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Editon Consortium Journal of Arts, Humanities and Social Studies (ECJAHSS)

ISSN: 2663-8525

Volume: 01 Issue: 03 | Sep -2019
Received: 03.09.2019; Accepted 05.09.2019; published: 30.09.2019 at www.editoncpublishing.org
Chepkwony, S. J. et al., *Editon Cons. J. Arts., Humanit. S. Stud.*, *Double –Blind Peer Reviewed Journal*

The Nexus between Public Perception of the Elderly Person's Self-Efficacy and the Uptake of Institutionalised Care for the Elderly in Nakuru County, Kenya

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Abstract

This study sought to determine the public perception of self-efficacy of the older people to take care of themselves. It was also intended to determine the factors influencing the uptake of formal care services in Kenya. The study engaged 400 respondents from Nakuru County, who were selected through purposive and stratified random sampling. Data was collected using questionnaires and in-depth interviews. The results reveal that indeed the level of awareness of the existence of the formal care services in Kenya is very low and that majority of the interviewed respondents were reluctant to enrol their relatives to the formal care homes. The result further indicates that health and the psychosocial status of the older people influence the decision of the members of the community interviewed to enrol the older relatives in formal care homes. It emerged from the results that the majority of the people declined the use of the services despite agreeing that their older relatives faced challenges that would warrant their enrolment for the services. We, therefore, recommend that a marketing plan for the services to be designed with an inherent system societal perception re-engineering so that a positive attitude towards services be formed. Psychosocial therapy provision should also be a key service of the care services since it emerged that older people suffering neglect and abuse were the most likely to be enrolled where there's the availability of services.

Key Terms: Public perception, Elderly people, Self-efficacy, Institutionalised care

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How to cite this article in APA (6th Edition)

Chepkwony, S. J. & Kay. J. (2019). The Nexus between Public Perception of the Elderly Person's Self-Efficacy and the Uptake of Institutionalised Care for the Elderly in Nakuru County, Kenya. *Editon Cons. J. Arts., Humanit. S. Stud.*, 1(3), 106-118.

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Introduction

World Health Organisation's report revealed that people worldwide are living longer. Nowadays, life expectancy is 60 years and above for most people. There will be more than 2 billion more people aged above 60 years by 2050 up from 900 million in 2015. About 125 million people are aged 80 years or older in 2018. By the year 2050, there will almost 120 million people above 80 years living in China alone, with 434 million in the same age bracket worldwide. According to WHO (2018), 80% of all older people are expected to be living in low and middle-income countries by 2050. The 2017 United Nations department for economic and social affair's report indicates that over the coming years, the population of older persons is expected to rise the fastest in Africa, where the 60 years and above population is projected to rise more than threefold in the period between 2017 and 2050, increasing from 69 to 226 million. Latin America and the Caribbean follow Africa closely. Their older population is expected to increase more than twofold between 2017 and 2050, from 76 to 198 million (UN Department of Economic and Social Affairs Population Division, 2017). Asia also is expected to experience a twofold increase in the number of older persons, with the population aged 60 or over projected to increase from 549 million in 2017 to nearly 1.3 billion in 2050. Numerous opportunities accompany a long life, not only for the individual person but for their families and the whole society as well. The increase in the number of years one lives provides a chance to endeavour in activities such as furthering academics, pursuing new careers, or pursuing passions that could have been long neglected in the earlier years (Randel, German, & Ewing, 2017).

Older people also contribute significantly to their families and communities. The level of contribution and opportunities; however, heavily rely on one critical factor: health. There is, however, little evidence to suggest that older people today are experiencing their later years in better health than their parents are. While rates of severe disability have declined in high-income countries over the past 30 years, there has been no significant change in mild to moderate disability over the same period (World Health Organisation, 2018). If people can experience these extra years of life in good health and if they live in a supportive environment, their ability to do the things they value will be little different from that of a younger person. If these added, years are dominated by declines in physical and mental capacity, the implications for older people and for society are more negative. This calls for an elaborate system that will ensure their welfare is well taken of.

However, when one thinks of elder care, one typically thinks of it in terms of one's own family or country. Questions of most concern typically centre around issues of how to best take care of ageing parents or other relatives and how to best plan for one's own future old age and the care that may or may not be needed at that time. Across the globe, individuals grow old and require assistance from family, friends, the government, or charitable organisations to deal with changing mental and physical capabilities and increasing needs for health care or other support to meet the instrumental activities of daily living or even the activities of daily living (Kuh, 2016; World Health Organisation, 2018). How such questions are answered and issues resolved often vary widely from country to country, society to society, and culture to culture.

Care for the elderly is much more dependent on the culture, which varies from one region to another across the world. Africa and South/Southeast Asia are still, largely undergoing economic development (Carbonnier et al., 2013). This allows one to observe the care received by elders in culturally traditional areas as well as the changes in that care and the concomitant attitudes with the incursion of modernisation and industrialisation. As with other places around the world, efforts to better provide for the need of the elderly need to be accelerated to meet the

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rising demand (Teerawichitchainan, & Knodel, 2018; World Health Organisation, 2018). In traditional African culture, the elderly are given high esteem and social status. Both as part of this traditional culture and as a natural outgrowth of the strong religious roots of the society (in particular, the kinship system, belief in spirits, and certain rites of passage), an expected part of traditional African culture has been to care for the elderly. Traditionally, mistreating the elderly was considered within the culture to be the equivalent of calling down a curse on oneself and the wrath of God and the ancestors on the entire community. However, modernisation in many parts of Africa has changed both expectations of status and care for the elderly. The rural to urban migration by the youthful members of the African societies, leave behind elders in rural areas without family support or involvement in their care. Modernity has brought with it new religious attitudes and has changed traditional cultural norms. In much of African society today, traditional values and practices are routinely challenged.

Understanding the efficacy of the elderly people to take care of themselves as well as the ability of formal care institutions to take care of elderly people in the African society and Kenya has been shrouded in uncertainty due to limitation of literature. Little has been done with regard to how the perceived efficacy of the elderly people to manage their ageing conditions influences the uptake of formal care services for elderly people. In addition, the bulk of research has been in the Western world where formal care services are not only advanced but are also being implemented in a socio-cultural context (Cazes, & Verick, 2013; Sole-Auro & Crimmins, 2014; Chen, Yamada, Nakashima, & Chiu, 2017; Lloyd-Sherlock, 2018). This poses a knowledge gap, especially in developing countries with specific reference to Kenya. Against this backdrop, the study focused on unearthing the link between perceptions of elderly people and their perceived efficacy to take care of themselves on the uptake of institutionalised care services Nakuru County, Kenya.

Problem Statement

It is understood that the elderly people can manage self-care when they are equipped with the necessary knowledge, skills and motivation to apply self-care during decision-making and action taking. It means the older person is empowered to make autonomous decisions. Empowerment enables older persons to maintain health and manage interactions with the healthcare system and self. Lack of empowerment in older people may render them vulnerable to abuse and deteriorating health conditions. Studies have been to understand the underlying factors behind the adoption of formal care as a solution to guaranteeing good care for the elderly in western countries. Unfortunately, for Africa, Kenya included, limited information is available with the majority of the publications done in southern Africa. This phenomenon perceived as a western thing is yet to be embraced in the African society. The bulk of studies on this subject have mainly focused on developed nations. Thus, the drivers of the uptake of these institutions are not well researched. It is against this background that we seek to establish the drivers of adoption of formal care services in Kenya while focusing on the public perception of the older people's self-efficacy to take care of themselves. The objective of this study is three-pronged: firstly to establish the level of public awareness of existence of formal care homes in Nakuru County; secondly to determine the public perception of self-efficacy of the elderly people and the uptake of institutionalised care for the elderly and thirdly one is to determine the influence of public perception of self-efficacy of the elderly people to take care of themselves on the uptake of institutionalised care for the elderly in Nakuru County, Kenya.

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Literature Review

The public perception of the self-efficacy of the elderly people to take of themselves is analysed in the succeeding sections to lay an understanding of the past literature on this subject. Bandura (1997) considers self-efficacy as the beliefs in one's capabilities to organise and execute the courses of action required to manage prospective situations. IN other words, self-efficacy is what an individual believes he or she can accomplish using his or her skills under certain circumstances. Self-care for the elderly consists of a variety of care activities deliberately engaged in to promote physical, mental and emotional health in order to maintain life and prevent disease. It is understood that the elderly people can manage self-care when they are equipped with the necessary knowledge, skills and motivation to apply self-care during decision-making and action taking. It means the older person is empowered to make autonomous decisions. Empowerment enables older persons to maintain health and manage interactions with the healthcare system and self. This study went further to establish whether the perceived self-efficacy of elderly persons can in any way inform the decision by members of the public to either enrol or decline to enrol their elderly relatives in formal care institutions for the elderly. Self-efficacy for the elderly can be assessed in four dimensions, which include physical fitness of the individual, their health status, their financial status and finally their psychosocial status.

Health Status of the Elderly

As people grow old, they are increasingly likely to live with multiple conditions and require support from a range of different health and social care services (Spiers et al., 2019). In most high-income countries, welfare systems are attempting to meet rising demands from an ageing population with constrained funding (Harper, 2014). MacLeod et al. (2017), reports that older adults have low financial and health insurance literacy, which pose challenges in making healthcare decisions due to their declining health and fixed incomes. The frail elderly is a group of the older adult population with potential needs for long-term care services. Poor health care and health care expenditure of the elderly is not well documented. Some of the elderly persons may be strong and as such can seek medical attention on their own, but others may be too physically weak and frail to visit doctors on their own thus requiring their relatives to take them to physicians. Further even elderly persons who can visit physicians on their own may still require the presence of others to occasionally remind them to take their medicine as recommended by the physicians (Stawarz, Rodríguez, Cox, & Blandford (2016).

Financial Status of the Older People

A study by Center on an Aging Society (2012) which investigated the cost of medical care for elderly persons established that elderly persons and their families face many financial issues in acquiring treatments and resources to support their health and medication. For the elderly, the cost of medications is a pertinent financial challenge that never goes away since many elderly persons develop several chronic conditions as they age that requires costly prescription drugs to manage (Neddie, 2017). About 30% of elderly persons globally cannot afford full medication implies that a significant proportion of the elderly may waste away and even die without outside help. The number of elderly persons that cannot meet the cost of medication on their own maybe even higher in Kenya given the numerous challenges faced by the health sector that makes it even harder for other able age groups to access. International Labour Organisation (2015) report shows that the majority of older people are not covered by the public social security pension scheme. The report found that it is in North America, where a significant proportion of older people are covered by the scheme. In particular, North America, Latin America, Asia and Pacific, North Africa, Middle East and Sub-Saharan Africa 90%, 56%, 47%, 37%, 30% 17% respectively are covered by the public social security

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pension scheme. Even though there is no concrete data on the coverage of older people by pension scheme in Kenya, about 1.3 million of Kenyans aged above 70 years in Kenya currently earn a monthly stipend to cater for their primary needs (Hunger Safety Net Programme, 2019). Since the majority of the elderly do not have the capacity to meet their much costly health care, policymakers mapping out efficient funding for older adults should also consider additional funds for caregivers as part of a health care package (Mittal, 2018).

Psychosocial Status Dimension of Self-Efficacy of the Elderly

Elderly persons need care and attention from either formal or informal care providers but the oldest of the elderly (those 80 years and above) are thought to require more attention and care than their counterparts who are 80 years and below (Skaff, & Pearlin, 2010). This perception may have been informed by the fact that elderly persons become more and more dependent as they age. While contributing on the influence or absence of relatives or companionship of elderly persons, Troxel et. al. (2010) found that feeling of alienation makes elderly persons develop more profound depression, anger, loneliness, and hopelessness. Being shunned by children and or other relatives can indeed pose a great challenge to the elderly, especially if they (the elderly) contributed immensely to the development of those who are shunning them. However, there is the possibility that some of the elderly persons are alienated because they too neglected their families and relatives at one time in their life. Contributions by Troxel et. al. (2010) appear to have focused more on the elderly persons without any reference to the public especially with regard to what members consider as contributing to the alienation of elderly persons in society. Older people who perceive higher life satisfaction enjoy living closely with their family, and their family would oppose the idea for them to live in nursing homes (Luo et al., 2018). As a result, older people who are satisfied with life are unlikely to intend to live in nursing homes. Life satisfaction has mostly been examined as an outcome of living in nursing homes, and the findings were mixed. A study showed that placement of residence was not related to older persons' expression of life satisfaction in Japan (Xu, & Chi, 2011). Yet, in the USA, those who lived in nursing homes reported lower life satisfaction than community-dwelling older people. On the contrary, a study in China showed living in a nursing home was associated with increased life satisfaction.

Physical Dimensions of Self-Efficacy

Frailty, which is common in all elderly persons, is a syndrome that affects biological, psychological, and social processes of a person's life and leads to increased vulnerability and adverse outcomes in old age (Mulasso et al., (2016). Thus, people tend to decrease from a fit and healthy status to physical weakness and frailty when growing old. Whereas the biological variables for frailty such as weight loss, imbalance, and hand strength are well examined, the literature lacks investigations of the influence of the psychological and social contributors of frailty (Freitag, & Schmidt, 2016). Evidence shows that frailty is not only based on biomedical changes and physical deterioration but is also linked to psychological and social variables (Roppolo et al., 2015). The causes of frailty are manifold, and the investigation of its associated contributors is ongoing. The level of daily activities of elderly person's decreases with ageing and physical exercise helps in prevention of chronic health problems and improves the quality of life. If elderly individuals do not take part in physically active lifestyles, they expose themselves to the risk of their muscle mass and joint motion reducing by 40% and 10%-40%, depending on body

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part, respectively, while loss of muscle strength (30%) is related to a decrease in muscle mass (Milanović et al., 2013).

A study by Jenson, Ferrari and Cavanaugh (2010), which sought to establish whether elderly people understood what they expected from formal caregiving institutions, established that elderly people had diverse expectations. However, they were all unanimous that they want quality care that enables them to live a life with physical fitness, dignity and respect. Although this study did not exactly state what elderly people considered as quality care, the study nonetheless shows that elderly people have a fair understanding of what they expect to be provided with formal care institutions, which revolved around their physical fitness and general health.

Theory of Reasoned Action (TRA)

To understand the processes people, undergo before reaching a decision to enrol their relatives or themselves, the TRA was applied. Ajzen and Fishbein (1980) formulated TRA in attitude research using Expectancy Value Models when the authors tried to estimate the discrepancies between attitude and behaviour. The fundamentals of the TRA came from the field of social psychology. The main tenet of the TRA is that an individual's behavioural intention in a specific context depends on intention to change, attitude towards the change, and subjective norms (Ajzen, & Fishbein, 1980). Ajzen and Fishbein (1980) stated that a person's behaviour is determined by their intention to perform that behaviour and that this intention, in turn, is a function of the person's attitude toward the behaviour and their subjective norms. Thus, one of the potential indicators of a possible behavioural outcome is the intention. Intention, which is an indicator of behaviour, refers to the cognitive representation of a person's willingness to do a particular function or behaviour. Behavioural intention is the relative strength of a person's likelihood to perform an anticipated behaviour.

Subjective norms are a combination of the normative beliefs of the relevant individuals, along with the motivation to comply with such beliefs or expectations (Ajzen, & Fishbein, 1980). Thus a person's attitude, combined with subjective norms, forms the person's behavioural intention. The elderly people can therefore, extend the TRA to conceptualise the human behavioural pattern in decision-making regarding the utilisation of formal care services. It explains that individual behaviour, such as the utilisation of innovation, is driven by behavioural intention, where behavioural intention is a function of an individual's attitude toward the behaviour, informed by the subjective norms surrounding the performance of the behaviour.

Similarly, Otieno et al. (2016) noted that attitude and subjective norms had been found to be important determinants of peoples' intentions to perform an action, such as uptake and using a new phenomenon. They further stated that attitude has a significant influence on the intention to adopt and continue using an innovation. In another study that employed the TRA to understand the intention to utilise formal care services, Luo et al. (2018) developed and tested a model based on the TRA, in order to understand the processes people undergo to reach a decision to enrol for care services. A cross-sectional design was used to test the model, using a self-administered questionnaire completed by a sample of 641 while excluding subjects who had hearing, cognition or communication problems. They found interesting findings that TRA is an acceptable theoretical foundation for the study. The above studies are in synergy with our study and we, therefore, found it relevant to apply the theory to explain the fundamental process that society and older people, in particular, undergo to reach a decision to enrol for formal care services.

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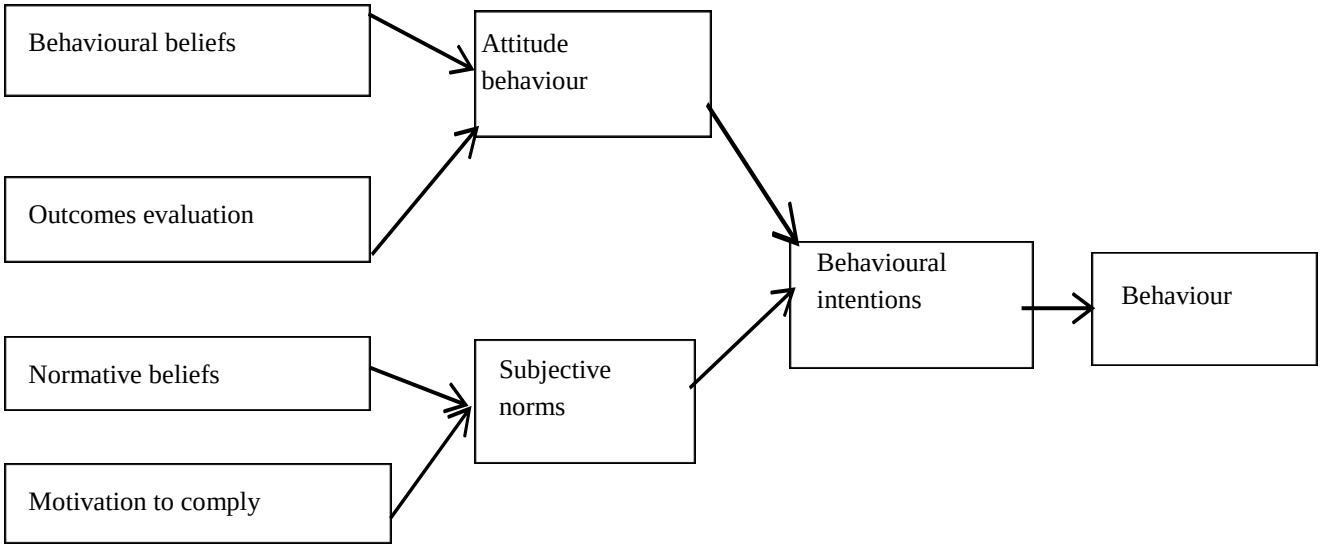

Figure 1: Theory of reasoned action

Methodology

The descriptive research design was used since it is concerned with associations that exist between public perception and the uptake of institutionalised care. The study used purposive and stratified sampling methods. Purposive sampling method was used to select the key informants. County government official in charge of elderly people and formal homes for the elderly people, heads of homes for elderly people, an expert in gerontology or associated profession, a medical doctor and a professional counsellor were the key informants. A sample of 400 persons was collected from a population of 895,783 aged between 20 and 59 years using Yamane's formula for sample size determination. A Multifactor Leadership Questionnaire (MLQ) scale items related to the public perception of the formal care services for the elderly people was modified to suit the purpose of the study. Both focus group discussions and interview schedules for personal interviews were applied in data collection. Five-point Likert scales were used to collect views about the general public perception of institutional care for elderly persons. Descriptive, Pearson's correlation and multiple regression analyses were conducted to understand the functional relationships between the dependent and independent variables. The dependent variable was the willingness to accept the enrolment of elderly people to formal care homes of institutionalised was regressed against the independent variables. The average score for each perception variable was used in the model. The independent variables included physical fitness, health status, financial status and the psychosocial condition of the elderly persons.

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RESULTS AND DATA ANALYSIS

Awareness of the existence of formal care institutions in Nakuru County

Whether a particular service is consumed or not depends on among others the extent to which potential consumers are aware of its existence. Similarly, whether members of the public were willing to enrol their older relatives into formal care institutions for older people depended on, among others whether they were aware that these institutions existed in Nakuru Country. Preliminary analysis of the public awareness of the existence of the care homes in Nakuru County was done, and the results presented in Figure 2.

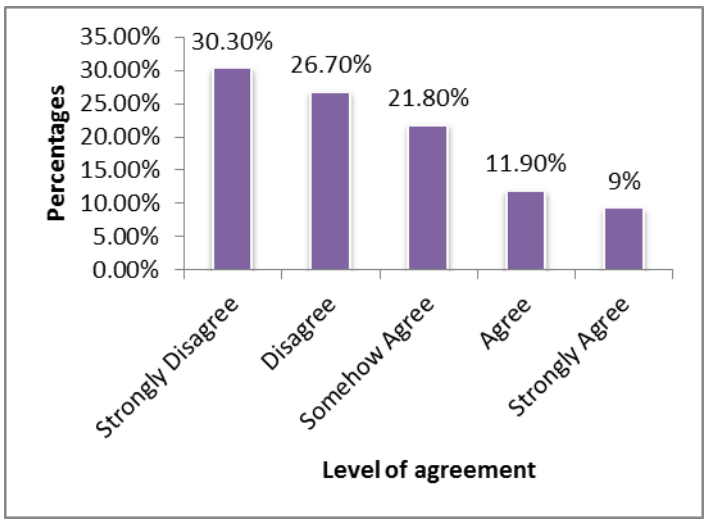

Figure 2: Aware of the existence of formal care institutions

When asked to state whether they were aware of the existence of formal care institutions for older people in Nakuru County, 57% of the respondents generally stated that they were unaware of the existence of these formal care institutions. However, further examination of the results in the figure below shows that 9% and 11.9% strongly agreed and agreed that they were aware of the existence of these institutions in the county. It is evident from the results in Figure 2 above that 21.8% somehow agreed that they were aware of these institutions in Nakuru County.

Although many indicated that they were unaware of the existence of institutional care homes for older people, these homes have been in existence in Nakuru since 1945. There are currently four such homes in the country namely County Government home for the elderly-Bondeni Estate, Catholic Diocese of Nakuru home for the elderly-Pipeline Estate, Dolly Care Rehabilitation and Elderly Home-Egerton, Njoro and Ngure International Help Age (Home-based)-Dundori. County Government home for the elderly-Bondeni Estate was the first one to be established in the county. The colonialists built it to take care of the ageing workers who could only work for half a day. After independence, it became under the jurisdiction of Municipal Council of Nakuru and later by the County Government of Nakuru in 2013 (Nakuru County Integrated Development Plan, 2013).

Perceived older People's Efficacy on Care Provision for Themselves

In the second objective, descriptive summary of the perception of the society towards the efficacy of the elderly people to take care of themselves was determined. This was alongside the physical fitness of the elderly people, health status, financial status and the psychosocial status of the elderly people.

Table 1: Public perception and uptake of institutionalised care services

Variable	Mean	Std. Dev.	Min	Max
Physical fitness	3.32021	1.420651	1	5
Health status	3.39314	1.707765	1	5
Financial status	3.667539	1.352336	1	5
Psychosocial status	3.068063	1.388205	1	5
Willingness to accept	2.262087	1.20162	1	5

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Respondents were required to state to what extent they agreed to statements "elderly people were physically weak, suffered health challenges, had financial constraints and were psychosocially alienated from the rest of the society". The responses were ranged between 5-Strongly Agree, 4-Agree, 3-Somehow Agree, 2- Disagree, and 1-Strongly Disagree. The results confirm that respondents somehow agreed that the older people were physically, had health problems financial challenges and were psychosocially facing alienation from society. They were, however, reluctant to accept to send the older people to formal care homes.

The Influence of Perceived Self-efficacy of Elderly People on the Uptake of Institutionalised Care for the Elderly in Nakuru County, Kenya

The objective of the study was to determine the influence of public perception of the elderly person's self-efficacy on the public's uptake of institutionalised care in Nakuru, Kenya. Multiple regression model was used as well to establish the influence of the public perception of the elderly people's self-efficacy on the uptake of institutionalised care. The intention was to understand the impact of these factors on the uptake of institutionalised care. The model results were presented in Table 2. The results presented in Table 2 indicate that the model was significant (F-statistic of 20.159 was significant at 1% significance level (Sig=0.000), and independent variables explained 17.9% of the changes in the dependent. Thus, the remainder, 82.1% can be explained by other factors other than the four independent variables included in this model. The null hypothesis, which stated that public perception of the elderly dependent's self-efficacy does not significantly influence the public's uptake of institutionalised care in Nakuru, Kenya is thus rejected at 1% significance level, and the alternative hypothesis accepted. The results further indicate that there was no serious multicollinearity problem among the independent variables used in the model since all the VIFs were less than five. Hence, the model results are reliable, and the beta coefficients can be adopted.

The results in Table 2 also indicate that specific factors related to the public perception of the elderly peoples' self-efficacy which influence the changes in the willingness to pay for institutionalised care services were; health and psychological statuses of the older people. The statement "*My older relative suffers from serious health problems that require regular medical check-ups*" measured variable for the perception of the health status of the older people." This variable was negative and significant at 10%, which implies that respondents who agreed with this statement were less willing to enrol their relatives in the care homes. This could be because they had little trust in the care homes' ability to provide the necessary care needed by such older relatives. They otherwise preferred to provide the care themselves other than engaging the institutions, which they had less trust in. In the African context, the best time to show love and care to relatives is when they are sick and needed close attention. The result contradicts that of Powell et al. (2018) who noted that people admitted to formal care homes had an increased number of health conditions and functional deficits and were increasingly likely to report memory-related diagnoses, arthritis and heart disease Powell et al. (2018). Thus, they were enrolled in the care homes to be monitored and treated by the institutions. This implies that such people had trust in the ability of the care homes to provide the needed care by the older people. The contradiction, however, could arise from the cultural differences and the difference in the efficacy of the care homes in the UK and Kenya.

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Table 2: Perceived Self-efficacy of the Elderly People to take Care of Themselves

Model Summary						
Model	R	R Square	Adjusted R Square	F(ANOVA)	Sig	
1	.423[a]	.179	.170	20.159	.000[b]	
a. Predictors: (Constant), psychosocial status, health status, physical fitness, financial fitness						
Coefficients[a]						
Model		Unstandardised Coefficients		Standardised Coefficients		Collinearity statistics
		B	Std. Error	Beta	T	Sig.	Tolerance	VIF
1	(Constant)	1.354	.184		7.371	.000		
	Physical fitness	.009	.044	.011	.202	.840	0.810	1.235
	Health status	-.062	.035	-.089	-1.740	.083	0.854	1.171
	Financial status	.013	.045	.016	.296	.768	0.768	1.315
	Psychosocial status	.402	.050	.421	8.058	.000	0.811	1.233
a. Dependent Variable: WTP SCORES								

The statement "*My older relative does not have enough friends to give him/her company*" measured the public perception on the psychosocial status of the elderly people. The result for the variable indicates that people who agreed with this statement were more willing to pay for the institutionalised care services. Hence, respondents who felt that their relatives did not have enough friends to give them company were willing to enrol their relatives in the care homes so that perhaps they can get the company from their fellow comrades or the care providers. Indeed, it would be prudent for such respondents to enrol their relatives in these institutions since they are the institutions with the speciality of providing care for older people. Among the challenges faced by the elderly people in the society was Psychosocial disabilities such as depression and stress caused by old age or because of illness leading them to be taken advantage of by the society where old women are even raped. Some are even just waiting for their own death due to the feeling of loneliness. Some of the suggestions to the solutions included the relatives naming their children after their elderly persons so that it could give the elderly people a sense of pride that even after passing away they could still be felt present through this new generation. Again, they identified good neighbourliness could help keep tabs with the elderly people to cure their loneliness and reduce their psychosocial problems. If the above-stated conditions were not met, then the last option would be to enrol the older people to the care homes where their welfare could be professionally taken care of.

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Editon Consortium Journal of Arts, Humanities and Social Studies (ECJAHSS)

ISSN: 2663-8525

Volume: 01 Issue: 03 | Sep -2019
Received: 03.09.2019; Accepted 05.09.2019; published: 30.09.2019 at www.editoncpublishing.org
Chepkwony, S. J. et al., *Editon Cons. J. Arts., Humanit. S. Stud.*, *Double –Blind Peer Reviewed Journal*

Young-Hyman et al. (2016) while studying the psychosocial conditions of the people with diabetes, who are mostly elderly, reported that psychosocial condition of the older people could largely be enhanced through communications and interactions, problem identification, psychosocial screening, diagnostic evaluation, and intervention services. Psychosocial services can be provided in formal care homes for older people. Addressing psychosocial problems upon identification is recommended. For patients with psychosocial challenges at home, interventions can be initiated through visits by specialists (qualified behavioural health care providers) or may just be recommended for enrolment in the care homes for close attention. Thus, the authors recommend enrolment in formal care homes people with psychosocial challenges so that they can be well attended to by specialists.

Conclusions and Recommendations

From the results above it is evident that public awareness of the existence of formal care services in Nakuru county is very low and efforts need to be stepped up to sensitive the community to use the services which have been in existence for a long period of time. Again, there is a general reluctance of the people to enrol their relatives to the care homes as revealed by the results. This implies that sensitisation should include a perception engineering crusade to market the benefits of formal care services for elderly people. Specifically, any interventions to provide formal care services need to prove that they can provide adequate health care services for the fragile elderly who are likely face neglect in the community. This will entice many people who are stuck in cultural complexities that inhibit their willingness to enrol their older relatives to formal care homes. We, therefore, recommend policymakers and implementers to package a marketing programme with a perception management targeting to lure the community at large into the use of the services. Secondly, we recommend government and any investors in the services to invest more in psychosocial therapy for the elderly since a majority of them who face societal discrimination and neglect are the most likely to send to the care homes. It emerged that public awareness of the existence of formal care homes was very low, which calls for deeper analysis to understand why people from the regions seem not to recognise these crucial services. Additionally, a follow-up study needs to be conducted to unearth the specific cultural inhibition to enrolment the care homes so that efforts to boost the performance of the care homes can be properly structured with cultural orientation. This will ease the interventions and increase the uptake of the services.

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