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**THE ROLE OF THE METHODIST CHURCH IN
ADDRESSING THE ISSUES OF THE AGED IN KENYA**

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Abstract

The aim of this paper is to outline the concerns of the Methodist Church on the aged people in Kenya. The study applies the Christian/Biblical teaching and the modernization theory in order to deal with the increasing aging population in Kenya. The issues of the aged are not only a challenge to the Church but, also to other societal institutions. The Church has realized the unique problems facing the elderly, and it has attempted to respond to the complex issues of aging. So the purpose of this article is to examine how the Methodist Church of Kenya has involved herself with this challenge of the aged. It investigates the strategies taken by the Church in addressing the issues of the aged. The basic point of this study is to bring out the concerted effort which has been muted by the government, the church, family members and non-governmental organizations in supporting the elderly. Elderly care awareness campaign by the church and government is necessary in order to address the situation currently being faced by the aged in Kenya and Meru in particular.

Key words: Church, Circuit, Elderly, Methodist, strategies, aged and special needs.

1.1 Introduction

Among the many problems the Church is experiencing in Kenya today, perhaps none is more urgent and serious than the issues of an aging population found in the Church today. According to [1], social support network for the

elderly is important as living arrangement and loneliness is a problem for the elderly who are likely to have fewer resources at their disposal. This is because human development policies fail to address the needs of the aged adequately [2].

Predominate of these are new requirements for strategies to Confront and reduce elderly abuse and develop a multidisciplinary approach, that will offer services to the elderly [3]. However, public attempt at addressing domestic irresponsibility has not targeted areas beyond childcare or maintenance [4].

In 1982 the First World Assembly on Ageing was held by the United Nations in Vienna [5]. It later designated 1999 as 'The Year of the Older Person'. It also instituted October 1 as the day of the aged. The efforts in this regard culminated in the adoption of an International Plan of Action on Ageing in 2002 at Madrid during the second UN Assembly on the aged [6]. This marked the beginning of a concrete step towards addressing the needs of the elderly with a globally concerted effort.

In 1990 the council of Europe (Human Rights Organization) convened a broad-ranging conference on human rights that looked at definitions, statistics, laws and policies, prevention and treatment as well as the available sources of information on elderly issues [7]. In addition, the Second World Assembly on Ageing was held as one of a number of international forums in April 2002. This called upon countries to implement strategies to ensure that the elderly remain healthy and productive members of society for as long as possible [6]. As a result of this assembly, Latin American countries like Mexico, Cuba and Brazil, formulated the elderly abuse legislation at the national level [8].

As noted by [9], Ghana adopted a policy on ageing in July 2010. The policy document was titled: *National Ageing Policy: Ageing with security and dignity*. The caption of the ageing policy suggests that security and dignity are important components of the ageing experience of the elderly. The objectives of the ageing policy are eleven; and the overall was to ensure the wellbeing of the elderly by fully realizing all their human rights and fundamental freedoms.

Assistance to the elderly is provided in accordance with assessed care needs, with additional supplements available for the people [10]. The elderly health facilities fund has been established in each district in Nepal [11]. In the annual budget the government planned to fund free health care to all heart and kidney patients older than 75 years. In addition, they provide stipend to all citizens over 70 years and widows over 60 [12]. There are also a handful of private daycare facilities for the elderly, but it is limited to the capital city [13]. The services are very expensive and out of reach for the public [14]. In Ireland, services of the elderly are limited[15].

In most African countries the demographic projections do not correspond with the plans and existing programs addressing the needs of the elderly[16]. As a consequence the majority of the elderly continue to live at risk in the face of abject poverty and lacking social protection. It is noted that the elderly are not explicitly mentioned in the Millennium Development Goals (MDGs). Yet, the key objective of MDG's is social protection and to reduce the vulnerability of the poor[17]. The elderly are part of this group and therefore failure to remember them increases their vulnerability.

Laws have been passed to criminalize some customary practices that place elderly populations and other vulnerable groups such as women and girls at risk of abuse, but one of their shortfalls is that they do not focus specifically on the rights of the elderly[18].

In instances where there is legislation to protect the elderly population such as in South Africa, these laws are not applied systematically[19]. Existing laws in Tanzania that govern widow's inheritance rights are also discriminatory as different laws apply to different people [20]. This happens where some vulnerable elderly are

discriminated. The African Union has therefore put ageing issues on the agenda and recommends its member states to develop and implement strategies that extend the coverage of formal and informal social security systems for their elderly populations [21]

As noted by [22], in Kenya, Some elderly persons live with their extended family or their siblings. This makes them feel part of the family of a relative. By this type of living arrangements, the elderly receive support and care from their family members and others. Some forms of interventions currently exist in the community and within the country; but they are not sufficient to protect the elderly from abuse within the community and the Church [23].

Kenyan policies have been founded to deal with challenges of the elderly[24]. For example, the Mbao Pension Plan; a voluntary savings programme to help people save for retirement was introduced in 2009. The Retirement Benefits Authority implements the programme. There are, however, inherent limitations to the reach of the programme, and the extent to which it will help members achieve income security in old age. Despite the relatively low minimum contribution rates (KSh20 per day, equivalent to USD0.24) this will still be unaffordable for the very poorest Kenyans. Pension benefits are given as a lump sum, meaning the plan will not provide a regular income in old age.

There exists Older Person's Cash Transfer (OPCT) programme in Kenya aimed at offering 2000 per month to the poor elderly [24]. This programme is being fought from all directions because it is difficult to identify poor elderly people; there could be imposters[25]. Some elderly in Kenya also benefited from free healthcare when a hospital was evidently opened to cater for the elderly with disability and victims of sexual harassment[26]. Purity Elderly Care Foundation in Nyeri has also moved a step in helping the vulnerable elderly [24].

Research has been able to document the vital role that faith institutions play in the lives of the elderly[27]. The united Methodist social principles state that the Church encourages provision of safe environment, counsel and support to the victims of abuse and neglect [28]. Through this, they affirm the sacredness of all persons and their rights to safety, nurture and care. They name domestic abuse as a sin and pledges to work for its eradication [28].

The Methodist Church commits itself to listening to all those who are violated and victimized and provide leadership in responding with justice and compassion to the presence of domestic problems among the members and the community at large [28]. By this, they ensure that the elderly live at peace and with support from their relatives. The MCK guided by the Bible believes that people are made in God's image and are deserving of love and compassion regardless of status; that every human deserves to be treated with dignity and respect, especially one's elders [29]. This compels most MCK community to intervene in the challenges affecting the elderly compassionately.

As observed by the researchers, the church has a duty to care for the spiritual and psychological needs of the elderly. This is because the elderly believe they are neglected when their sense of abandonment at home is compounded by a local church community whose youthful minister and committee sidelines them on account of old age the dejection is complete.

Most of them have constructive ideas and practical wisdom if only they would be accommodated in the church and local committees and study groups. Those who were pioneer Christians have a wealth of history of the church that has not yet been tapped. Although some churches have kept the elderly busy in church leadership, the picture is changing fast. Many are now in need of special pastoral care.

The objective of the present study was to investigate the role of the Methodist Church in addressing the issues of the elderly in Imenti South Sub-County, Meru County-Kenya.

2.1 Methodology

The study adopted descriptive survey design. Descriptive design allowed the researchers to collect the facts for description and to understand the operations of the elderly in their life situation through observation.

In addition, the design allowed the researchers to draw conclusions that were generalized to a much larger population of Kenya where aging is a nagging problem. Data gathered from the sixteen congregations was generalized to the whole synod. In addition, using the survey design, many questions were asked about a given topic giving considerable flexibility to the analysis. Thus it was possible to collect a wide range of information concerning the factors behind the challenges facing the elderly in MCK Mikumbune Circuit.

2.2 Population of the study area

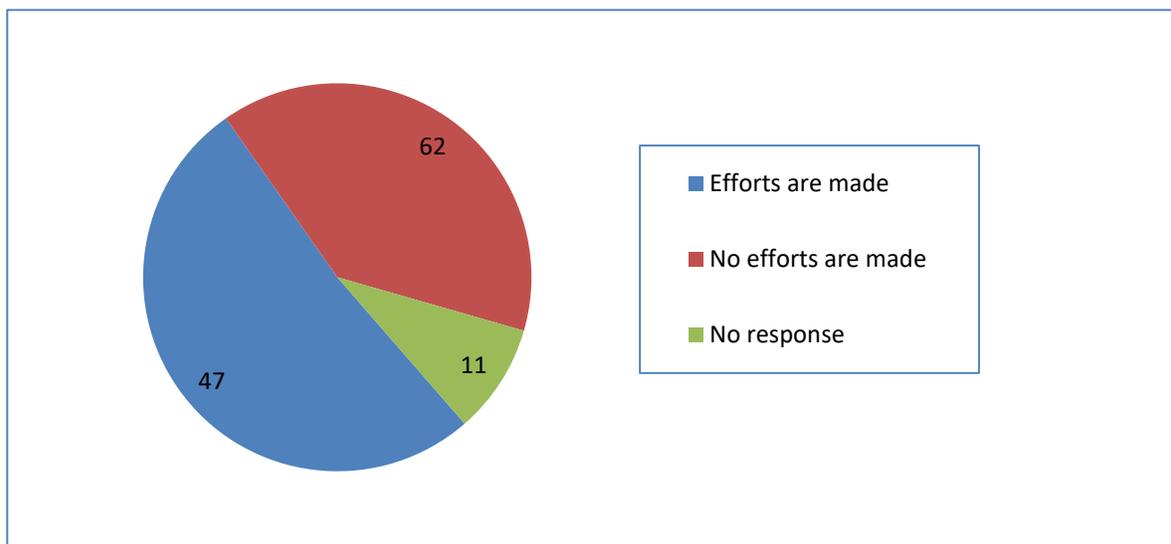
The target population for this study was the people of Imenti south in Meru County. The target respondents were the M.C.K Christians of Mikumbune circuit and their leaders. The total population of Imenti sub-County is approximately 179,604 people and Mikumbune Sub-Location contained approximately 4,613 people. The primary source of data was the Methodist Churches of Mikumbune Circuit of Imenti South in Meru County. Mikumbune Circuit contained 1,784 congregants. The area was purposively selected due to a number of reasons: No study had been done before in the area regarding the elderly, the researchers had a clear geographical understanding of the sub-county and its socio-religious activities.

3. Effects of the Strategies of the Methodist Church in Addressing the Challenges facing the Elderly

The Church leadership has made efforts to solve the challenges facing the elderly.

Figure 3.1 shows the proportion of clergy whose congregations made efforts to address the challenges facing the elderly.

Figure 3.1: views of the leadership on efforts made to address challenges facing the Elderly



An examination of Figure 3.1 reveals that more than half of the Church leaders 67 (51.7%) responded that their congregations did not make efforts to solve the challenges facing the elderly while 47(39.2%) said that their congregations made efforts. 11 (9.2%) of them did not respond. This revealed that the church did very little to

help the elderly that had challenges. This agrees with the finding which asserts that the elderly are abandoned and others killed [30]. The government and the church did not make any special arrangements to rehabilitate these elderly who were isolated.

The Church leadership made efforts to address the challenges facing the elderly and stated measures they had taken in that regard. These are summarized in Table 3.1.

Table 3.1: Measures Taken by Congregants to Solve Challenges of Elderly

Responses	Figures(F)	%
Congregants visiting elderly people in their homes	30	63.8
Inviting local administrators to talk on care of elderly	5	10.6
Elderly day celebrated	5	10.6
Having programs like income generating projects to help elderly	7	14.8

As Table 3.1 shows, the church had implemented some measures to deal with the problems facing the elderly. These include members visiting the elderly in their homes 30(63.8%), inviting local administrators to talk on care of the elderly 5(10.6%), celebrating elderly day 5(10.6%) and having programs to help the elderly 7(14.8%). These measures are however, not adequate compared to the magnitude of challenges.

The study sought to find out from the 140 middle aged how often the elderly were treated by the Methodist congregations. The responses are in Table 3.2.

Table 3.2: Frequency of Caring for the Elderly According to the Middle Aged

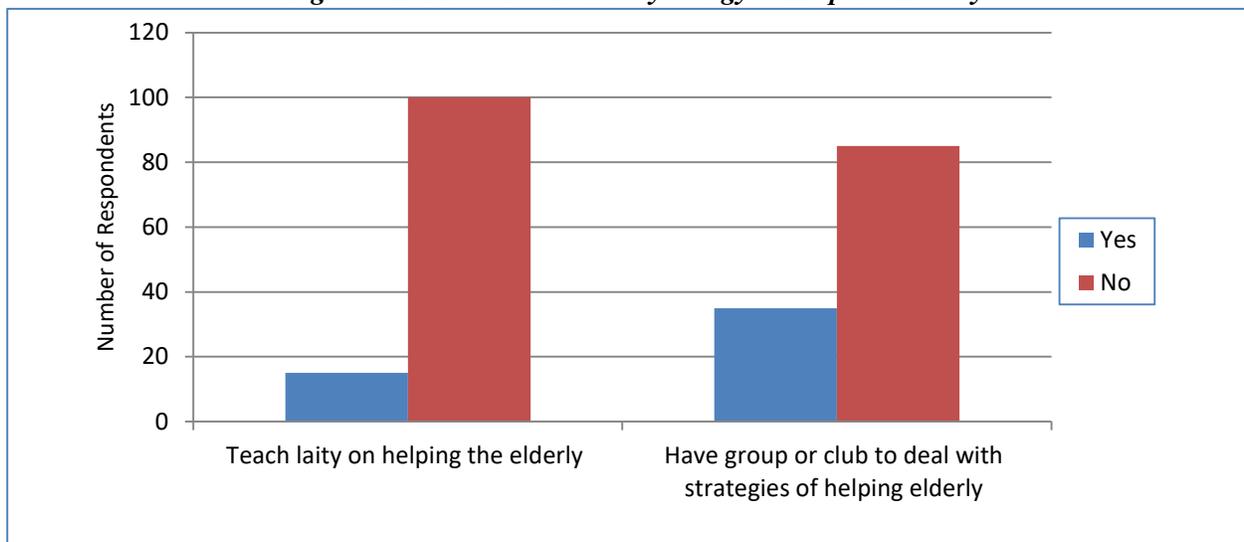
View	Frequency	Response(s) in Figures	%
Visit the elderly	Often	13	9.3
	Rarely	50	35.7
	Never	77	55
Invite local administration	Often	-	-
	Rarely	-	-
	Never	140	100.0
Give free drugs	Often	-	-
	Rarely	2	1.4
	Never	138	98.6
Celebrate elderly day	Often	-	-
	Rarely	-	-
	Never	140	100.0

The information in Table 3.2 shows how often congregants catered to the elderly. According to more than half of the middle aged, 77(55%) the elderly were never visited while one-third figure 50(35.7%) said they were rarely visited. Only 13(9.3%) of them said the elderly were visited. It is clear that few of the elderly people enjoyed visits from the clergy. All 140(100%) middle aged responded that local administration officials were never invited

to talk about caring for the elderly nor was a day for the elderly celebrated. With the exception of 2 middle aged respondents, all 138(98.6%) said that free drugs were never given to help the elderly. Of the four measures taken to help the elderly, the elderly only enjoyed visits. This led the study’s conclusion that the strategies in place solve challenges facing the elderly were inadequate compared to the magnitude of challenges.

The clergy were asked whether they taught the laity how to help the elderly and if they had a group or club to deal with strategies for helping the elderly. Their responses are in Figure 3.2

Figure 3.2: Measures Taken by Clergy to Help the Elderly



An examination of Figure 3.2 reveals that only 15(12.5%) leadership taught the laity about the challenges facing the elderly and possible ways of addressing these challenges while the rest did not 6 (28.5%). At the same time, only 35(29.2%) clerics had groups or clubs to help the elderly.

The study sought to find out from all 519 respondents that responded to the questionnaires how their congregations approached the challenges of the elderly. Table 4.16 highlights some strategies for caring for the elderly and the proportion of respondents who agreed that those strategies were used in their congregations.

Table 3.3: Approach of the MCK on the Care of the Elderly

Responses		Figures (F)	%
Elderly are consulted when making important decisions in the church	Yes	413	79.6
	No	26	5.4
	Not aware	80	15.4
There are church programs for the elderly	Yes	121	23.3
	No	391	75.3
	Not aware	7	1.3
Church helps elderly access health care	Yes	29	5.6
	No	489	94.2
	Not aware	1	0.2

Money generating activities for the elderly	Yes	19	3.7
	No	500	96.3
	Not aware	-	-
Programs to teach and develop the elderly	Yes	43	8.3
	No	469	90.4
	Not aware	7	1.3
A group to deal with the elderly	Yes	6	1.2
	No	513	98.8
	Not aware	-	-
Clergy teaching on care of the elderly	Yes	19	3.7
	No	500	96.3
	Not aware	-	-
Visiting the elderly	Yes	382	73.6
	No	137	26.4
	Not aware	-	-
Church owned home for elderly	Yes	-	-
	No	519	100.0
	Not aware	-	-
Plans to build home for elderly	Yes	-	-
	No	519	100.0
	Not aware	-	-

According to Table 3.3, 413(79.6%) of the respondents stated that the elderly were consulted when making major decisions affecting the church. This showed that largely, the opinions of the elderly are sought during decision making. Only 121(23.3%) of the respondents said there were church programs for the elderly, 29(5.6%) said the church helped the elderly get healthcare, 19(3.7%) said there were money generating activities for the elderly, 43(8.3%) said there were programs to teach and develop the elderly and 6(1.2%) said there was a committee to deal with challenges of the elderly. These small numbers of respondents agreeing with the aforementioned activities indicates that very few of the congregants engage in them. At the same time, none of the respondents agreed that their congregation owned a home for the elderly or had plans to build one. Meanwhile, 382(73.6%) of the respondents said that their congregants visited the elderly. It is possible to conclude that visiting the elderly is the only activity most congregants engaged in as far as caring for the elderly is concerned.

The 21 interviewed clerics were asked to state the efforts they personally made to help the elderly and the 21 elderly persons were asked to outline the impact of the church in helping them. Their responses are in Figure 3.3 and Figure 3.3.

Figure 3.3: Measures taken by the Leadership to help the Elderly



A look at Figure 3.3 revealed that 10 out of the 21 interviewed clerics visited the elderly that they knew had challenges. They did this to give them support. 5(23.8%) of them had no strategy for helping the elderly whereas 6(28.57%) did not respond. This showed that the Church applied minimal strategies in caring for the elderly. Figure 3.4 gives the responses from the elderly on the same.

Figure 3.4: The Elderly views on the Help Received from the congregation

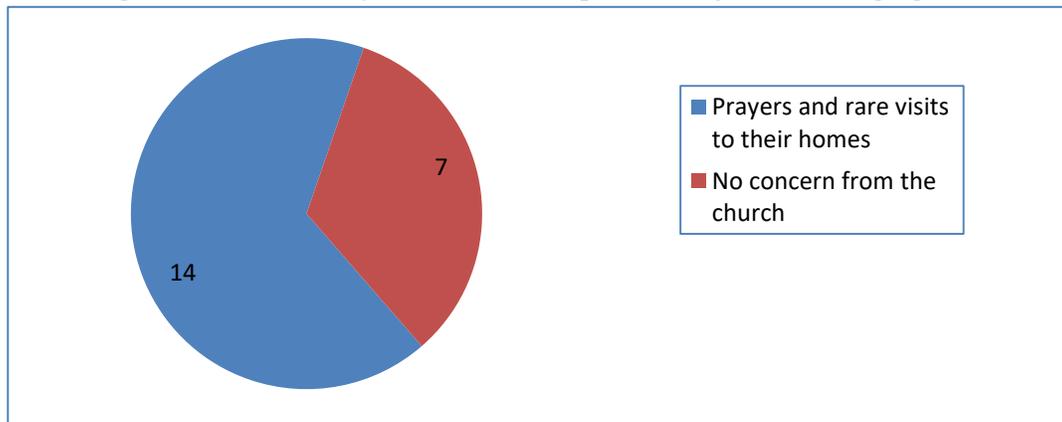


Figure 3.4 revealed that the 14(66.6%) elderly persons had benefited from prayers and occasional visits to their homes while 7(33.4) of them had not received assistance from the church. This leads to the conclusion that the church being the main social formal institution where the elderly are found regularly, needs come up with an elaborate effort to support their elderly congregants.

3.2 Effectiveness of Strategies to address challenges of the elderly

The study sought to find out from the questionnaires, whether the strategies used to help the elderly were effective. The clergy, youth and middle aged were asked whether they were satisfied with the care given to the elderly. Their responses are in Table 3.4

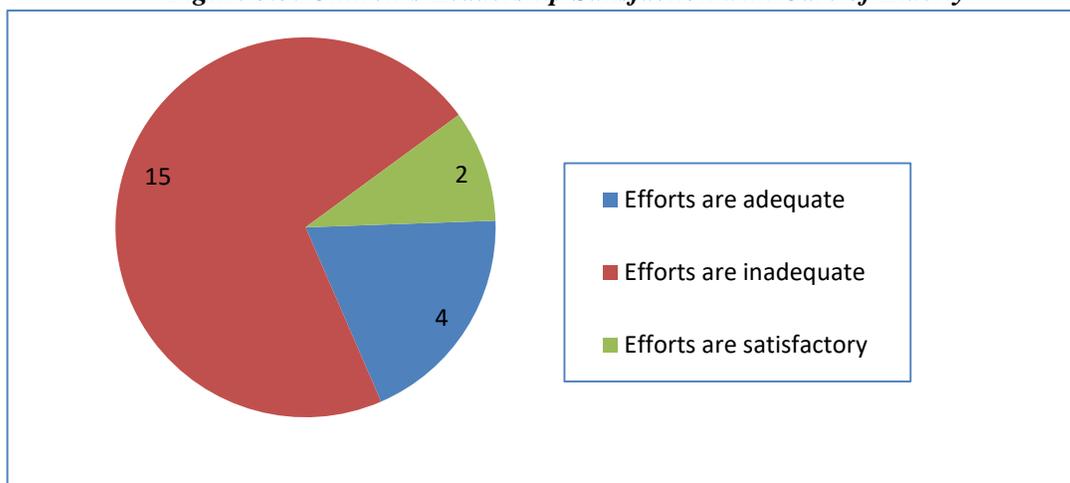
Table 3.4: Effectiveness of the Care Given to Elderly

Respondents	Responses	Response in Figures	%
The Clergy	Satisfied	20	16.7
	Not satisfied	100	83.3
Youth	Satisfied	50	79.3
	Not satisfied	9	14.3
Middle Aged	Satisfied	37	26.4
	Not satisfied	103	73.6

Table 3.4 indicated that majority of the clergy 100(83.3%) were not satisfied with the care given to the elderly. For the youth, only 9(14.3%) of them were not satisfied and for the middle aged, 103(70%) were not satisfied. This finding suggested that the age of the respondents determined how they viewed effectiveness of the care given to the elderly. The youth, being young people may fail to identify with the elderly. Therefore, to them whatever care given is adequate. This is also evident in the statement that the middle aged can identify with the aged since they are also advancing in age therefore they are more concerned with the challenges facing the elderly [31].

The researcher asked the 21 clergy interviewed whether they thought the strategies for caring for the elderly were adequate. Their responses are in Figure 3.5

Figure 3.5: Church’s Leadership Satisfaction with Care of Elderly



According to Figure 3.5, most of the interviewed leadership, 15(71.4%) said that the activities their congregations carried out were inadequate. 4(19%) felt that the efforts were adequate and 2(9.5%) said they were satisfactory. The researchers concluded that the activities were unsatisfactory guided by majority of respondents. The church needed to do more in collaboration with the government and NGOs to support the elderly.

The study suggested having an elderly day and forming committees to organize about care to be offered to the elderly. In addition, it suggested having an elderly day, forming committees to create awareness and committing the elderly to elderly care homes. With these interventions the elderly would be helped to greater degrees.

4.1 Conclusion

The quest for this study was to establish the effectiveness of the strategies of the Methodist Church in addressing the challenges of the elderly. Data collected revealed that there were inadequate programmes to care for the elderly. It is important to note that from observation made and data collected, the church and the government had not done much in Meru in relation to increasing number of challenges of the elderly.

5.1 Acknowledgement

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