

THE GENDER APPROACH TO SOCIAL AND CULTURAL FACTORS OF AGEING AND OLD AGE EXPERIENCE IN KENYA

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ABSTRACT: *The central aim of this paper is to discuss the gender aspects of ageing as a process, and old age experience based on a study of Bungoma District, Kenya. The basic argument is that although ageing is a biological process, its experience is largely dependent on the social and cultural dimensions of the society. The study employed the interview schedule as the key instrument of data collection, supplemented by key informant interviews, observation methods, reviews of secondary data and case study method. The sampling procedures used were both probability and non-probability. The deductive approach to interpretation of data was also used. It emerged that whereas there is a difference in longevity between men and women owing to the variation in life expectancy, other social factors are equally important. These include class ethnicity, caste, eating and working habits and family circumstances. Depending on the stability of the above factors certain similarities and differences in old age experience are evident across the gender line. The study also highlighted how cultural practices influence the gender experience in old age, especially the social practice of avoidance between the parents and their sons-in-law and the daughters-in-law. The issue of widowhood is vividly examined.*

KEYWORDS: Gender Approach, Social, Cultural Factors, Ageing, Old Age Experience, Bungoma District, Kenya

INTRODUCTION

Gender and Old Age

From the outset, it is important to point out that the studies on gender, ageing and old age are not many. Most of the studies on ageing and old age deal with the general aspects but ignore the gender implications of the process. As pointed out by Gachuhi and Kiemo (2005) ageing studies hardly form a research agenda among most scholars in developing countries. There is more pre-occupation with problems of the aged in the family without looking at the differential effects of gender. Among the studies that examine the gender perspective, there is lack of theoretical focus and issues raised tend to be too general. Most studies on gender generally focus on the issues of longevity and nature of roles played by the aged in the social situations that they interact with. There are also studies that have focused on aspects like widowhood.

While commenting on the issue of longevity and ageing, Streib (1965) points out that in Germany, there is a general trend where more women than men live beyond the age of seventy (70) years. This view is shared by Sahay (as cited in Husain, 1997) in his research on the aged in India. In this context, Sahay states:

Biologically, it is said that females outlive males because of the high prevalence of various neurological diseases, stress related diseases, genetic differences in resistance, hormonal difference among males as compared to females (p. 196).

This could partly explain the higher life expectancy of women compared to men. Other factors contributing to men's lower life expectancy such as food habits, lifestyles and work conditions need to be examined.

Commenting on the general situation of the aged in Africa, Devi (1998) notes that although the transition to agedness is slow in Africa, the process cannot be ignored, particularly when the population of the aged is mostly composed of women. Devi argues that as longevity increases, there is a trend towards the feminisation of the population. He attributes this to the fact that survival rates of the males at higher ages are found to be low compared to those of females. However, with the decline in mortality rates, more and more males are surviving to higher ages compared to earlier periods.

While doing research in Zimbabwe, Donnellan (1988) notes that in most societies, women outlive men. In fact, at the age of 60 years, he argues, there are 99 males to every 100 females. However, at the age of 80 years, he says there are just 60 males to every 100 females. The fact that women outlive their spouses means they are also more likely to be living alone in old age. According to Donnellan, in many countries of Africa and Asia, more than half of all women aged 60 years and above are widowed compared to 10%-20% of men. A possible explanation for this variation is the cultural values that make it possible for individual men rather than women to remarry after the death of their spouse. It could also be due to the practice of polygamy, which is still common in many African societies.

Given the above variations in longevity, one expects to find differences in the experience of old age across the gender line. Basing his argument on observations of Britain, Arber and Ginn (1991) point out that, older women are more disadvantaged both physically and socially in later life. They also observe that loneliness follows a certain pattern along the gender line. They suggest that loneliness tends to increase between the age group of 50 and 60 years, decreases among the 60-70 year old age group and then increases again in the over 70 year age group.

Arber and Ginn say that, among the retired between the 50 and 60 year age group loneliness arises from challenges posed by the retirement phase. These could include decrease in occupational and social networks, decreased income and a sense of being old. In the 60 to 70 age group, the decrease could be the adjustments made to the demand of post retirement phase. However, the increase in the level of loneliness after the age of 70 years is due to the onset of senile disorders, dependence and loss of spouse and friends. The author wanted to see whether or not such patterns arise in Kenyan societies.

On the other hand, a study by Dooghe (1994) points out that men experience a more critical situation of rolelessness than women. According to Dooghe, this is because society assigns men traditionally different roles from those of females, which are largely a result of institutionalized arrangements. In this context, it seems men's emphasis is more on active adaptation to the extra-familial world while for females familial integration and maintenance of values are regarded as primary. For this reason, women experience less qualitative role

changes than their spouses when aged, as they can still continue their key roles as home makers. It is argued that continuity of roles among the aged is greater for females, as males do not easily find opportunities in society for their formerly assigned roles.

Commenting on the situation of the aged in Japan, Walker (as cited in Krishnan & Mahaderan, 1992) points out that it is women who play a central role in the care of the aged. He notes that, to the Japanese:

A woman must live through old age three times in her life. A woman must care for her own or her husbands' parents in their old age, for her husband in his old age and finally for herself in her own old age (p. 5)

Given this situation, it is important to examine the impact of the increasing number of women seeking employment outside the home on the traditional care systems of the aged in society. Studies by HelpAge International (2008) reveal that in some cases the aged are not recognised and appreciated for their roles. As a study by HelpAge International (2010) in Burkina Faso shows women are the most disadvantaged altogether in the sense that they are routinely discriminated due to cultural orientations.

In relation to the issue of gender and loneliness in old age, the study by Patel and Brootta (1999) in India is quite revealing. The study holds that gender difference is more significant in explaining loneliness than age per se. Here, loneliness is seen as absence or perceived absence of satisfactory social relationships. The two researchers argue that whereas the level of loneliness increases with age, there is a significant difference between males and females. The idea is that, in India, elderly males are found to experience less loneliness than elderly females in similar circumstances.

Another interesting study on gender is that done by Sharma (1999) in Jaipur in India. Focussing on aged females, Sharma argues that the problems they face are not so much due to the ageing process per se. They result mostly from the subordinate status of females through their life cycle. That is why the problems of ageing and the aged are increasingly being termed as women's problems. He points out that the elderly females are more in number, and are more likely than older men to be poor, widowed and divorced and thereby lonely. They are also the caregivers to other family members and yet they are more likely to be institutionalized.

Sharma identifies the following factors as being critical in the understanding of the conditions of the aged: leisure time activities, which are vital sources of coping with the physical and emotional stress of the aged women; participation in social activities, which helps an individual to stay connected with her friends, and which is important if one has to experience life as meaningful, and religious activities. On the whole, most problems among the aged are closely related to the mental status of an individual in society.

Commenting on the gender aspects of old age, Bawa (1999) points out that the issue of widow abandonment in India is quite common. According to Bawa, as old age sets in, elderly women become physically helpless, depressed and abandoned for a second time by society. The reasons for this could be categorised into social, economic or cultural. It is also a reflection of social values and a woman's status in the Indian society. Generally, studies in India show that most elderly women are widows and live alone whereas the percentage of

elderly men living alone is much low. Bawa notes that gender bias and social stigma tend to affect the care of the elderly women in families and communities. According to Bawa (1999):

Both in developing and in developed countries, elderly women endure unequal and inadequate access to wealth, property and resources. In spite of the legal status, a lot of laws are not necessarily more helpful in creating a positive opinion. The position of the elderly women in the family is largely dependent upon her economic position, availability of social supports, health and mental status (p. 43).

The implication here is that the public perception of elderly women is negative leading to a big intergeneration gap with the youth in particular.

Another significant contribution to the debate on gender and old age is a study by Ewing (1999). On the situation in Africa, Ewing points out that there is a double challenge in responding to the gender implication of global ageing. On the one hand, she notes that it is imperative to address the many disadvantages that the life expectancy advantage holds for women. On the other hand, it is critical to recognise and support the successful efforts of older women to improve their quality of life and that of their families.

Furthermore, she notes that in Africa, older women are some of the poorest and yet they are the ones who have taken the responsibility of caring for the most vulnerable members of the community particularly orphaned children and grandchildren with HIV/AIDS in the absence of any state support. In fact, Ewing (1999) notes that:

Given the neglect of basic nutritional and educational needs, the burdens of childbirth, and childcare, and unpaid physical labour, denial of property rights and exclusion from decision-making that women face, it might be considered miraculous that so many survive to old age. Indeed many women become "old" in what should be their middle years (p. 34).

Ewing further points out that the circumstances of older women do not come about by choice, but they are socially constructed and reflect social priorities in society. In addition, older women are more likely than men to be widowed, and this likelihood increases with age. This means that they are more likely to be dependent upon social support, to live in isolation, to be deprived of or unable to maintain any resources they may have enjoyed such as farmland, marital home and livestock among other things. It is likely that they will spend more of their older life in a disabled state. They are also more susceptible to depression and psychological problems due to their isolation and reduced status. Under what circumstances this observation is true is high on the agenda of this research in Kenya.

Arguing on the same line on old age as Ewing, Ferreira (2000) argues that HIV/AIDS is a curse that breaks up households, tears families and communities apart, and leaves individuals, mainly older persons, to hold together the remnants. It is seen as grandmothers' curse as they are the ones who have to care for their adult children as well as for grandchildren with HIV/AIDS or who are orphaned after their infected mother or probably father dies from the disease. It is the older women who must carry the heavy burden of care and other multiple responsibilities at a time in their lives when their own strength and capacity is diminishing.

From the above discussion of issues on gender and old age, it is clear that there are differences across gender. Therefore, one needs to address them. It would be interesting to investigate the ways in which men and women differ in experiencing old age and also in what ways they might be similar. This has to be seen within the cultural expectations in the family and society. This is because most of the behavioural responses or experiences are largely determined by the social situation, although individual orientations are equally important.

Critical Issues on Gender and Ageing Experience

A key element in ageing and old age is that despite the expected scaling down of activities, some aged people maintain high levels of social activity and engagement in social roles. Still there are others who show a marked decline in social involvement. Understanding and explaining such extreme behavioural differences forms a key focus of this study.

Whereas we have obvious biological explanations for such variations, the social and cultural factors are not always clear. This raises a number of questions, such as: What are the social and/or psychological factors that form the basis for disengagement or continued engagement of the aged persons in society? What are the basic theoretical models that can facilitate an incisive understanding of the ageing process and life in old age? An attempt to understand the social aspects of the ageing process and old age and their policy implications can only succeed when analysed within a given socio-cultural context. The study, therefore, focused on the social dimension of the phenomenon of ageing and old age in Bungoma District in Kenya.

Biologically, people exist in certain social contexts and as a social context becomes internalised, it also becomes self-imposed. The social definition of ageing and old age has considerable influence on individual behaviour and attitudes. Furthermore, one can say that social processes are important throughout an individual's life cycle.

There is evidence to show that women tend to have higher life expectancy. In fact studies in America and other Western countries attest to the fact that life expectancy among women is higher than that of men. This situation is also true for developing societies like Kenya. This is demonstrated by the existence of more old women and widows than widowers above 70 years of age. Whereas certain biological factors have been advanced as explanations for these variations, social-psychological factors have not been clear. The response of men and women to the ageing process is also likely to be varied. The study was an attempt to establish the social underpinnings that explain the gender differences in ageing and old age experience.

The study sought to enhance the understanding of individual personality in total. It was done within the context of the family as the basic institution or network in society for the social support of the ageing and the aged. In old age, the relationships between old people and their children and other family members are assumed to increase as aged people normally call upon the family for help in coping with the larger society. Children and relatives are the major source of emotional support for the aged.

This, however, proves that the institution of the family is coming under severe pressure in Kenya following rapid change in society. There is visible strain as the extended family gives way to the nuclear family. The problem is further intensified as women, who are considered the traditional caregivers of children and the aged seek alternative opportunities outside the

family.

The relationship between the aged and the larger society is also changing. To begin with, there is greater social distance emerging between the aged and the younger generation. Their economic situation is also deteriorating as their skills are rendered obsolete by the advancement in science and technology. Furthermore, economic growth has led to down grading of the aged, and with increased structural changes, stress on the aged is likely to increase.

Therefore, in locating the aged within the twin institutions of the family and the community, the following issues were addressed: social aspects, like individual worth, attitudes and behaviour of the aged within their specific environment; aspects, such as isolation, loneliness, withdrawal, rolelessness, dependence, ambition, fear and anxiety and cognitive ability. The relationship between the changing family environment and the self-perception and the situation of the aged population was the main issue.

At the community and societal level, issues of social status, economic status, social recognition and support were addressed. The question was on how the changes in society where the youth are increasingly given prime focus affect the position of the aged. The fact is that whereas the biological ageing process is a universal trait, its social manifestations are socially and culturally constituted.

The other issue of interest pertaining to the aged was the gender dimension. It is reported in literature that the majority of the older persons are women. The gender ratio of the population in the advanced age groups, particularly above 70 years, is of special importance. The plight of widows, especially the very old, should be of greater interest to researchers. The question is: how do aged men and women experience life at its advanced stages?

All these issues are linked to the social and cultural components of the society. They are related to norms, attitudes and values that are shared and transmitted by members of any given society. In Kenya, men generally marry women who are up to ten years younger. The practice of marrying younger women as additional wives is also common among men; so is widow remarriage. This culturally influenced pattern will continue to increase the larger proportion of widows to widowers in the older population. It is important to assess the impact of such situation on gender disparity in ageing and old age particularly in the context of polygamy, which is a common feature in most customary traditions in Kenya.

It is also true that old people were previously well-knit into the social structure and institutions through the relationships with relatives, friends and neighbours and through the roles they performed. The family has been the central institution of care and support of the aged and indeed those in need of help. The process of modernization has radically changed this. There have been changes in the institution of the family, marriage and property ownership, which have undermined the status of the aged. These, coupled with economic strains, have brought the role of the state into focus. This view is supported by the arguments advanced by Apt (2002).

MATERIALS AND METHODS

The research was qualitative in nature, thus, the purpose was to understand the social life and discover how the old people construct social meaning. It was conducted in Bungoma District

in Kenya. The sampling procedures used are a mixture of non-probability sampling and probability sampling at various stages. For the specific respondents to be interviewed the author sought the assistance of the local administration to identify the aged persons for the research. In the five divisions covered in the District, the author requested for lists of aged people as defined in this study. The lists provided by village heads included persons, men and women, aged 60 years and above. For the respondents interviewed using the prepared schedule, the simple random technique was applied. To select those aged persons identified for intensive case studies, snowball sampling technique was utilized. A total of 110 respondents were chosen. Out of them, 20 came from each division with the exception of Sirisia Division where a sample of 30 was chosen. For the respondents for the case studies, however, some were from outside the selected divisions to give a fairer assessment of the whole District.

The interview schedule was the key instrument of data collection. There were also focused interviews with key informants and members of the aged persons' families. People interviewed here included officials of agencies rendering services to the elderly people, such as churches, non-governmental organizations, government officials and community leaders. In addition, observation method was used to look at significant features of home care of the aged that were little known. A review of published data and unpublished reports in the form of surveys, study annual reports, trip reports, ethnographic literature and articles was also carried out to supplement empirical field data. Moreover, case study method was used for the purpose of organising data for analysing the life of the aged and the elderly involved in the research. The individual case studies provided detailed accounts of the aged focusing on antecedents, contextual factors, perceptions and attitudes explaining their conditions or status.

The research being qualitative in nature the analysis was based on identification of the trends in data and interpretation of meaning. The interaction of the cross tabulation formed the basis of analysis and drawing of conclusions in relation to the stated study prepositions.

RESULTS AND DISCUSSION

Life Experience and Participation in Family and Community

When the respondents were asked whether they saw themselves as aged or not, the responses depicted a clear gender orientation. On the one hand, male respondents expressed that being referred to as *mzee (omusakhulu)* or old man was demeaning to their status. Most of them said that they were elderly but were not necessarily old men. To them, being called old meant they were of no use. In fact, some of them said that since they had young wives, they could not be thought of as old men. They associated old age with reproductive sterility and as long as they were still biologically productive they should not be considered old. Even an 86-year-old man with 6 wives could not accept the fact that he was aged. Most male respondents detested what they saw as discrimination on the basis of chronological age in society.

On the other hand, the female respondents' attitude to old age was different. The majority of the women in the sample saw no problem with being called old woman (*Omuloosi*). In fact, the majority said that the moment they became grandmothers, the feeling of being aged started creeping in. The moment they became great-grandmothers, it was a further reinforcement of that status. An important attribute noticeable in women was that they did not perceive old age as a stage in life that meant deterioration in their conditions. It was just seen

as a stage in their personal development. Therefore, females manifest more emotional confidence in old age than males in the sense that they easily accept old age as a reality. Therefore, the aged's worldview about their status differed on the basis of gender.

The point here is that put on a chronological scale, the females see themselves as aged as early as 40 years or 45 years when they are likely to attain menopause. On the other hand, males, even in the 80s, tend to think they are not aged yet. In view of the above, it is expected that there is more pressure on males to justify their situations more than females. The situation is reflected in their patterns of role continuity in the family. Whereas male respondents said they experienced rolelessness in the family with age, females did not find it a problem.

Most males seemed to be affected by rolelessness in old age because they did not easily accept their aged status. Most of them felt they should still be actively involved in family and community affairs, yet the reality was different. The forced withdrawal from certain activities impacted negatively on their mental states. For females, the approach to lack of roles was more realistic. They readily accepted such situations even though they still had the capacity to perform certain activities in family and community at large.

On the whole, the females were more involved to family activities in old age than males. This, however, has more to do with the traditional division of labour where women are mostly confined to performance of roles in the domestic realm than men. This is supported by the multiplicity of activities females engaged in, despite their age compared to males. When the females were asked about the activities they engaged in in the family, the pattern in Table 1 emerged.

Table 1: Work Activities Women are involved in Daily

Type of work	Frequency (f)	Percentage (%)
Clean the house	37	94.9 %
Cook	35	89.7 %
Look after grand children	30	76.9 %
Gather firewood	33	84.6 %
Weeding on farm	34	87.2 %
Fetching water	29	74.4 %
Resting/Sleeping	6	15.4 %

From Table 1, it can be observed that the daily routine of aged women in the family was congested. The point is that the females are highly involved in family activities and hardly have the time to rest. From the table, except for the very old whose health might also have been poor, their participation rate was at 70% and above. Women in fact continued engaging in activities throughout their life. They saw such activities as part of their life and some disliked the tendency of some of their family members to discourage them from performing certain roles.

On the other hand, an examination of the males' range of activities in the family showed a gradual decrease with their age. Furthermore, the type of activities they often engaged in did not require physical involvement. The types of activities men engaged in are shown in Table 2 below.

Table 2: Work Activities Men are involved in

Type of activities	Frequency (f)	Percentage (%)
Looking after animals	50	70.4%
Resting /sleeping	61	85.9%
Supervising farm operations	45	63.4%
Weeding on farm	20	28.2%

As shown in table 2, males were less engaged in homebound activities and yet they desired more involvement to justify their status. Their activities were less involving except for the 28.2% who did some weeding on the farm compared to the female respondents (87.2%). It was also observed that about 85.9% of the males had a lot of time to rest compared to only 15.4% of the females who said they found time to sleep during the day. The males indicated they slept because they lacked activities to engage in, in their homes. Whereas males said they felt idle because of not engaging in their previous activities, female respondents said they continued to perform the roles they used to play in their younger life.

It therefore appears that whereas older males in Kenya can expect to offload most of their roles as they age, the females cannot expect to do the same. We can point out here that the traditional gendered division of labour afforded females' opportunities for continued participation in family activities more than males. With males hardly accepting their aged status, the impact on their social and psychological status is tremendous.

It can also be said that females continue to work because they are also the primary care givers and service providers in the family. This means that old women in Kenya contribute to their own welfare as well as to that of their households even in their 70s. In some sense, old age becomes a burden for the females than males. This situation continues even when females are widowed. In general, males have about 7 hours of rest during the day whereas in that time females are occupied with tasks in the home.

One point worth noting is that whereas females experience continuity of roles to play in the family, males hold an advantage when it comes to community activities. Most aged males found opportunities for participation in the community. Moreover, lack of initial access to education is a problem for females in old age. This means that they did not work in the formal sector thus become poorer in old age as no benefits were obtainable. This disadvantaged position was demonstrated by their non-representation in various community institutions and organizations.

From the data collected, females were not represented in community decision-making structures. For instance, whereas 36.6% of the male respondents said they found no roles to play in community, 56.4% of the female respondents belonged to the same category. What was also revealed by the data was that 26.8% of the male respondents were involved in community organizations compared to 13% of the females. At the level of the clan, there were 23.9% of the males engaged in activity roles compared to 2.6% of the females. The only community institution where women were more involved in was the church, as 30.6% of the females reported involvement in active roles compared to 12.7% of the male respondents.

We can say on the basis of the above that females face more obstacles at community level than males. In fact females said that they ceased playing roles in community with age or

when they became widowed, even though they had the ability and capacity to continue. This shows some element of discrimination against aged females, while males do not face the same predicament in old age even when they become widowed. As pointed out in the opening remarks in this chapter, women are not discriminated against not due to age per se but due to deeply entrenched attitudes in community.

Women are mostly accommodated in church activities probably because there is no much prestige associated with such roles. Of course there are those very old women who, by their own admission, were over the hill of their potential to perform public duties. The men were represented in a wider spectrum of roles in the community. However, when we examined the aspect of actual involvement in community life, women, despite the obstacles discussed above, held an upper hand. This was particularly in reference to participation in community festivities and ceremonies in the villages.

In the study, the aged were asked whether or not they helped in organizing village festivals or ceremonies and the nature of their participation. The proportions of participation along gender are shown in Table 3 below.

Table 3: Gender-wise Participation in Community Festivals and Ceremonies

Whether they participated or not	Gender	
	Male	Females
Yes	8 (11.3%)	32 (82.1%)
No	63 (88.7%)	7 (17.9%)
Total	71 (100%)	39 (100%)

From Table 3, female respondents had higher levels of involvement than males. The forums in which women found room for self expression included weddings and marriage ceremonies, birthdays and child-naming, community dances and performances, self-help groups, death and funeral rites and other merry making activities. They also provided labour in most of the community projects. In the table above, 82.1% of the female respondents said they were actively involved in such activities compared to 11.3% of the male respondents. Only 17.9% of the females did not participate mostly on account of physical frailty or poor health compared to 88.7% of the males. It was also noted that aged females found group visits to the houses of community members emotionally satisfying.

Whereas, as individuals, females found it difficult to interact in the community because some of them were accused of witchcraft, such barriers seemed to break down when activities were done within a group context. In this sense, one can say that involvement of women in community social life seemed to make them develop a positive attitude towards living in old age compared to men. What can be concluded from the above is that whereas males held visible positions in the community, the ground participation in the respective activities was low. Though some of the men said they participated in such activities when they were young, they gave them up as they grew older. It can be said that the continued involvement of women in certain tasks enabled them to develop a more positive attitude to life and more stable relationship than men.

The above argument was supported by the fact that the majority of the elderly women indicated that they derived a lot of pleasure from their life experiences compared to elderly men. The females were less frustrated with their life situations despite a lot of social and cultural practices that discriminated against them. As mentioned earlier, this was shown by their ready acceptance of the realities of old age than males.

Autonomy in the Family

From the above discussion it is important to examine the gender differentials on the question of autonomy within the family. We shall examine autonomy in the context of managing or control of family affairs and the ability to make decisions. The question is whether males enjoy more autonomy than females and the impact of such a situation on their well being. When we examined the issue of control of family matters by gender, the pattern in Table 4 emerged.

Table 4: Gender-wise Distribution of Control of Family Matters

Gender	Who controls family affairs				Total
	Self	Spouse	Children	General consensus	
Male	37 (52.2%)	1 (1.4%)	5 (7.0%)	28 (39.4%)	71 (100%)
Female	3 (7.7%)	6 (15.4%)	19 (48.7%)	11 (28.2%)	39 (100%)
Total	40 (36.3%)	7 (6.4%)	24 (21.8%)	39 (35.5%)	110 (100%)

The scenario in Table 4 reveals the powerlessness of the aged women over the management of family affairs. As can be observed, 52.2% of the male respondents showed that they were in control compared to 7.7% of the female respondents. On the other hand, 48.7% of the female respondents said their children were in control with 15.4% saying that their spouses were in control, compared to 7.0% of the male respondents who said their children were in control with only one (1.4%) saying the spouse was in control. What was clear from the above is that in old age, women remain powerless in family affairs and it is the male members who dominate in management of family. In terms of involvement, a much lesser number of women compared to men said they were consulted on important issues.

The above implies that women lack the power to make important decisions. This is particularly true of widows who said although their husbands often consulted them when they were alive, their sons did not. It will thus seem that widowhood brings with it powerlessness over family matters among women. The same experience was not much shared by widowed men even if they had not re-married. This state of affairs is a culmination of long held beliefs and practices of a patriarchal society, which treats women basically as reproducers and service providers and men as authority figures.

An important observation to make here is that although the majority of the aged women lacked control over family matters, this did not interfere with their enjoyment of life. On the other hand, the male respondents who had little control over family matters greatly felt the pressure of exclusion from their traditional role. Therefore, men are more affected

by loss of autonomy while for women it does not really matter because for many that is how life has always been.

In actual decision-making, of the females interviewed only 5.1% said they made decisions in the family compared to 29.6% of the males. On the other hand, 30.8% of the females and 40.4% of the males said they were consulted in decision-making. Among the female respondents, 61.5% of them said either children or husbands made decisions on family matters. This powerlessness of the women reduces their autonomy as most of them said that they played more active roles in decision-making in their younger stage of marriage life than now.

The above situation of side-lining women in decision-making to some degree is not necessarily dependent on age but upon socially constructed meanings that individuals attribute to the aged and women in particular. In essence, this affects their dignity, independence, responsibility and freedom. There is systematic erosion of the authority of both old men and women within the domestic sphere though the position of men is somewhat better than that of women.

Despite the above, women tend to have better adaptive capability than men. The overall affect is that such a situation is bound to limit the opportunities for meaningful participation in family affairs apart from caring for the family. It might be for this reason that women concentrated more on the domestic or traditional roles within the context of division of labour. This probably made them less inclined to offer advice though they had the capacity to do so.

The above situation could not possibly be a result of old age per se. Most of the females stated that most people ignored them because of their poor educational background. They said they were perceived as lacking in knowledge despite the fact they may be more or as much informed as their male counterparts in many matters. In some sense, aged women are seen as less resourceful than men, an attitude that has far-reaching implications on their status in the family and society at large.

In terms of the issues for which advice was sought, male respondents said they were mostly consulted on issues concerning customs and traditions, family and community history, settling of disputes both within the families and community and sometimes development matters. Although there were some women who were quite knowledgeable on these issues, they were often treated as if they did not know. On the side of elderly women whose advice was sought, the issues were mostly confined to religion and performance of certain traditional ceremonies that largely concerned women. This means that aged men were considered as custodians of past and present knowledge in the community more than women. In reality, though, women were no more lacking than men in knowledge of community affairs.

Nature of Interaction in the Family

The other issue that revealed a distinct gender difference is nature of interaction in the family. Females seemed to interact more with their married children than males. For example, whereas 87.2% of the female respondents said they interacted with their children on a daily basis, the proportion of males in the same category was lower. Only

56.3% of males interacted on a daily basis. Besides, a higher proportion of females expressed satisfaction with their relationships with children than males. This might have been due to the different nature of roles they played in the family. Since, as discussed earlier, women are more involved in daily activities than men, their opportunities for interaction are also greater.

It is an established fact that females participate more in the daily running of the family including that of their married children. Discussions with married children in the respective families revealed that females helped them in many ways. These included duties like cooking and baby-sitting. They also assisted them in provision of labour in times of need. This means that there is more reciprocity between children and their aged female parents. At this juncture, we may conclude that as people grow older, men seem to suffer more from rolelessness within the family than women thus leading to difference in intensity of interaction. The cultural practice of avoidance between father and the daughters-in-law, as discussed earlier, also contributes to the gender differentiation in interaction. This shows how certain cultural practices greatly influence the well-being of the aged within certain contexts.

Furthermore, apart from the ability to perform certain gainful functions for the family, the closeness or intensity of the interaction was also determined by how well the aged behaved toward members of the family. On this account, we can say that females seemed more tolerant and adaptive to the problems of their children than the males. However, where respect was mutual, the differences cited above were not very explicit. This is shown by the two case histories of a male and female respondent in relation to their life experience in the family and community at large.

In a case study of an aged male living with his wife and family, it came out clearly that there are certain major aspects of the family that are critical for harmonious relationships between the aged and family members. On the other hand, the case that followed (of an aged woman) showed the life of an aged female living with her husband and family. It also brought out critical issues of focus in understanding the life of an aged woman in the family setting.

These two case studies show that mutual respect in the family can lead to relative enjoyment of life by the aged, irrespective of gender. However, for males, having any valuable assets in their possession has a bearing on their relationships compared to women who do not traditionally own property like land. As shown in the above case studies, whereas the intensity of relationships for females was more at family level, that of males was more with relatives outside the immediate family. The data obtained shows that over 90.1% of the male respondents interacted regularly with relatives compared to 53.8% of the female respondents. It would thus appear that females maximized on close family relationships compared to males who had a diversity of relationships including those outside the family.

At this point, two issues can be recognized about the aged on gender lines. On the one hand, it is important to examine disadvantages or advantages that longevity hold for males and females respectively. On the other, it is crucial to acknowledge and supplement the efforts of older males and females to improve their quality of life and that of their families. From the field data, it was evident that older women were among the poorest groups yet they often provided care to other vulnerable groups like orphaned children, those borne out of wedlock and their aged husbands. Such roles are bound to get more complex in view of the effect of

HIV/AIDS in the absence of state support. The point is that some aged women, including widows, are caregivers yet their own welfare is given little attention.

In view of the above, it is important to clearly distinguish between the problems faced by aged men and women whose conditions are such that a third party has to provide care for them. These are the physically weak, the sick and the disabled. It is an established fact that such aged are normally in need of care. Then there are those who, because of certain circumstances, are themselves care providers. Many of them are often expected to provide for some orphaned grandchildren and grandchildren born out of wedlock (since teenage pregnancy was also reported as being widely prevalent in the area). Whereas the first category needs help to survive, the latter category needs to be assisted in order to take care of themselves and others.

When we examined the category of those in need of care, the situation for females sharply varied from that of males. The elderly females, it was observed, were mostly taken care of by their children whenever they were sick or in whatever incapacity. Most of these happened to be widows hence their spouses were not there to supplement that care. Even where the husbands were still alive, they were simply too old to do anything given the wide age gap between the spouses. In the case of men, wives were usually available to care for them. Since most men married more than once, even if older wives died, they were likely also to be cared for by younger wives. In situations where the aged were also care providers, the females were still disadvantaged. Information gathered from them showed that they provided the bulk of the help. For example, where there was no food in the home, it was the woman who went around the village in search of food through begging. This was worse where poverty levels in the family were high. Discussion with local leaders and other key informants revealed that cases of aged women going to the local administration and churches in search of relief food and other forms of assistance were common.

Therefore, given the general neglect of women's nutrition and education needs, the burden of childbirth and care and overload of physical labour, longevity does not provide any advantage to women. And since they also have little role in decision-making in the family, it is important to advocate for outside intervention to address the gender specific needs of the aged.

From the above, we can conclude that whereas older men in Kenya can expect to receive care and attention from their spouses, the females cannot hope for similar attention from their husbands in old age. This is because they may either be widowed or even where the husband is alive, may have another co-wife supplanted on them who takes away the husbands' attention from them. Therefore, the fact that females tend to live longer may not be because they are healthier or lead a better life. What this suggests is that the aged should not be treated as a homogenous but a diverse group, even though they might share some commonalities.

Issues of Longevity

Within the context of the above discussion, it is also important to briefly reflect on the issue of longevity and ageing. In general, it is true that females lived longer than males. While it is true that in chronological terms women may live longer than men, this does not offer them any additional advantage because of the different cultural conditions which women and men

are subjected to. Hence, while longevity is an important variable which reflects the position of the aged in society, other social factors should also be taken into consideration.

One of the crucial issues is the marital gap between the males and females. In addition, females tended to marry at fairly young ages compared to that of their husbands. In some instances, the marital gap was as high as 10 years or more. A good proportion of females in the study got married when they were as young as 15 years to fairly old men. In fact, there was a case of an aged female respondent who said that she was married to a 40-year-old man when she was hardly 15 years. Whereas the marital gap is now reducing, information from the respondents revealed that most of those marriages were forced on them, and women did not have options.

On the other hand, the males interviewed said that they married wives who were many years younger than themselves. It should also be pointed out that polygamy was common in the area. In fact, there were cases where men had married second or even third wives who were over 30 years their junior. It is likely that such women would be widowed before the age of 50 years. The incident of an 86-year-old man with 6 wives, the youngest being 34 years of age is a case in point. The death of one such man may leave behind a number of widowed women. Therefore, given a wide marital gap and the prevalence of the practice of polygamy in most Kenyan societies, widowhood cannot be a sufficient measure of the longevity gap between the two sex groups.

The above statement is supported by the fact that many widows in the sample said they were widowed before they attained the age of 60 years while in most cases their husbands were in their 70s and even 80s when they died. In fact, a good number of them reported they were just approaching the age of their spouses when they died. Of course some of them would surpass that age. Therefore, whereas it is true that females generally have higher life expectancy than males, it does not mean that that is the only reason for the higher representation in numbers of those widowed. The social factors are equally critical in explaining the situation rather than biological factor. This could include food habits, the nature of lifestyles and work conditions that might exert more effect on males than females. However, what is true is that females more than males endure longer lives as widows.

Adjustment Problems in the Family and Community

In view of the above, females and males faced different problems in adjusting both in the family and community in old age. As mentioned earlier, women seemed to cope better in whatever situations that they faced. A good proportion of females mentioned widowhood as a significant problem in adjusting in family. They argued that marriage partnership that had been nurtured for a very long time could not easily find substitutes.

As mentioned in the previous section, widowhood poses different problems for men and women along gender lines. For women, it implies loss of the social role as wife and cessation of interpersonal relationship with the marital partner who used to be a pillar of multidimensional support (Aruna *et al.* 2001, p. 1). Depending on their age, they may face problems such as role burden, setback in emotional state and role reversal from a dependent or marginal provider to a care provider and associated activities. There may also be reduced income, reduction in supportive relationships accentuated by their limited capacity to reciprocate and limited options to cope with new situations within specific cultural practices.

In India, a study by Aruna *et al.* (2001) has shown that in addition to grief and personal problems, for women, there is social stigma and ostracisation attached to widowhood.

In Kenya, the field findings showed a different picture. Widowed women, particularly the aged who were the focus of the study, enjoyed a lot of support in the family. Respondents reported a lot of shared emotional feelings and moral support from relatives accompanied with emotional warmth from children. In fact they said they received more kin support from siblings and secondary kin like brothers-in-law where they were alive compared to males. However, they faced problems in the wider community. On the other hand, the males said that since they are the breadwinners even in old age the emotional support from the kin-network is less. This was particularly true for those who were not in a polygamous union. However, they tended to receive more support from friends and neighbours compared to females.

In terms of emotional adjustment, however, males seemed to cope faster than the females for reasons mentioned earlier. But in the long run, women stabilized due to their close network like the Bungoma widows (*Balekwa*) initiative. They initially experienced spells of loneliness and distress. Those who had been widowed for a longer time did not have such a problem. The aged males did not seem to have similar problems because the majority either had at least a second wife or re-married immediately. A few very old men who had not re-married, however, experienced loneliness.

In general, the elderly women said that the conditions of life they had to endure made them positive in their approach to life and were rarely bothered by society. Even though they claimed their advice in the family was always ignored and at times not appreciated as contributors, their indulgence in family affairs never caused tension. On the other hand, whereas the male respondents said they gave advice and were appreciated in the family as valuable, their control and indulgence in most family affairs caused tension. It is thus evident that in old age, males were perceived more as threat to the freedom of the children than females were in the family.

When we examined the problems faced at the community level, we found that the problems were more or less similar, though women were more disadvantaged. For example, whereas the aged said they were often associated with witchcraft, as discussed earlier, females constituted the majority of the victims. This contributed to their marginalization in society. Although males were also at times perceived as witches, they were not as scorned upon as females in the community and society at large.

The problem of a non-supportive community seemed to affect the males more than the females. The women said that because they were traditionally not very outgoing, they were less bothered. However, the men said that they were looked upon as people who had seen the better of their times and should leave the stage to the youth. Therefore, their involvement in certain affairs in mainstream society was seen as an act of deviance. This had a significant impact on their psychological conditioning in society.

Based on the above discussion of the gendered nature of old age, the status and conditions of the aged females in whatever circumstances seem to be influenced by such factors as death of spouse or widowhood, their relation with daughters-in-law and continued participation in domestic activities. On the other hand, the status of aged males is more influenced by factors

such as ownership of property, especially land, and continued contribution to the family upkeep and society in general. This nature of compulsions seems to keep them highly engaged in family and community activities. We can therefore conclude that chronological age does not necessarily bestow authority and status or headship on the aged, whatever the gender. Social factors, such as marital status, death of spouse, arrival of daughter-in-law and economic condition of self and family are also important.

CONCLUSION AND RECOMMENDATIONS

From the analysis of gender and old age, it is a false assumption to imagine that gender is biologically rooted and thus intrinsic to an individual. Gender emerges out of interactions between men and women in society. In a sense, it is a dynamic socially constructed phenomenon. This means that gender status is an emergent property of social interaction. Therefore, the gendered experience in old age should be viewed as a culmination of society's cultural practices and attitudes.

However, it is also crucial to note that gender is not a monolithic category but mediated by other social variables like class, caste, ethnicity and race. Insofar as this study is concerned, gender is further shaped by one's family circumstances as depicted in the case studies. This was demonstrated by the fact that where family conditions were stable, there seemed to be no significant difference in old age experience between men and women. Notwithstanding this fact, some trends were identified that reflected specific gender inclinations among the aged respondents who were studied.

The above is true of patterns of interaction in the family and community acceptance of old age as a reality, emotional stability and continuity of performance of certain roles within the traditional division of labour. It was shown that rolelessness occasioned by old age seems to impact men more negatively than women. The point is that despite the greater problems confronted by women in old age, they display more resilience and innovativeness in the face of ageing adversity. This view is shared by Dooghe (1994) in a study in India.

It was also pointed out that given the traditional division of labour, women continue to engage more in family and community service than men. This is particularly true for care giving. This situation has led researchers like Arber and Ginn (1991) to conclude that physical and social engagement in the above activities is burdensome to women. This research has, however, shown that aged women in Kenya see it as a social responsibility rather than a burden. This shows the importance of culture in understanding the experience of old age. In fact, many women claimed that they derived a lot of pleasure in participating in such activities so long as their health and physical condition allowed them to do so.

However, at the level of care giving in families, especially for orphans and other dependants, as indicated earlier, women claimed they were burdened. Some of them were not in the best health and physical state. Therefore, given the cultural barriers that women have to face in life, one is persuaded to concur with Ewing (1999), Ferreira (2000) Cattell (1999) and Akinsola (2000) that with the spread of the HIV/AIDS pandemic in Africa, the active role of the elderly women in care giving needs to be evaluated. Though the incidence of HIV/AIDS is not significant in the area studied, there is sufficient evidence of an emerging trend, which is likely to affect the life of the elderly in the near future.

The study also revealed that certain cultural practices regulate the gender relations in old age experience in the community studied. This is in relation to autonomy, ownership of property and social interaction within the family. We have, for example, demonstrated how the cultural practice of avoidance between the father and the daughters-in-law affect how they relate. Even where people were educated, the change was within narrow limits.

The study has also confirmed the view that women outlive men. This means that most aged women endure long periods as single widows, especially where they could not be inherited on account of age. Aged men do not suffer much as many of them either have more than one wife or re-marry immediately the spouse dies. So, their life remains unaltered except when they choose not to re-marry and certain rituals have not been performed. However, those without male children or those men who are in polygamous marriages suffer.

In a nutshell, one can argue that there is certainly a gender dimension to ageing and old age experience. Therefore, any discourse on ageing should logically address it. This is because, as Walker (as cited in Krishnan & Mahaderan, 1992) state, women have to live through old age three times. That is, they care for the husbands or their own parents, their husband in old age and themselves in old age. In the context of the findings of the study, we can add a fourth one, that is, that they care for the youth even when it is expected that they are being taken care of.

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