. People reported that it had improved their living standards and their self-esteem, and had also enabled them to start businesses, to access food and medical services, and support their kin. One study participant said: "The pension helps me with business. When I receive it, I invest it, and I was able to raise 100 chicks, and now I sell them. Also, it helps me pay for my child's education since my son is in secondary school, so it assists me in farming, school fees, and even business." (women only FGD, Kilifi)

Limitations of social protection programmes

Some participants in Kisii highlighted the minimal coverage provided by the funds, which barely address immediate needs and are insufficient for larger expenses or sustained wellbeing. One participant noted: "The money we receive only helps us to buy food, soap, oil, but

if you have no flour and want to go and buy some, the money is nowhere near enough – it's too little for us." (men only FGD, Kilifi)

A study participant in Kilifi said: "I went to the bank the other day, and when I got home, I only had 1,400 shillings left. I do not know what I will do with my family." (mixed FGD, Kilifi). In Embu, during a men-only FGD, one participant remarked: "That money is not enough. Once you pay your bills, you are left with nothing, only more problems." (men only FGD, Embu)

The older people who were interviewed claimed that the money from social protection mechanisms is small, and that private individuals who operate motorcycle taxis also exploit older people by increasing the cost of transportation. Participants from Siaya underscored the difficulty of collecting pensions or the Inua Jamii, often spending a significant portion of their allowance on transport to distant collection points, thus depleting their already limited funds. One study participant remarked: "If the allowance is just 2000 and the bike man takes 1500 or all the 2000, we end up with nothing." (mixed FGD, Siaya)

A number of those receiving pensions reported that there is a need to review it regularly. A FGD member stated: "After completing work and retiring, there is a payment that you are given." Another member added: "For example, if your husband dies and he was working with the government, you are paid a pension, yet the kids who were left behind are not paid anything." (men only FGD, Embu)

"Then there is something that the government calls a pension. I always say a pension has a good name, but it does not help us. Some of us left our jobs many years ago; for example, I retired before most of these people here, about 30 years ago. And when you stop receiving a salary, you are given 1700 shillings in the form of a pension." (men only FGD, Kilifi)

One of the most cited problems was distance travelled to collect the money. For example, an FGD member in Kisii had this to say: "Nobody collects the money from a nearby centre. We all go to town because they have not established a nearby centre where we can collect the money." (men only FGD, Kisii)

Although the groups noted that the social protection (pensions or *Inua Jamii*) is small, some groups reported that they have found support through community-based savings, pooling resources for larger projects that could improve their livelihoods over time. For example, one group noted that: "This coming together of ours helps us a little. We put it together, and at the end of the year, you can get something big and use it to buy chickens." (men only FGD, Kisii)

Notwithstanding these limitations, accounts from FGD in Kilifi reflect how recipients strategically direct the funds to improve household support. By investing in family and small-scale businesses, they attempt to ensure a longer-term benefit despite limited amounts. FGD members stated:

> ***"I used the money to pay a dowry for my boy to get a wife to help us. She fetches water for us and cooks too, so I see no problem with that and that is what I want." (men only FGD, Kilifi)***
>
> ***"The pension helps me with my business. When I receive it, I invest it, and I was able to raise 100 chicks, and now I sell them." (women only FGD, Kilifi)***

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Suggestions for improving access to social protection

These insights reveal that while formal social protection has some positive impacts, such as supporting basic needs and small investments, its potential remains constrained by low benefit amounts, logistical issues in access, and limited coverage. Beneficiaries consistently desire enhanced funding, greater accessibility, and complementary community support mechanisms.

During the FGD and IDI, participants were asked what they thought could be done to improve social protection services. This section summarises the opinion of the participants.

Enhancing the accessibility of fund disbursements

Many older people find it difficult to travel long distances to collect their pensions or benefits due to mobility challenges, cost, and safety concerns. For some older people, utilising mobile money platforms like M-PESA could offer a convenient alternative, reducing travel and related expenses. One study participant mentioned: "My suggestion to the government is that they send us our money to our mobile phones via M-PESA so that we don't

need to travel all that long distance to get the money." (women only FGD, Kisii)

Another study participant added: "Although we get timely payment, we face the problem of distance when accessing banks for payment because they are far as Kisii Town, Rongo, Tabaka and Ikoba from my home. Also, during the Christmas holiday, we could get physically or sexually attacked, leading to death." (IDI, Kisii)

However, during IDI with older people, one female reported that there has been an improvement in access provided by the Equity Bank. She said: "There has been no problem since Equity gave us SIM cards called Equitel. So, using your phone, you use the SIM card to see whether the money has been received or not and also to withdraw. You send or transfer money via M-PESA to someone or send it to them with the SIM card but when they (money) get there it is finished." (IDI, Embu)

However, it must be noted that the use of digital platforms is difficult for some older people, particularly those who are frail or are not digitally literate.

Increasing monthly benefits

The current benefit amounts are often insufficient to cover the rising cost of living and healthcare needs. Several participants requested an increase in these funds to better support their basic needs. One participant noted: "The minimal amount if it is possible should be at least 10,000, which would really help older people, because if it is only 2000, when they are sick they use that, but need food too and clothing" (mixed FGD, Kilifi)

During in-depth interviews, another participant said: "There is nothing left because of medicine. When the transfer comes, I usually buy medicines for 5000KES; I can even show you a carton that is full of medicine since I cannot live without it for pressure and nerves. For nerves in particular, I need painkillers and a few other medicines with hard names that have been prescribed to me and I cannot do without. My son, it is heavy, the pension as I told you is small. It has not been increased and it has stagnated there." (IDI, Siaya)

Establishing local collection centres

For those who cannot use mobile money, setting up more accessible collection points within communities would be beneficial. One participant expressed: "I would suggest that the government sets up for us a nearby centre where we can go to collect the money… so that we don't struggle to get to town." (women only FGD, Kisii)

Improving outreach and awareness

A significant number of older people are unaware of how to access *Inua Jamii* through payment agents without visiting the banks in towns. Furthermore, the majority are not updated on changes in the programme, e.g. monthly payments. In addition, there is always a need to increase outreach efforts through local leaders, churches, and community groups as this could help ensure that more individuals are informed about their entitlements. As one participant said: "The government should go round identifying those that don't have access to information." (women only FGD, Embu)

Lowering the age of eligibility for programmes

Adjusting the eligibility age from 70 to 60 years could expand support to a broader segment of the population, especially those facing age-related vulnerabilities before reaching 70. One respondent noted: "They should reduce the age from 70 to 60 because most people who are not yet 70 years old make a mistake when applying for their identification cards" (women only FGD, Embu)

Suggestions on how to improve access to the *Inua Jamii* cash transfer

Making transfers via mobile phone

A number of suggestions were made to improve social protection programmes. FGD discussions from Kisii reported as follows: "My suggestion to the government is that let them send us our money in our mobile phones via M-PESA so that we don't need to travel all that long distance to get the money. It will reduce a lot of problems we face in travelling to get the money." (men only FGD, Kisii)

Increase delivery points

A discussant from another group suggested that delivery points be increased. They reported that when they collect money from a nearby centre, the cases of theft will decrease. Discussants in Kilifi also reported that there is a need for more centres in rural areas where they can withdraw their money. One participant said: "I would suggest that the government provide us with a nearby centre where we can go to collect the money, instead of us going to town." (women only FGD, Kisii)

Linking with other services

A key informant from Embu reported that there is a need to link the cash transfer programme to other complementary services, such as NHIF, providing health insurance cover for older people. In his own words: "The 2,000 monthly stipend that we get cannot be used for accessing medical services for these older people. Also, they need to develop the cash transfer programme to include complementary services such as training in income-generating activities. This means that social protection should be linked to other departments, like the Department of Agriculture, whereby these people can be trained in agricultural skills so that the little amount of cash they get can be boosted by coming up with income-generating activities." (IDI, Embu)

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However, some members decried the use of money transfers saying that even their relatives tried to take their income. For example, a female participant in an FGD in Kisii said: "Even if the money is sent to our phones, some of us don't know how to check if the money has been sent to us or not. When I tell my grandchild to see if the money has been sent, he will see it's there, but he will not tell me and finally he will go and withdraw the money and use it without me knowing. Why does the government not build centres nearby where we can walk and collect the money?" (women only FGD, Kisii)

Providing door-to-door delivery

A participant from another group observed "In other countries, we see that for those older people who cannot manage to walk to the centres, the money is brought to their door for them to easily get the money. Why don't the Kenyan government apply such a thing?" (men only FGD, Siaya)

Lowering age group

Another suggestion was that the age group entitled to receive *Inua Jamii* should by lowered from the current 70 years. R7 said: "I think they should reduce the qualifying age from 70 years to 60 years because most people who are not yet 70 years old make a mistake when applying for their identification cards. So, if the qualifying age were reduced to 60, a lot of people would benefit." (men only FGD, Embu)

Building more care homes

Finally, one group reported that the country should adopt other models for support for the older people. In one FGD session in Embu, a suggestion was made to build more care homes. "They should build care homes for older people where they can get proper care." (men only FGD, Embu)

Protecting older people from inflation

A participant remarked that there is a need to cushion older people from high inflation. One study participant said: "I think the government has recognised older people and my prayer is that they continue with that spirit and increase the money because it's low and responsibilities are not like in the old days, as the cost of living has risen. For 1000 shillings right now you can't buy many things, they are expensive, life has changed so the minimal amount if it's possible should be at least 10,000, which would really help older people to cater for themselves. If it's only 2000 and when they are sick they use that, so they can't buy food or even clothing. Frequently older people become ill because of the scarcity of food, many

suffer from pressure, and diabetes is very common, but if they can get a little more money and support, then their lives will be better." (women only FGD, Embu)

Other sources of income for older people

To explore the sources of livelihood for older people, a number of discussion questions asked about other sources of income as a potential supplement to what *Inua Jamii* and pensions provided. Older people rely on a variety of income sources, ranging from farming and small businesses to family support. Many of these income-generating activities are influenced by environmental and social factors, and some of them are seasonal or limited by access to resources.

Farming and Fishing

Farming remains a primary source of income, though it is often subsistence farming or small-scale due to landownership challenges. Some older people engage in fishing, while others rely on tourism, which fluctuates based on the season. The following excerpts illustrate these activities.

"Older people are farmers, fishermen, and another thing is tourism because our environment attracts tourists, but usually it's seasonal. Most of the time, older people depend on agriculture." (mixed FGD, Kilifi)

"On that, let me answer the ways that give us income. The first one is farming. When we farm and grow some crops, we take them to the market and get some money in return. For example, you can take some of your potatoes to Yimbo market and you will get money. The things I am saying here are things that I have done. It is not that I have not done them, I have, and farming is the best source of all because when you work on a farm, you don't get hungry. You can take your maize to the market and sell it and buy a quarter of meat and you consume it here at home. Isn't that good? I think farming is the best, because if for instance you work on it like that and later sell it in the market and use the proceeds to buy drugs, you will take the drugs, and have they not saved you? I leave it there." (men only FGD, Siaya)

"You can take one of your chickens and go and sell it, or if you have some clothes, you can sell them and get some money to buy salt or cooking oil. The other alternative is to ask for help from your family." (women only FGD, Embu)

"I do not think that after we have been given the *Inua Jamii* stipend we have enough energy to embark on other projects. I can't even go to work on my farm, that money is meant to take care of our old age either by leasing out the work where there is no land but for myself, I don't have enough energy to do farming." (men only FGD, Kisii)

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"Before we started getting the *Inua Jamii* stipend, we had our own activities that we used to do such as farming, and small businesses like chicken rearing. Those with their existence can rely on them in the case of an *Inua Jamii* stoppage but most of the cash has been consumed by our children. Additionally, our farms are now small and the stipend we receive is not enough for us to lease the farms to shamba boys to farm on our behalf." (men only FGD, Kisii)

Land leasing and small-scale farming

For those who do not own land, leasing provides a temporary means of earning an income, though limited resources often prevent large-scale farming. Some older people lease small parcels of land to cultivate and sell the yield. FGD members stated: "Yes, there are those who lease their farms to other people to cultivate." (mixed FGD, Kilifi)

"Their big problem is that most of them are squatters. The ability to do large-scale farming is not there because they have to lease land. People have frequently urged the government to pay for the land so that they can get title deeds." (men only FGD, Kilifi)

It should be stressed that many older people in Kilifi face barriers in accessing credit due to lack of land titles, which limits opportunities for expansion or improvement in farming and business.

Family support and dowry contributions (intergenerational transfers)

Many older people depend on financial or material support from their children, particularly when their physical abilities decline. Such support was especially highlighted in Kilifi as follows:

"The income we depend on is from our children to help us. If they are working, they help us with food, everything to do with home needs; it's the children who take care of us." (mixed FGD, Kilifi)

"If you gave birth to girls, when they are married, they uplift you if you have gotten a good son-in-law who wants to pay a good dowry. But nowadays it has changed; it's not like the old times." (mixed FGD, Kilifi)

Primary activities on which older people spend their income

As a part of the FGD, older people were asked how they spend their money primarily. They reported that they spend most of their money on essentials such as food, soap, and cooking oil, but they also cover healthcare costs, support family members, and contribute to community needs. Here are some illustrative quotes:

> ***"The money we receive only helps us to buy food, soap and oil, but it is not enough at all." (women only FGD, Kisii)***
>
> ***"When you are old, you tend to have more health problems, so all the money goes on hospital expenses and NHIF payments. The money is small compared to the expenses." (women only FGD, Kilifi)***

One older person in Embu remarked in an in-depth interview that living alone is a problem. She said: "You have been left alone. You have educated your children and they have abandoned you, so when you get sick, the neighbours are the ones who would have to come to help you and then later call your children to tell them that you are sick and have been taken to the hospital while they are at home. So those are the challenges that older people in the community go through." (IDI, Embu)

In Embu an older lady lamented: "The other problem, apart from medication and food, is that now my grandchildren have been left here by my children, who have not secured jobs yet. My children also don't have businesses that can help to support this home. Now you see all the burden is on me. The grandchildren need to go to school, they need to eat, they need clothes, and they look up to me to provide these things. My children get no jobs where they go to search in the morning. There are no jobs at all, so sometimes we are forced to sleep without eating, and the bigger burden is on who? Sickness, food and grandchildren with their need to eat and to read. Now in this marketplace of ours, the things sold are very expensive. Hence we can't afford them." (IDI, Embu).

Generally older people participate in daily household activities contributing to the education of grandchildren, buy food and help in farming. The following quote illustrates the contribution of one older person: "I have an orphan at my home. I pay her school fees using the money from *Inua Jamii*." (women only FGD, Kisii)

In Embu one participant in an FGD remarked that older people pay for grandchildren and orphaned children because education is important.

"There are families that are grieving. We also contribute to the grieving families to help them with burials or even weddings, so older people keep spending until they die." (mixed FGD, Kilifi).

These insights reveal that while formal social protection has some positive impacts, such as supporting basic needs and small investments, its potential remains constrained by the low benefit amounts, logistical issues in access, and limited coverage. Beneficiaries consistently desire enhanced funding, greater accessibility, and complementary community support mechanisms.

Ondari Ogega/HelpAge International

Experiences of access to and quality of healthcare provision

This section focused on assessing older people's perception of factors that influence utilisation of healthcare services and to identify barriers to access to, and inclusion in health and care services. In all the counties, discussants noted that the older people require healthcare in addition to food.

Older people's access to healthcare services in the four rural counties reveals both common challenges and distinct experiences influenced by local contexts and facility types. Older people face difficulties with public healthcare facilities, including long waits, lack of guidance and poor staff attitudes, including ageism. These issues vary somewhat by county but share a consistent thread of limited support for the older people in accessing timely, respectful, and affordable healthcare.

Financial and technological barriers

Many older people said they struggle with the digital payment systems prevalent in hospitals, particularly in public facilities. A recurring theme is the reliance on mobile payment systems, which is challenging for older people who may not have mobile phones or lack funds on their devices. This can be a significant barrier for those without mobile phones or knowledge of mobile banking. In Embu, participants made the following comments:

> *"You must pay before [your documents] are stamped. We don't have phones or know how to operate them." (men only FGD, Embu)*
>
> *"You beg those with phones to pay for you, and some will pay for you, but some will not." (women only FGD, Embu)*
>
> *Similarly, a participant from Kilifi observed: "When it comes to payments, that is where the challenge is, because if you are illiterate and have cash, you will struggle since the money must be on your phone." (mixed FGD, Kilifi)*

Many older people report that even in government hospitals, they are required to pay out-of-pocket for medication and other supplies, which violates their right to free healthcare. The following is a notable quote from the session.

In an in-depth interview, an older person from Embu said: "My problems are many, because sicknesses are common when we get to 60 years, and we need a lot of medicines. Now I have got high blood pressure, for which I need medicines every day, and we come back to my back which is bent and I had surgery in Kenyatta. Now you see I use 200 to 300 shillings per day, morning and evening, so that I can buy medicine for high blood pressure, and I buy medicine for nerves at least to control the pain, but medication is extremely expensive, and the money which one gets, in fact is not enough." (IDI, Embu)

A recurring theme is the reliance on mobile payment systems, which is challenging for older people who may not have mobile phones or lack funds on their devices.

Queueing and lack of prioritisation of older people

Many older people report having to queue alongside younger individuals, with no priority given due to their age or health status. This can result in prolonged waits and discomfort. The following excerpts reflect their typical experiences. Study participants in Kisii highlighted the following:

> *"No, we are not given priority, even queuing is the same. Sometimes you can sit there while others come and get treatment and go home." (women only FGD, Kisii)*
>
> *"We always hear that there are medicines in hospitals, but you are told to pay for injections. Without money, I will leave that hospital without getting any medical treatment." (women only FGD, Kisii)*
>
> *"You go there to be treated, but they tell you to go and buy a certain drug from outside. There are no drugs, you will even have to buy gloves." (women only FGD, Kisii)*

A similar experience was shared in Kilifi and Siaya where an older person lamented the lack of direction and assistance. One study participant said: "When a sick older person goes to the hospital, there is no-one to give directions. So, you go there not knowing where to go." (men only FGD, Kilifi) Another respondent added: "Older people sometimes don't get proper treatment. If you don't have a younger person with you, you don't get welcomed well." (men only FGD, Siaya)

Service efficiency and waiting time as a barrier to healthcare access

Many older people reported long waiting times in hospitals, even when they are unwell, and a sense of negligence by healthcare staff. A study participant stated: "There are long queues. Even if there is an older person who is very sick and you complain to the young man, he will tell you to stay there and wait." (mixed FGD, Kilifi)

There is also a perception that those with health insurance like NHIF receive better and faster care than those without. "If you have NHIF, they treat you with care, but if you don't have NHIF, you might not even be given medicines, they only give you Panadol." (women only FGD, Kisii)

Older people also face logistical challenges in navigating hospital facilities, often leading to frustration or abandoning their attempts to receive care. In Embu, one older person said: "You forget which room to go to. You keep moving until you get tired, you might even end up going home having not been tested." (men only FGD, Embu)

Cleanliness and health facility environment

Cleanliness remains a significant issue, with many older people noting unkempt facilities, especially in public

hospitals. One group member said: "The toilets are dirty." (women only FGD, Kilifi). Another participant remarked: "The hospital environment has not been taken care of. People are urinating everywhere and there are no cleaners." (women only FGD, Kilifi)

One participant stated: "Doctors feel like their time is being wasted by an older person. Even before you are done narrating your story, the prescription is ready." (mixed FGD, Embu)

The preference for private hospitals, where they feel they are treated with more respect, was evident in the same county. An older woman stated: "I'd rather borrow money so that I can go to a private hospital because of how they talk to you in private hospitals." (women only FGD, Embu)

Respect and treatment from healthcare staff

Many older people experience ageism, including a lack of respect from younger healthcare providers, who do not empathise with the needs of older patients or prioritise them. They noted:

> ***"Young men don't care about old people. Now you have to stand in the queue and if you complain the young men at work will abuse you." (mixed FGD, Kilifi)***
>
> ***"Some of them have foul mouths, these doctors. Some say these old people are wasting drugs on their children." (men only FGD, Siaya)***

Older people often feel rushed during consultations, especially in public hospitals where doctors may not listen to their concerns fully. This lack of patience and empathy discourages thorough communication about health needs.

From the collected FGD and IDI with older people across the four rural counties, older people expressed a range of perceptions about the quality of healthcare services they receive. Their concerns highlight issues with healthcare accessibility, staff treatment and respect, service efficiency, and cleanliness.

- Older people across all four counties expressed frustration at the hidden costs of healthcare, including paying for medicines and supplies that should be covered by the government.
- In all four counties, participants pointed out that young staff members often show a lack of respect and empathy for older people.
- Across all locations, older people often find themselves directed to buy medications outside the hospital due to stock shortages.
- Unclean facilities were noted by various FGD, emphasising a general neglect of hospital hygiene standards.
- These responses indicate significant challenges that older people face in accessing respectful, efficient, and affordable healthcare across the four counties in Kenya.

These insights reveal a need for more tailored healthcare services for older people, including queue prioritisation, assisted navigation within hospitals and financial assistance. Standardising these practices across counties could improve healthcare access and satisfaction among Kenya's older population.

Social participation

Inua Jamii defined as the involvement in activities that provide interactions with others in the community.[13] Social participation among older people involves both daily activities required for survival and social roles necessary for wellbeing such as community life, interpersonal relationships, recreation, leisure, religion, and spirituality. *Inua Jamii* associated with better physical and mental health as well as survival since it enables the elderly to maintain an active and busy lifestyle. Thus, social participation is a modifiable health determinant for successful ageing in older people.[14] Facilitators and barriers to social participation for older people are related to personal factors (health, interests and motivation), the social environment (availability of assistance or volunteers) and the physical environment (distance to resources, recreational facilities and social partners).[15]

Community support and interaction

Community support may come from individuals or religious organisations. Across the four counties, older people often highlighted the importance of community gatherings and social support networks. Many emphasised the role of informal visits among peers as a vital means of connection and support. The following quotes illustrate these perspectives from Kisii and Siaya counties.

In Kisii, older women expressed a strong sense of community through local visits and a strong desire for close social interaction. One participant expressed the sentiments as follows:

"Once we older people are not socially active, we only visit each other here in the village, and we do that by visiting each other door to door." (women only FGD, Kisii)

Another FGD member emphasised the importance of collective wisdom and the value placed on communal discussions for personal and community development by noting that:

"Having a collection of thoughts becomes easier than if you're somewhere alone with your thoughts. If we sit together as we are now, different thoughts will arise from different places." (mixed FGD, Siaya)

Additionally, the significance of social gatherings for emotional support was evident, signifying how social interaction helps mitigate feelings of isolation and contributes to emotional wellbeing, and was expressed as follows:

> ***"If you just sit alone and are lonely in your home, illness just piles up. But if you sit with your fellows, you tell stories." (mixed FGD, Siaya)***

Role of informal savings groups

The savings groups serve as significant platforms for older people to meet, share resources and support one another financially, although participation can vary. These saving schemes not only facilitate financial support but also foster social bonds among the members.

In Kisii a participant from a women-only FGD observed: "There is an activity that we call the merry-go-round, which encourages us to meet", while in Embu a participant from a women-only FGD stated: "We also meet through our saving groups, which give us a platform to meet and interact." (women only FGD, Embu)

Older men also form groups that meet regularly, where they contribute money to support each other. For example, one group in their community meets monthly, contributing 1200KES per person to a rotating savings system. As one participant described: "in our place there is a group for old men and we meet once per month and we contribute 1200KES per person. We leave the money to one individual. When we meet in a person's homestead, we leave them with 1200KES per person." (men only FGD, Embu)

In Siaya, community members have adopted self-help approaches due to the lack of external assistance. As one participant remarked: "if we collect our savings and give some small amount to an older man, he goes and uses it, then when he comes back, we give it to another person" (mixed FGD, Siaya).

Social participation is not only about economic support in risk pooling and guarding against any eventual shocks, but also for social learning about new developments and to keep healthy. For example, in Siaya a group member remarked: "As people whose prime has passed, it is good that we meet from time to time and educate each other on things that take place in our lives and also strengthen each other so that we can face our challenges where we live." (men only FGD, Siaya)

In addition, participants noted that social participation helps them keep fit despite the many ailments which they experience. They highlighted: "There are many forums for these, for example churches or merry-go-round activities, as my fellows have said. And it is not just financial matters alone. It is just that so and so how are you? How are your children and have you found yourself in a problem that you do not know? And you know there is no problem that you can have that has never been experienced by someone before. If you go to your fellows, they can tell you that ah aah, this thing happened this way and we did it this way. And you know you have healed even if it's an illness of the mind." (men only FGD, Siaya)

Participation in cultural traditions and ceremonies

Ceremonial events like funerals and community functions provide opportunities for older people to engage in collective activities, reinforcing social bonds and cultural traditions. In Kilifi a men-only FGD made the following observation: "When children are going to marry, they use the older people to go pay the dowry." The same FGD highlighted the importance of participation in funerals as a vital aspect of social life, where they fulfill roles that restore harmony within the community. They observed: "The Mijikenda or Giriama old men often participate in social activities. First, there are funerals where, when someone has died, we go to participate in the rites of burial." (men only FGD, Kilifi)

The participants remarked that they meet for social or cultural events in the community. For example, one participant from Embu mentioned: "Older people enjoy community functions like welcoming a newborn. We dance a lot during those functions, and even if someone falls down, they will not feel pain because they'll go home happy." (FGD Embu women only)

However, the participants described the changing nature of social participation, especially in cultural events. An older person in a men-only FGD in Kilifi expressed the challenges of modernity affecting traditional gatherings, showing concern over the loss of cultural practices and the marginalisation of older people's role in society. He said: "What still remains are the traditional songs, but even these lack participants because they are meant for old people and when they die there is no recruitment." (men only FGD, Kilifi)

Feelings of equality and inclusion in certain spaces

Participation in social group activities and in the community had a number of useful attributes. One participant remarked: "The church treats us as equal because they say in the house of the Lord, we are all equal." (women only FGD, Kisii), while another added: "When we sit together like now, everyone gives their own views, and this makes us feel equal." women only FGD, Kisii)

In conclusion, concerning social participation there were a number of similarities, but also differences. Specifically, in FGD across the four counties, older people participate in chamas (rotating savings and credit associations) and saving groups such as table banking as a means of staying socially connected. These groups allow them to meet regularly, pool resources, and offer mutual support.

For example, religious functions are frequently cited as gatherings where older people can meet, socialise and feel a sense of equality and inclusion, especially among those who might not attend other social gatherings. This was echoed in FGD from Kisii, Embu, and Kilifi, where churches provide opportunities for older people to contribute and to be treated equally.

> ***"We as older people sometimes interact through the church, where leaders can ask us to meet after the service and socialise. We can also be called to attend events or community functions. We are also called upon to teach young people about life." (women only FGD, Embu)***

The FGD also revealed a shared role for older people in community gatherings, such as barazas (village meetings) and cultural events. For instance, in Siaya and Kilifi, older people participate in traditional ceremonies, and in Kilifi, Giriama elders discuss community matters after funerals, reinforcing their role as custodians of tradition and advisors.

Barriers to social participation

The barriers affecting older people's participation in social activities and access to social protection programmes reveal both commonalities and distinctions. Despite the avenues for engagement, older people express challenges related to mobility, health issues, and access to information that limit their participation in community activities. These barriers are also rooted in economic limitations, ineffective government programmes and social inequalities.

Financial constraints

Across the four counties, older people often express the challenge of low or irregular income, which limits their ability to engage in social activities such as chamas groups. In Siaya, one participant noted: "You can wish to be with your fellows, but if you don't have a good income, it (the relationship) can't grow properly." (men only FGD, Siaya). Overall, older people cite a lack of financial resources to engage in social activities. The following quotes illustrate their experiences.

A participant from Kisii noted: "Money is the problem. In the chamas we need to make contributions, but some of us can't do that due to few or no income-generating activities." (men only FGD, Kisii)

In Embu, participants highlighted the financial strain of health-related expenses, reducing their ability to contribute to savings groups. For example, one participant reported: "Some of us are just there for the company that helps relieve stress. We just save and avoid loans." (women only FGD, Embu). Another one mentioned that beyond *Inua Jamii*, few programmes exist to support the financial and social needs of older people. He said: "Once you pay your pending bills, you are left with nothing." (men only FGD, Embu)

The other issue is that because of old age and frailty, older people are limited to moving short distances. For example, one participant remarked: "We, the older ones, don't walk to distant places; we only visit each other in our villages." (women only FGD, Kisii). Another participant mentioned: "Financially, we are not able to visit those neighbours that are a bit far, so we only bond with the closer ones." (women only FGD, Kisii)

This reveals that financial stress discourages some older people from fully engaging in these support networks, limiting their social connection and mental health benefits.

Transportation barriers

Physical distance and lack of transport options prevent older men from accessing social venues. An older man in Kilifi said: "If the place is far away, they can't afford the fare, so poverty also contributes." (men only FGD, Kilifi) and another one from Embu stated: "From here to where you were seated, it takes me two hours, and on that day, my leg would be giving me a lot of trouble." (mixed FGD, Embu)

Health challenges

Age-related illnesses, physical weakness or impairments and limited access to healthcare make participation in social activities difficult for many older men. FGD participants in Embu and Kisii explained: "One reason for not participating in social activities is if you are sick. Secondly, if you have enough to eat and drink and are able to take care of your needs sufficiently, you won't need to engage with others." (women only FGD, Embu) and "We are old and we have all sorts of illnesses. Once we are in hospital thinking we are being helped, we realise there is no treatment if you have no money." (men only FGD, Kisii)

Social perceptions, stigma and discrimination

Older men in Kilifi, where this practice is particularly prevalent, are often subject to harmful stereotypes and discrimination through accusations of witchcraft. These accusations can fuel fear and stigma but also lead to exclusion, threats, and even forced displacement from their communities. The labelling of older men as witches serves as a form of discrimination that undermines their dignity, safety and social standing. Male FGD participants noted as follows:

"When an older person tries to bring others together, there is this word that is brought up – they are called witches." (men only FGD, Kilifi)

"Young men will even find ways to say that you have demons even if you say you are not a witch." (men only FGD, Kilifi)

"Older people come to MADCA (a place that shelters older people in Kilifi) when their families have conflicts, and they have been chased away." (men only FGD, Kilifi)

Perceived lack of value, exclusion and ageism

Ageism manifests in the exclusion of older people from decision-making processes and community life, reinforcing the perception that their voices and contributions are less valuable. In Kisii and Kilifi, FGD revealed that older people are sometimes excluded from community meetings or not informed about them, especially in cases where chiefs call gatherings. This exclusion denies them the opportunity to influence decisions that impact their lives, reinforcing ageist attitudes that older people are passive or unimportant in governance and public affairs.

Beyond formal decision-making spaces, evolving cultural norms have further eroded older people's participation in traditional activities, leaving many in Kilifi feeling disconnected from their communities. Some even fear being misunderstood or stigmatised if they engage in certain traditional practices, further limiting their inclusion. An older man from Embu stated: "Many older men don't like chamas. They don't see them as profitable, so they don't understand their benefits." (men only FGD, Embu) and an older woman from Kisii explained: "Older people are not given the chance to even talk to the congregation. That's why we do not see any value in attending those meetings." (women only FGD, Kisii)

These experiences reflect deep-rooted ageist beliefs that position older people as less capable, less relevant, and undeserving of inclusion. As a result, many older people disengage from community life, not necessarily by choice, but due to systematic exclusion and societal attitudes that diminish their value.

Family responsibilities and loneliness

Responsibilities such as caring for grandchildren, combined with abandonment by their own children, lead to limited engagement in social activities. An older man from Kilifi said: "Older people have children back at home, but they (children) don't have manners or discipline. Most of the time, older people come here (to social meetings) with issues of land disputes, or because they have been maimed." (men only FGD, Kilifi) and an older woman from Embu added: "Children have become so undisciplined that if they know you have some money and you leave for work, they come and steal it" (women only FGD, Embu)

Psychological and emotional barriers

Feelings of despair and loss of purpose also hinder participation. FGD participants stated:

"I feel sad because older people come to MADCA, but the government doesn't help them." (men only FGD, Kilifi)

"Some prefer to stay home and do their own thing. I called someone for a talk, and he didn't come, saying he had no time." (mixed FGD, Embu)

There were also differences between the counties concerning the traditional roles and practices played by older people and barriers to engagements by older people.

In Kilifi, older people, particularly from the Giriama community, play distinct roles in cultural practices such as dhome meetings and rituals, including drumbeating for spiritual purposes. This specific cultural engagement contrasts with groups in Siaya or Embu, where tradition-based participation is less emphasised, and gatherings tend to be more informal and oriented towards peer support.

Divergences also appear in financial accessibility to social participation. For example, Embu participants expressed concerns that physical limitations and financial constraints make participation in savings groups challenging, with some considering leaving chamas due to difficulties in loan repayments and NHIF contributions. In contrast, participants from Siaya continue to value chamas for personal and collective benefits despite similar challenges. Table 3 summarises the key barriers to the social participation of older people across all four counties.

These examples suggest that a combination of poverty, health issues, social exclusion, and stigma paints a challenging picture for older people trying to remain socially active. These themes reveal shared barriers across counties, although some aspects, like witchcraft accusations, seem more pronounced in certain areas.

Table 3: Key barriers to social participation

Broad area	Summary	Quote
1 **Exclusion from community activities**	Older people feel excluded from public gatherings and decision-making spaces, which reduces their motivation to attend.	One older participant said: "They do not even give us a chance to talk," reflecting a sense of marginalization within community spaces (women only FGD, Kisii)
2 **Financial constraints and poverty**	Across the four counties, financial limitations prevent older people from participating in social activities. The cost of transportation alone can be prohibitive.	As one participant stated: "What makes us older people not participate mostly is poverty. As an older person, you don't have even coins for the fare to go there." (men only FGD, Kilifi)
3 **Fear and social stigmatisation**	In Kilifi, older people fear attending events due to rumours of witchcraft, which stigmatises and isolates them.	Stigma based on age or/and appearance discourages older people from engagement. One study participant observed: "The young men have maligned the older people. When they have gray hair, they are called witches." (mixed FGD, Kilifi)
4 **Health challenges**	Health issues, including mobility difficulties, affect the ability of older people to join social gatherings.	In Embu, one participant mentioned: "The doctor advised me to avoid the scorching sun, so if I walk under the sun, it affects my body and I am forced to stay at home." (men only FGD, Embu)
5 **Dependence and family dynamics**	Many older people are still relied upon financially by family members, but lack reciprocal support. Some participants feel trapped by family responsibilities, which hinder their ability to socialise.	As one older person shared: "The elderly have children and responsibilities, and they are still depended on. There's no one to rely on who would want to join the dances." (mixed FGD, Kilifi)
6 **Inadequate security and protection**	Some older people, especially those labeled as witches, face threats and even physical harm.	For instance, one participant commented: "Older people come here with issues of land disputes or they have been maimed with pangas back at home because they have been labelled as witches." (mixed FGD, Kilifi)

Abuse and neglect of older people in communities

A systematic review and meta-analysis cited by WHO (2021) indicates that there is a higher prevalence of elderly abuse reported in community settings. Types of abuse include physical, emotional, sexual, financial exploitation, neglect and abandonment. The perpetrators include children, other family members, and spouses among the others. The results from FGD in this study revealed a complex interplay of factors compromising older people's safety, including cultural stigmas, youth violence, financial insecurity, and institutional neglect.

The FGD revealed several safety concerns for older persons. The following quotes from three counties illustrate these concerns.

> ***"If you meet a young man on the road and he greets you, beware because you can't know these days who are criminals." (mixed FGD, Kilifi)***
>
> ***"Older people don't have enough security. Their houses end up being like a toilet because they can't go out at night." (women only FGD, Embu)***

The abuse of older people, especially concerning their safety, emanates partly from drug use among young people. An older person explained: "I want the government to look at security because illegal drugs are being used anyhow. Drug use (bhang, mogoka) increases violence and neglect towards older people." Another participant said, "Illegal drugs make the children's minds change. They do not love or respect older people anymore." (mixed FGD, Kilifi)

Financial support from *Inua Jamii* cash transfers makes older people targets for criminals. In Kisii, a discussant in a mixed FGD revealed: "One older man was woken up in the middle of the night by a person claiming they wanted to borrow an axe, only to steal his stipend." Later in the same FGD it was reported: "When we get money, people know and may even threaten us to take it away. Older people become vulnerable due to to theft and exploitation." (women only FGD, Embu)

The research revealed that there were ineffective police responses, perhaps due to corruption, which undermines the safety of older people. A lack of timely response from the authorities and the exploitation by law enforcement makes older people more vulnerable. The following quotes illustrate the situation faced by older people:

"Security has softened up. When you make a call to the police, they only come after two or three hours." (mixed FGD, Kilifi).

"The police exploit us. They arrest the culprit, but he is released shortly after." (mixed FGD, Kisii).

It was reported that isolation increases the vulnerability of older people to neglect and violence. The following comments illustrate the situation:

> ***"Living alone as an older person might be a danger to them. They are not even able to shout for help." (women only FGD, Embu)***

In general, the discussions reveal that a lack of family and community support compounds security risks.

Theft and physical attacks are common threats faced by older people. There is increased concern among older people that physical violence to them is increasing. These quotes from a mixed group FGD in Kisii illustrate the concerns: "People break into other people's homes, stealing chickens, vegetables, bananas, and even flour," and "We can even be attacked and bitten on the road." (mixed FGD, Kilifi)

Older people face threats due to witchcraft accusations, leading to violence. This was particularly mentioned in Kilifi. In a mixed group FGD in Kilifi, one participant reported: "If you're rumoured to be a witch, you get killed, and the attacker achieves his target of inheriting the land." (mixed FGD, Kilifi) Another participant reported: "My husband was attacked and killed, being called a witch." (women only FGD, Kilifi) Witchcraft accusations, especially in Kilifi, deepen societal insecurity.

In summary, there is a complex interplay of factors compromising older people's safety, including cultural stigmas, youth violence, financial insecurity, and institutional neglect. Therefore, there is an urgent need for targeted interventions to improve the safety and wellbeing of older people in these communities. Addressing challenges like inadequate resources and logistical barriers can improve financial wellbeing.

Steve Okumu/HelpAge International

Discussion

Social protection

The study focused on four main areas, namely social protection, health and wellbeing, social participation, and abuse and neglect. With regard to social protection, the FGD, KII, and IDI across four regions in Kenya revealed that social protection programmes for older people provide essential support but face significant limitations. The primary formal mechanisms identified include the *Inua Jamii* cash transfer programme for individuals aged 70 and above, and pension payments for eligible retirees or widows. These findings align with broader literature on social protection, which underscores its critical role in mitigating poverty and improving the wellbeing of older people.[16,17] The key benefits as highlighted by the participants are better health outcomes and dietary diversity enabled by cash transfers. These findings resonate with studies showing that social protection reduces food insecurity and enhances access to healthcare among older populations.[18]

Beneficiaries also noted improved housing conditions and increased participation in community events such as funerals and fund raisers, reflecting heightened social inclusion. Literature confirms that social protection programmes foster dignity and social participation among older people.[19] Some beneficiaries used the cash transfer to invest in small businesses, such as poultry farming, to generate additional income. These findings align with research showing that social protection can catalyse microenterprise development, particularly in rural settings.[20]

However, participants also observed limitations of the cash transfer system, high among them being insufficient benefit amounts and the inability to cover basic needs. This limitation is consistent with global findings, where low transfer amounts often fail to provide a comprehensive safety net.[21] Further they encountered logistical challenges relating to accessing disbursement points, especially in rural areas, which often require significant transportation costs, thus depleting the net benefits. The logistical hurdles align with findings from Kenya and other countries where distance to collection points significantly limits the effectiveness of social protection schemes.[22] The issues of limited coverage in terms of eligibility criteria, such as the age threshold of 70, and of documentation requirements lead to the exclusion of vulnerable groups. This prompted calls to lower the eligibility age to 60 years to accommodate more beneficiaries, reflecting global calls for more inclusive social protection systems.[23]

Fixed benefit amounts were criticised for not keeping pace with inflation, eroding their purchasing power over time. Research corroborates these sentiments, emphasising the need for periodic adjustments to benefit amounts to maintain their real value.[24] It was reported that older people primarily spent their income on food, soap, cooking oil, healthcare and family needs, reflecting their intergenerational caregiving roles. However, these additional responsibilities strained their limited financial resources, contributing to poverty and food insecurity. For instance, a study by HelpAge found that older people often use social protection benefits to meet daily needs, support dependants and contribute to community activities.[25] These sentiments are also supported by a study by Aboderin (2010), which highlighted that older people in sub-Saharan Africa frequently assume care-giving roles, especially in households impacted by unemployment, migration, or HIV and AIDS.[26] These additional responsibilities strain their limited financial resources, exacerbating poverty and food insecurity.

Access to healthcare and quality of healthcare services

The discussions revealed significant barriers to healthcare access, including financial constraints, service inefficiencies, and infrastructural challenges. With regard to financial and technological barriers, it was observed that reliance on mobile payment systems excluded older people without phones or digital literacy. This aligns with findings from Murphy et al. (2022), which underscore the digital divide as a barrier to accessing healthcare services among older people in Africa.[27] Similarly, reliance on out-of-pocket payments for medicine and supplies, as reported, reflects systemic issues in public healthcare financing, as noted by Barasa et al. (2017) in their analysis of Kenya's healthcare system.[28]

The issue of queuing and lack of prioritisation was also key to accessing health care by older people. It was observed that long waiting times and inadequate prioritisation of older people in public hospitals discouraged timely healthcare access. This experience is consistent with research by Mwangi et al. (2020), which found that structural inefficiencies and a lack of age-sensitive policies hinder older people' access to timely and equitable healthcare in Kenya.[29] The absence of prioritisation policies for older patients highlights the need for healthcare systems to adopt age-inclusive practices, as recommended by WHO (2015).[30] The burden of chronic illness and the management of NCDs has imposed heavy financial and emotional obligations on older persons.

These findings reflect studies such as that by UN DESA in 2019, which highlighted the increasing healthcare needs of ageing populations globally.[31] The financial strain of managing NCDs often leads to reduced access to necessary medications and treatments, further compromising the health and well-being of older people. Other areas of concern in health care access by older people are facility environment and staff attitudes. Poor hygiene in public hospitals aligns with findings that poor

sanitation and hygiene standards in hospitals undermine patient trust and deter service utilisation.[32] Cleanliness is critical not only for patient safety but also for maintaining dignity, especially for older patients who may have heightened sensitivity to unclean environments.

Study participants also reported frequent cases of ageism. For example, it was noted that a lack of respect, rushed consultations, and dismissive attitudes from healthcare staff were common in public health facilities, especially those manned by young health staff. Such experiences are consistent with studies emphasising the importance of respectful communication in improving healthcare satisfaction among older people.[33] A study in Kenya observed that younger healthcare providers often lack geriatric training, leading to inadequate interpersonal interactions with older patients.[34] This may explain the preference among older people for private hospitals, where older people perceive more respectful and attentive care despite higher costs.

Social participation

Social participation, defined as involvement in activities fostering community interaction, emerged as vital for older people's wellbeing. It enhances mental and physical health, mitigates isolation, and promotes successful ageing. Key aspects of social participation include community support and interaction. Older people rely heavily on community gatherings and social visits to connect with peers and prevent social isolation. The FGD revealed that informal visits among peers and communal discussions were vital avenues for connection and sharing wisdom. This aligns with studies that underscore community-based interactions as a source of emotional support and mental wellbeing.[35] Another aspect of social participation relates to the role of informal saving groups such as the merry-go-round, which facilitate both financial support and social interaction. Older people use these groups to meet regularly, share resources, and support one another, fostering mutual assistance. Similar findings have been documented in studies on Rotating Savings and Credit Associations (ROSCA), which enhance both financial resilience and social bonds.[36]

Another avenue for participation involves partaking in cultural traditions. Older people reported that they engage in traditional and ceremonial events, such as funerals and dowry negotiations, which reinforces their role in preserving cultural values and social cohesion. Religious and spiritual activities were identified as a significant source of equality and inclusion, offering older people opportunities to contribute and interact. Churches and spiritual events were highlighted as spaces where older individuals felt respected and valued, consistent with studies emphasising the role of religion in enhancing social participation and mental wellbeing among older persons.

Barriers to social participation included financial constraints which were cited as an obstacle to engaging in social activities such as savings groups or travel for gatherings. Financial stress also limited older people's ability to contribute to group activities or access health services, echoing findings that economic insecurity impedes older people' social engagement.[37] Physical distance and inadequate transport options were also seen as significant deterrents. Older people, especially those with mobility issues, struggle to attend gatherings, further exacerbating isolation. This aligns with studies highlighting infrastructural barriers to participation among older people.[38] Another drawback highlighted was age-related illnesses and frailty, which reduces older people's capacity to participate in social activities.

Limited access to affordable healthcare compounded this challenge, consistent with research linking health limitations to reduced social engagement.[39] Social perceptions and stigma, including accusations of witchcraft, lead to exclusion and fear. Negative social perceptions and marginalisation have been widely documented as barriers to participation in studies on ageing and social stigma.[40] In addition, older people

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expressed concerns about being excluded from decision-making processes and community activities. This reflects broader findings that exclusion from social roles diminishes older people's sense of belonging and value.[41]

Abuse and neglect

The findings from the FGD illustrate a multidimensional problem of abuse and neglect faced by older persons, aligning with global evidence that elder abuse is widespread in community settings. WHO (2021) identifies prevalent forms of elder abuse, including physical, emotional, sexual, financial exploitation, neglect and abandonment, with perpetrators often being close family members or community members.[42] The FGD revealed a similar pattern, compounded by localised socio-economic and cultural factors. Areas of concern include safety and security. Older people face significant threats to their safety due to youth violence, drug abuse and inadequate security measures. Quotes from FGD highlight issues such as violence stemming from substance abuse and the inefficiency of police response. These findings resonate with literature emphasising the vulnerability of older people in communities with systemic security lapses.[43] Financial insecurity, exacerbated by targeted theft due to cash transfer programmes like *Inua Jamii*, further undermines their safety.

Cultural stigmas, particularly witchcraft accusations, emerged as a unique and region-specific challenge in areas like Kilifi. This aligns with studies that identify cultural beliefs as drivers of violence against older people in sub-Saharan Africa.[44] Participants also reported a lack of family and community support, which increases vulnerability to isolation, neglect, and exploitation. Issues of institutional and systemic neglect were also reported by participants. FGD underscored institutional failures, including delayed or corrupt police responses and challenges in accessing cash transfer benefits.

Recommendations

The study aimed to examine barriers and facilitators to social protection programmes as well as other factors influencing older people' wellbeing. Specific focus was placed on examining social protection mechanisms, sources of income, access to health and care services, social participation and issues related to abuse and neglect. The recommendations below specifically target the government policy options.

The older people who are enrolled in *Inua Jamii* programme complained that they had problems in accessing services. Therefore, it is recommended that the Government of Kenya improve the system's reach by setting up more accessible collection points. When it comes to modes of delivery, it is critical to ensure that older people have options that suit their circumstances. For those who are able to utilise mobile/digital platforms, the government should use mobile systems to facilitate access. In addition, digital skills training for older people must accompany any introduction of digital payment systems, or they risk doing harm.

Many older people in rural areas are not aware of changes to and improvements in the services. Therefore, the government should establish and provide outreach and awareness about improvements in the delivery of *Inua Jamii*.

The current benefit amounts are often insufficient to cover the rising cost of living and healthcare needs. Several participants requested an increase in these funds to better support their basic needs. Older people proposed a periodic review of the social protection benefits (pension or cash transfer) to cushion older people from high inflation. The benefits they receive do not match living expenses, especially those who retired a long time ago.

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There exist several barriers to healthcare access, including financial constraints, service inefficiencies, and infrastructural challenges. Through the discussions, older people reported that they spend most of the money they receive on healthcare, particularly buying drugs. As a result, there is an urgent need to provide universal health coverage for all older people,[45] ideally linking the cash transfer programme to access to free healthcare and other complementary services. In addition, the government should reduce the age of eligibility for *Inua Jamii*. Advancing UHC for older people must include developing tailored services that meet the more complex health and care needs of increasing numbers of older people, alongside interventions that support the accessibility of health facilities and services, including, for example, more accessible facilities, queue prioritisation and assisted navigation within hospitals.[46]

The research also revealed that many older people experience ageism, including a lack of respect from younger healthcare providers, who do not empathise with the needs of older patients or prioritse them. Thus, there is a need to advocate and create awareness about ageism, particularly among health staff.

The safety and the wellbeing of older people are under significant threat due to a combination of cultural, social and systemic issues. In addition, there is an increase in incidents of abuse, neglect, and exploitation faced by older people. The Government of Kenya should enforce and uphold laws that prevent witchcraft accusations and violence against older people, while challenging cultural practices that perpetuate harm. There is also a need to protect older people from financial exploitation by strengthening enforcement mechanisms for government aid and ensuring stronger protection against theft and manipulation. In addition, the policing system needs to be responsive in addressing the abuse of older people and provide targeted training to law enforcement officers to protect older people.

Loneliness and the rising cases of elder abuse are just some of the threats to older people's welfare. Research findings suggest that there is a need to establish older people's homes for those who may prefer such places.

Finally, in order to gain a greater understanding of the challenges faced by older people and address policy and programmatic gaps, research institutions in collaboration with other stakeholders should regularly generate extensive evidence on older people's wellbeing, access to social protection and healthcare, and other social aspects of ageing. Researh institutions and the Kenya National Bureau of Statistics should regularly track key indicators on older people's wellbeing and government's spending on social welfare. The collected data should be age, gender and disability disaggregated.

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HelpAge International is a global network of organisations promoting the right of all older people to lead dignified, healthy and secure lives.

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