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## Research Article

# Social Isolation and Food Insecurity: The Case of Rural Old People in Yatta Constituency, Kenya -

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## ABSTRACT

This article is about social isolation and food insecurity among the rural old people in Kenya. The Kenya policy on aging (2008) sets a framework of addressing the welfare of the aged. The cradle of this policy is twofold: One is the emerging trend of diminishing roles of the elderly people in contributing to national income and two is the weakening of the traditional social structures which provided for welfare including welfare services for the aged. The study sought to answer the following specific questions: To what extent are the rural old socially connected? And what is the level of Food Security for rural citizens aged 60 and above? The objectives of the study were to determine the social networks and therefore, social capital citizens aged 60 and above have and to assess the level of Food Security of rural citizens aged 60 and above. A total of 117 elderly people (age 60 and above) were randomly sampled. Data was collected using interview a schedules which was designed to capture information on social isolation and sources of food consumed. To test Food Security level, a modified Household Food Insecurity Access Scale (HFIAS) score was used. The findings of this study was that only 43 percent of the old people are living with a relative in the same house. The rest (57) were living alone. It was established that 82 percent purchased food from the market. On food consumption there was 100 percent skewness towards grains and cereals (every person reported to be consuming this on a daily basis). On average the older persons in this study have a score of  $4.04 \times 10/9 = 4.5$  and falling in the class of food insecure without hunger based on the classification scale.

**Keywords:** Social isolation; Social capital; Social networks; Food security; Food insecurity

## INTRODUCTION

The number of old person (age 60 and above) in Kenya has risen from a modest 270,000 in 1949 when the first National Census survey was carried out to 1,926,051 in 2009. It is projected that the number of old persons will be over 2 million by the year 2020 (GoK, 2006) [1]. The undisputable fact is that older people world over are faced with social, economic and physiological problems which they cannot resolve using coping mechanisms that have worked for them in the past. It is with this knowledge that countries like China, Japan, and Singapore have laws obliging citizens to care for elderly relatives. In China for example, according to the Law of the People's Republic of China on the Protection of the Rights and Interests of the Aged, "children must care for their parents" "spiritual needs" as well as their physical needs". In 2005 Japan passed its first law to prevent abuse of the elderly whose aim was to prevent the mistreatment of elderly people in homes as well as those living with relatives. In this law elder abuse included physical assaults but also verbal abuse, abandonment, neglect and mismanagement of property (Colin (2005) [2].

In this regard, the Kenya policy on aging (2008) sets a framework of addressing the welfare of the aged. The cradle of this policy is twofold: One is the emerging trend of diminishing roles of the elderly people in contributing to national income.

Older persons, beyond the 60 years, are discriminated against within the labor-force categories by being defined as being outside the economically active population. They are therefore denied employment opportunities in the formal sector of the economy. Employers consider them as workers who are unproductive, less ambitious, untrainable, resistant to change and unable to cope with the changing technical environment. Their contribution to and benefit from formal social security programs is therefore restrained. For those covered by social security systems, the values of their benefits are in most cases eroded by inflation (GoK. 2008: 28) [3].

The second one is the weakening of the traditional social structures which provided for welfare including welfare services for the aged.

Traditional family and community structures included in-built support and welfare systems that catered for all members of society. The role of older persons traditionally included leadership, guidance and advice. In return, they were assured of total support for their needs from the family and community. Today, this is changing and the current socio-economic and cultural situation is characterized by

increased individualism, urbanization and industrial advancement. Although family and community remain the most effective and important institutions in caring for older persons, their effectiveness is under pressure (ibid: 20).

The greatest concern to day therefore, is the types of social networks (Social capital) the aged have: How are they socially connected or/and isolated? By and large rural Kenya can be said to be the home for majority aged 60 years and above. The aged are tending towards the rural with a concomitant increase of physical distance between them and the rest of the world. What this means is that exists a situation of pronounced absence of support from significant members and friends who are physically, socially and economically. The implications of this is that the rural old are losing their social capital (connections within and between social networks [welfare groups] as well as connections among individuals). Low or no social capital no formal means of earning a living, retired, and diminishing physical strength coupled with low or no employment make the rural old vulnerable to low or no welfare. In the welfare package food security is key and as Dodd and Nyabvudzi (2014) put it employment status of an individual, low living wages and the increased number of breadwinner's dependents affects household food Security for those household and that for those that are food secure it is because they are receiving social grants and remittances [4].

For this study the main question posed was whether persons aged 60 and above experience food crisis. The study sought to answer the following specific question: What is the level of Food Security specifically for rural citizens aged 60 and above? The objectives of the study were to determine the social networks and therefore, social capital citizens aged 60 and above have and to assess the level of Food Security of rural citizens aged 60 and above.

## METHODS

A total of 117 elderly people (age 60 and above) were randomly sampled. Data was collected using interview a schedules which was designed to capture information on social isolation, and sources of food consumed. To test Food Security level, a modified Household Food Insecurity Access Scale (HFIAS) score was used. For this study the HFIAS was modified in order to accommodate the culture of the locals in terms of food consumption and be able to test food security at individual levels. Nine questions capturing both occurrence and frequency in the domains of anxiety and uncertainty about food

supply, insufficient quality, and insufficient food intake, were used as indicated in the domains below:

**Anxiety and uncertainty about the food supply. In this domain one question was asked as indicated below:**

- In the past 12 months did you worry that you would not have enough food?
- Insufficient Quality (includes variety and preferences of the type of food) domain with the following three questions:
- In the past 12 months have you been unable to eat the kinds of foods you preferred because of a lack of resources?
- In the past 12 months have you had to limit the variety of foods you eat due to a lack of resources?
- In the past 12 months have you had to eat some foods that you really did not want to eat because of you lacked resources to obtain other types of food?

**Insufficient food intake and its physical consequences domain which five questions below:**

- In the past 12 months have you had to eat a smaller amounts of food than you felt you needed because you did not have enough food?
- In the past 12 months have you had to limit the number of meals you eat in a day because there was not enough food?
- In the past 12 months was there ever no food to eat of any kind because of a lack of resources to get food?
- In the past 12 months did you go to sleep at night hungry because there was not enough food?
- In the past 12 months did you go a whole day and night without eating anything because there was not enough food?

Each of these four groups of questions measures a cluster of central conditions or components of the experience of food insecurity and hunger as these are expressed at each of the successive stages, or ranges, of severity in the scale provided below.

Up to 2.32	Up to 4.56	Up to 6.53	Up to 10
Food Secure	Food Insecure		
	Food Insecure Without Hunger	Food Insecure With Hunger	
		(Less Severe) "Moderate"	(More Severe) "Severe"

Source: Bickel et al (2000) [5]

## RESULTS

In simple sociological terms social network is a connection of individual as friends and/or relatives. The broader picture of social networking is that it is aimed at building social capital (having people around whom one can look to for support). The opposite of social network is social isolation where there is low level of [physical] contact between an individual and his/her family, friends [and] neighbors (Ocharo 2009:4) [6]. In this regards two components of social networking were assessed namely; the category of relatives the aged people lived with in the same homestead and frequency of welfare support they got from family of orientation members, neighbors, friends and the state (Figure 1).

Yatta constituency is a host of 7,324 people aged 65 years

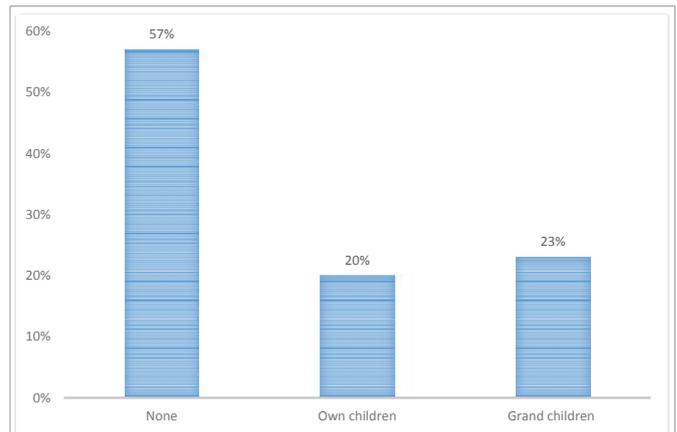


Figure 1: Relatives living with the aged the same house.

and above (Kenya National Bureau of Statistics and Society for International Development: 2013) [7]. Of this 55 percent (4,047) have been registered as beneficiaries of the Older Persons Cash Transfer (OPCT). The findings of this study was that only 43 percent of the old people were living with a relative in the same house. The rest (57) were living alone. Of the 43 percent 23 percent were living with their grandchildren and 20 percent with their own children. The Kenyan community has not fully embraced the concept of homes for the aged. Therefore, majority of the aged Kenyan live in their ancestral rural homes and the only care that suits them is the supportive care provided in the home by licensed professionals who ensure the activities of their daily living including health are met (in-home care). All of the old people who participated in this study did not have such arrangements and therefore, face possible risk of mismanagement. The possible reasons why they arrangements of in-home care was lacking is because one the concepts is yet to be embraced especially in the rural settings and two it seen as expensive to engage professional to take care of the old as compared to when they are taken to health facilities to be attended to during times of crisis .

- The Older Persons Cash Transfer (OPCT) which was started in 2007 by the government of Kenya is meant to provide regular and predictable cash ( KES 2,000 per household per month) transfer to poor and vulnerable older persons (65 years and above) in identified deserving households.
- Majority of Kenyan families are available to attend to the old, during times of "dire need" like when they are critically ill.

As a general principle one's welfare is the responsibility; first and foremost, of the family members, and other parties come in to support and complement the role of the family. Based on this understanding this study sought to compare the frequency of welfare support the elderly were getting from immediate family members (children and grandchildren), neighbors, friends and the state was done and the finding are presented in table 1.

It was evident that 48 percent of the older people always got support from immediate family members as compared to 9 percent who always got support from neighbors. Neighbors are topping (67%) at providing for the older persons when requested to, followed by immediate family members (48%) and friends (16%). There are 84 percent, 30 percent, 24 percent, and 12 percent older persons who reported that they rarely received support from friends, the state, neighbors and immediate family members respectively. This findings



**Table 1:** Frequency of providing for older people’s needs by immediate family members, neighbors, friends and the state.

	FREQUENCY					
	Always		When requested to		Once in a while	
	Count	Percentage	Count	Percentage	Count	Percentage
<b>Immediate family members</b>	56	48	47	40	14	12
<b>Neighbors</b>	11	9	78	67	28	24
<b>Friends</b>	-	-	-	16	-	48
<b>State</b>	-	-	-	-	-	30

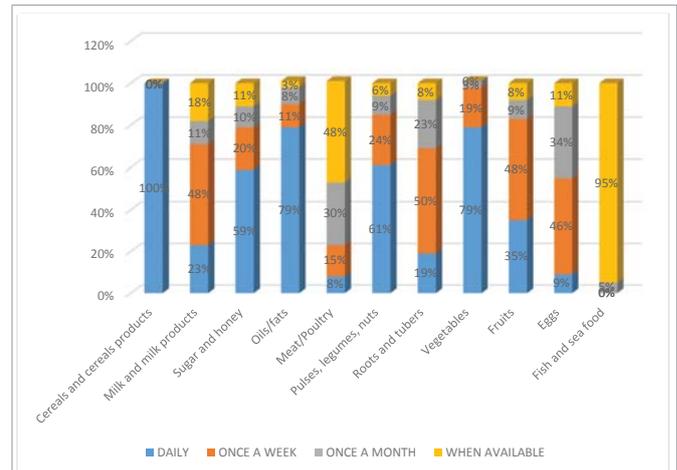
show evidence of support for the aged skewed towards relatives and friends. There are situations however, where families are unable to meet the needs of their needy members. This is where the state and other stakeholders come in. It is at this point that the services providers are challenged to try and equate their services with the needs and priorities of individuals and groups. Appropriateness of services in this case has to be negotiated. This negotiation has not been easy for the case of Kenya especially where welfare services are meant to address normative need. Meaning services that target individuals and groups that fall below a standard held by the community or prescribed by some knowledgeable authority. Cash Transfer Program for Old Persons is such a classic example. A begging question is whether the Cash Transfer Fund measures up to the needs and priorities of the elderly in Kenya across board. One such important need is food. The United Nations’ committee on World Food Security has given the meaning of Food Security as physical, social, and economic access to sufficient, safe, and nutritious food that meets one’s food preferences and dietary needs for an active and healthy life.

The study further sought to establish the main source and types of food the older people consumed. This was necessary in order to shed light on the sustainability of the source of food and to find out whether the nutritional needs of the old people were being met. It was established that 82 percent purchased food from the market, 12 percent harvested their food from their farms and 6 percent relied on donations. The fact that majority (82%) of the purchased food they consume can be explained by two factors namely; The area under study is a semi-arid area characterized by low productivity and that most if not all of the target population (age 60 and above) have at this age subdivided their land amongst their son as tradition dictates.

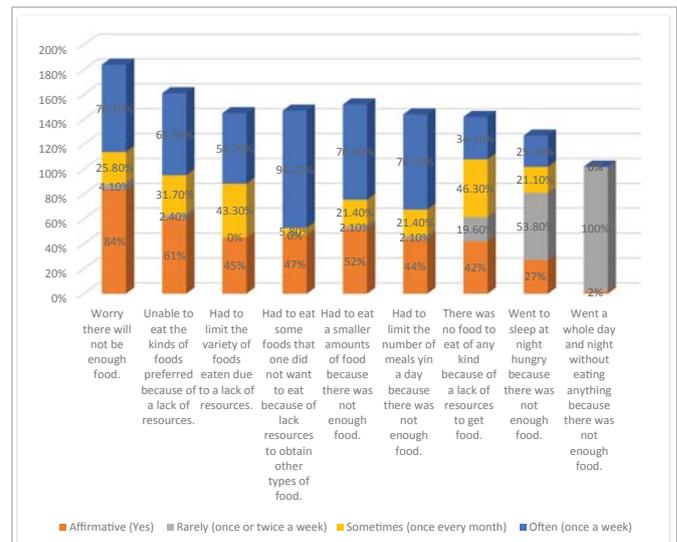
Going by the basic five food groups that is vegetables and legumes; fruits; grains & cereals; meat, poultry, fish, eggs, legumes; and milk & milk products, the findings of this study were that there was 100 percent skewness towards grains and cereals (every person reported to be consuming this on a daily basis). This was followed by oils and vegetables with 79 percent reporting that they consumed these on a daily basis. Third, 61 percent reported that they consumed legumes on a daily basis. The consumption of fruits and milk & milk products was low at 35 and 3 percent respective reporting daily consumption. The explanation for these results is that maize, beans, vegetables (especially cabbage and Kale), peas are locally available both directly from the farms and the market (Figure 2).

In measuring food insecurity, each of the eight questions in the scale was asked with a recall period of one calendar year (12 months). The respondents were first asked occurrence questions to establish whether the conditions in the questions happened at all in the past one year (yes or no). Then for those who reported affirmative, they were asked to report on the frequency (rarely, sometimes and often) the results are shown in figure 3.

The results above indicate that all the older persons experienced



**Figure 2:** Type of food consumed .



**Figure 3:** Showing the occurrence of food insecurity conditions.

food insecurity occurrences in all the domains of anxiety and uncertainty, insufficient quality of food and insufficient food intake and its physical consequences. The highest (84%) reported of occurrence of food insecurity incidences was in the domain of anxiety and uncertainty about the food supply. This was followed by the domains of insufficient quality (including variety and preference of the type of food and that of insufficient food intake and its physical consequences with means of 51 percent and 33 percent respectively. Subsequently, the average Household Food Insecurity Access Scale score was calculated as follows:

**Sum of HFIAS Scores in the sample**

**Number of households in the sample**

= 473

117

Average HFIAS = 4.04

As stated above a score of up to 2.32 is indicative of food secure, a score of up to 4.56 indicates food insecure without hunger, a score of up to 6.53 indicates moderately food insecure with hunger and a score of 6.54 and above indicates severe food insecure with hunger. On average the older persons in this study have a score of 4.04 X10/9 = 4.5 and falling in the class of food insecure without hunger based on the classification scale.

**DISCUSSION**

This study was confirmed to the following main issue: One whether the rural old people are socially connected and therefore not isolated. Two, whether the rural old people are getting welfare support and from who. Three, whether the rural old are food secure.

As for social Isolation the evidence was that there were 57 percent of old persons who were living alone and this is against one of the major wishes of adults namely: the wish for security. This wish is universal and it includes security in one’s occupation, in the family life, and in group relation. (Dahama & Bhatnagar 1985: 173-174) [8]. In trying to fulfil this wish older people would not want to experiment on new things. Rather they will stick to old lifestyles which have worked for them before. So one adjustment that they will be reluctant to make is to change their living space to homes for the aged or nursing homes. Ocharo (2011: 356) affirms that the rural older people are experiencing social isolation, occasioned by the death kinship, sharing, solidarity and common good values. That the rural old people have lost their social capital [9]. The apparent option especially for the 57 percent who are living alone is in-home care for both their physical and psychological wellbeing. Physically in-home care cannot compare with homes for the aged since in the in-home care the elderly will be residing in a familiar and collaborative environment (an environment which allows them to freely express themselves). In this familiar environment, someone can be identified to be available all the time to help the elderly with everyday needs such bathing, dressing, meals including referrals whenever technical services like medication

are required. For those who were living alone they were at risk of suffering emotional, behavioural, and physical disorders including anxiety, panic attacks, eating disorders. Addiction, substance abuse, violent behaviours and diseases (Niccum: 1999) [10].

The findings on support given to the aged indicated that the bulk of this support came from the family members and friends. As far as the Government of Kenya is concerned, support for the aged was initiated under the Old Persons Cash Transfer (OPCT) program and by 2012 it had covered only 2.5% of all older persons and 3.2% of the 78.6% extremely poor elderly persons. Currently (2019) the Cash Transfer of Kenya Shillings 2,000.00 (approximately 20 US dollars) has reached approximately 833,000 of Kenyans aged 65 and above out of the potential 1.3 million. Going by the cost of living in Kenya, the payment of 20 US dollars per month is insufficient to cater for basic needs including health care. This means therefore, that as at now the state cannot be relied upon for the provision of welfare in total to the rural old people. What this means is that in cases where the immediate family members and friends are poor then the aged rural people under their care become vulnerable. Although Kim, J. I., & Kim, G. (2014)[11] find a significant positive correlations between Survival Probability of Becoming a Centenarian (SPBC) and the socioeconomic factors of Gross National Income (GNI), public expenditure on health as a Percentage of Gross Domestic Product (PEHGDP), Fixed and Mobile Telephone Subscribers (FMTS) as the standard of living, and Improved Sanitation Facilities (ISF), this could not be case for Kenya where 21 percent of rural old people are illiterate and 65 percent have not gone beyond primary education; 60 percent, 18 percent, 14 percent, 1 8 percent are said to have estimated weekly incomes of US Dollars 6.66, 6.68, 20, and 46.66 respectively. (Ocharo 2011: 348-349) [9].

A test on Food Insecurity indicated that old people in rural Yatta constituency fall in the class of food insecure without hunger based on the classification scale. As a general rule, food security is built on three pillars which are Availability, Accessibility and utilization. The first pillar is about there being sufficient quantities of food on a consistent basis, the second is about having enough resources to obtain appropriate food and the third is on utilization of food as guided by knowledge of basic nutrition. It is in this background that the World Food Summit of 1996 defined food security as existing “when all people at all times have access to sufficient, safe, nutritious food to maintain a healthy and active life”. The Yatta old people are not

**Table 2: APPENDIX:** Frequencies and percentages of occurrences.

Occurrence	Yes		No	
	Frequency	Percentage	Frequency	Percentage
Worry there will not be enough food.	98	84	19	16
Unable to eat the kinds of foods preferred because of a lack of resources.	71	61	46	39
Had to limit the variety of foods eaten due to a lack of resources.	53	45	64	55
Had to eat some foods that one did not want to eat because of lack resources to obtain other types of food.	55	47	62	53
Had to eat a smaller amounts of food because there was not enough food.	61	52	56	48
Had to limit the number of meals yin a day because there was not enough food.	52	44	65	56
There was no food to eat of any kind because of a lack of resources to get food.	49	42	68	58
Went to sleep at night hungry because there was not enough food.	32	27	85	73
Went a whole day and night without eating anything because there was not enough food.	2	2	115	98

**N = 117**

hungry because of the skewness of the type of foods they consumed with 100 percent skewness towards grains and cereals (every person reported to be consuming this on a daily basis). In this case what they were lacking is nutrition thus posing a health risk.

## CONCLUSION

The overall goal of Kenya's policy on Older Persons and Aging (2014)[12] is to provide an environment that recognizes, empowers, and facilitates Older Persons to participate in the society and enjoy their rights, freedoms and live in dignity. However, welfare to the aged in Kenya should mirrored in the social transformations that have taken place. From the findings of this study it is worth noting that the Kenyan family has gone through changes from where welfare was part and parcel of everyday life guided by the philosophy of "from one to all" to families that are unable to take care of their older citizens and government can only provide as much as resources permit. For the rural old therefore, this is need for a redesign of their welfare package for two reasons. One because they are socially isolated and therefore lost much of their social capital and two because the support they are getting is not enough to meet their welfare needs especially food security.

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