



Interventions to Reduce Discrimination Against the Elderly for Healthy Ageing in Kenya

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Abstract

This article intended to capture interventions to reduce discrimination against the elderly for healthy ageing in Kenya. It can manifest in many ways, including negative stereotypes, prejudice, and discrimination. Ageism can have a significant impact on the lives of older people, leading to social isolation, decreased self-esteem, and poorer health outcomes. There are a number of interventions that have been shown to be effective in reducing ageism. These interventions include: Educational interventions: These interventions aim to teach people about ageism and its negative effects. They can be delivered in a variety of settings, such as schools, workplaces, and community organisations. Intergenerational contact: This type of intervention brings together people of different ages to interact with each other. This can help to break down stereotypes and promote positive attitudes towards older people. Policy changes: These interventions can help to reduce ageism by changing the way that older people are treated in society. For example, laws that protect older people from discrimination can help to create a more age-friendly environment. The findings of this study suggest that interventions to reduce ageism can be effective in improving the lives of older people. These interventions can help to reduce negative stereotypes, prejudice, and discrimination, and they can promote positive attitudes towards older people. The study recommends that researchers must focus on capturing how ageism manifests in society and propose the best ways of curbing the problem so that older people in the society can experience healthy ageing.

Key terms: Discrimination, elderly, healthy ageing, interventions, reduce.

INTRODUCTION

According to Cuddy and Fiske (2012), ageing comes with fear more especially in Western countries because they are compelled into senior centers. Most Western countries believe in confining the aged population into senior citizen centers. Often, the costs of these facilities consume the elderly's social security funds and pensions. Although, to some extent, these homes are advantageous to the elderly because they provide basic needs like medical care, food, shelter and physical exercises; they do not provide the homely and family warmth that can only be provided in a family setting (Cuddy et al., 2005). This aspect leaves the elderly feeling isolated, lonely and abandoned. In addition, being placed in a senior center in these homes is believed to be the last stage before death (Dahlberg & McKee, 2018). Therefore, the ageing and the aged in Western countries opt to combat signs of ageing to escape ageism. As much as they try to remain physically fit by eating healthy and exercising, they also undertake cosmetic surgery to remain vibrant and improve their outer appearance (Eymard & Douglas, 2012). Looking young in Western countries means more opportunities and more resourceful. This is unlike the Asian and African parts of the world, where ageing is considered a source of wisdom (Sgarbieri & Pacheco, 2017).

Young people are beneficial due to their physical strength and vitality, but maturity is also beneficial. Although Western countries view the ageing population as degenerative, Western society should awaken to the fact that honour, wisdom and experience are achieved by the elderly. Most cultures in the world, especially in the Eastern and African parts of the world, already know this (Bousfield & Hutchison, 2010).

LITERATURE REVIEW

Ageism is not a new phenomenon in Kenya either. The stereotyping and discrimination against individuals based on their age and predominantly older people is what this study is interested in. Ageism in Kenya is generally directed towards the elderly (60 years and above), old age as well as the ageing process. Butler (1969) highlighted that ageism is manifested through discriminating against elderly people, for example, in workplaces or social places, developing policies and practicing habits that perpetuate stereotypes about

the elderly people in our institutions etc. According to Butler, ageism can be manifested at both individual and institutional levels. Ageism includes; negative stereotypes, myths, outright disdain and dislike, avoidance of contact and discrimination in employment, social institutions like worship centers, housing etc. (Butler, 1969).

Ageism is often projected in cultural negativism of sex and romance life during the geriatric period. Sexuality and romance life are assumed to be a lifestyle of young people (Sabik, 2015). Many people assume that old age comes with a drop in sexual desires and behaviours. Contrary, ageing does not reduce the desire for intimacy, sexual desires or physical pleasure as long as one's life is generally in good health (Sabik, 2015). According to a study carried out by Baker et al. (2005), the argument is that elderly years come with a lot of freedom and free time since most people are through with child-rearing, they have retired from their formal employment; hence they have more time to explore that which they desire to or the things they have procrastinated in life for a longer time due to busy schedules of family life and formal employments (Mason & Sanders, 2004). Some ageist attitudes directed towards elderly people by other generations are; disoriented, morally and skillfully old-fashioned, boring, rigid and useless. In most African cultures, sexuality is regarded as an element of the life course of young people (Baker, 2005). Sexuality is regarded as a taboo for elderly people. Although this study highlighted that the elderly have all the time to romance, unlike their active years, it did not highlight whether there are any benefits of a healthy sex life, especially during old age.

FINDINGS AND DISCUSSIONS

According to World Health Organisation (WHO, 2021), half the world's population is believed to hold ageist attitudes. These attitudes have reduced the quality of life of elderly people through poor physical and mental health. Nations have, in return, felt the pinch because they have to incur unnecessary medical costs annually to treat these conditions affecting older people. World Health Organisation and other international bodies like the United Nations, are calling for quick measures to combat ageism that has scourged society. This report further highlights that the response to the

COVID-19 pandemic was the best exposure to the degree of ageism in society. The response strategy treated the older and younger differently. For instance, older people were stereotyped in social places, social media and other avenues.

Moreover, age was used as the main criterion for accessing medical care, physical isolation and lifesaving therapies in some contexts (WHO, 2021). Although WHO has highlighted how ageism was exposed by the COVID-19 mitigation responses across the globe, it has failed to acknowledge the necessity of categorising people according to age in some of the response strategies. Although it may look like stereotyping, prejudice and discrimination against older people, the population was more vulnerable to the pandemic than other age groups. According to Dorfman et al. (2004), older people were more susceptible due to their low immunity response; hence every necessary medical step was taken for their safety. Some of these actions included encouraging them to observe physical isolation, face masking and other hygienic measures like frequent washing of hands; they were also prioritised to receive the vaccination for COVID-19. Hence this was done for their safety and not because of their age category.

Ageism is rampant in many institutions and sectors of society (Marques et al., 2019). Healthcare institutions have propagated ageism. The elderly are given less attention as compared to young people. Most nurses and other medical attendants consider them to be stubborn. Sometimes medics ignore them and perceive their ailments to originate from their old age, even when the source of their illness is not associated with their age. Kane and Kane (2015), in their study, claim that some medical personnel prescribe less aggressive solutions to the elderly people under their care based solely on their age. These practitioners view some symptoms in older people as a natural part of the ageing process, which is not always the case; hence they end up undertreating them. North (2015) adds further that ageism is sometimes reflected in overprotecting of the elderly person by a medical practitioner, which ends up intruding into the patient's freedom and personal space and abusing the patient's freedom and rights. Therefore, some elderly people may appreciate positive stereotypes from the medical

staff, while others will consider it infringing on their rights and freedom.

In the workplace, the elderly are considered to be unproductive (Avidor et al., 2017). Most employers use age as a factor to hire and fire employees in their firms and organisations. Anyone above 60 years is deemed unproductive and a burden to the organisation because they drain the company's medical insurance cover for frequent checkups and treatments. Therefore, employers prefer young people because they are believed to be energetic, productive and healthy. However, in making this argument, there is no array of empirical evidence presented to challenge this widely accepted perception that the elderly are less adept in the workforce as compared to the younger people.

Media has also portrayed older people to be dependents and unhealthy. This is depicted in their advertisements, programs etc. for instance, most medical cover advertisements on television will use older people as if they are the only ones who get sick. Optical and dental adverts will feature elderly people. The same case applies to mobile money transfers. Most adverts will depict a young person sending money to an old person in a rural area to depict dependency syndrome (Ayalon et al., 2019). This should not be the case because illness affects all age groups. Hence, the media institution should not portray as if it is only the old people who need health coverage or medical care. Money transfer is a service needed by all age groups. Even young people receive school fees from their parents and guardians through mobile money transfers. Hence it is not a service required by old people only (Lewis et al., 2020).

A study carried out by WHO (2021) argues that ageism has deteriorated older people's health and wellbeing. This results from feelings of loneliness due to physical isolation, poor physical and mental health, and a general decrease in quality of life, leading to premature death. Despite this, ageism towards older people is prevalent, unrecognised and unchallenged in our societies. This has far-reaching consequences in the economic, social as well as political areas of our societies.

CONCLUSION AND RECOMMENDATIONS

Conclusion: World Health Organisation (2020) states that every second person has ageist attitudes. This is very detrimental to older persons because it exposes them to poor physical and mental health and reduced quality of life, consequently costing nations a lot of money every year in making an effort to treat these consequences of ageism. Ageism manifestations are outright in every aspect of society, i.e. healthcare, media, employment, housing and education among others.

Recommendations: Ageism can easily trigger depression among old people. Worse still, the depression can worsen, leading to death. According to WHO, approximately 6 million cases of depression across the globe are as a result of ageism. Negative self-perceptions of ageing have affected people's mental prowess. Researchers must focus on capturing how ageism manifests in society and propose the best ways of curbing the problem so that older people in the society can experience healthy ageing.

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