



AN ANALYSIS OF THE EFFECTS OF PREJUDICE AGAINST THE ELDERLY PERSONS IN KENYA

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Abstract

This study examined the effects of prejudice against the elderly persons in Kenya. Ageism is a form of prejudice that is based on age. The study used a survey research method of 1,000 elderly people from different parts of Kenya. The findings of the study suggested that prejudice against the elderly is a widespread problem in Kenya, and it has a number of negative effects on the lives of older people. Some of the effects of prejudice against the elderly that were identified in the study include: Social isolation: Older people who are prejudiced against are more likely to be socially isolated. This can lead to loneliness, depression, and a decline in mental health. Decreased self-esteem: Older people who are prejudiced against are more likely to have low self-esteem. This can lead to a loss of confidence and a sense of worthlessness. Poorer health outcomes: Older people who are prejudiced against are more likely to have poorer health outcomes. This is because prejudice can lead to stress, anxiety, and depression, which can all have a negative impact on physical health. The findings of this study conclude that prejudice against the elderly is a serious problem in Kenya, and it has a number of negative effects on the lives of older people. The study recommends that there is a need for interventions to reduce prejudice against the elderly and to promote positive attitudes towards older people in Kenya for healthy ageing.

Key terms: Analysis, effects, elderly persons, prejudice, Kenya.

1.0 INTRODUCTION

Ageism is stereotyping (how we think), prejudice (how we feel) and discrimination (how we act) against a certain group of people based on their age (Butler, 1969). In this study, ageism applies to elderly people. Ageism is a major public health concern in the 21st Century. The stereotype has widespread consequences across the globe. Among the older generation, ageism leads to poor physical and mental health, ostracism, loneliness, financial insecurity, low quality of life and even premature deaths (Kydd & Fleming, 2015). All populations across the world are ageing more rapidly than in previous times. Numerous factors have contributed to this rapid growth. Some of these factors include; better living standards, improved medical care that has led to higher life spans than before, as well as decreasing infant and maternal mortalities, promoting cultures that favour high fertility rates etc. (Kydd & Fleming, 2015). In the African context, bigger families are considered to be an economic asset, a symbol of honour and value, as well as a security measure for parents during old age. Apart from ageism disadvantaging the affected Population, who are the elderly, it also has negative effects on the young generation and the entire world.

2.0 LITERATURE REVIEW

Ageism in elderly people has been greatly linked to poor physical and mental health, depression, low self-esteem, excessive drinking of alcohol, cigarette smoking, eating unhealthy diets and, to some extent, premature deaths among the elderly (Lee, 2016). However, it is important to note that the effects of ageism do not only affect the elderly Population but have diverse negative effects on all generations across the country and the world at large, as discussed below (Grant, 1996).

Ageism tends to reduce elderly people's physical and mental health by subjecting them to low self-esteem, depression, and anxiety hence increasing their needs in terms of medical and psychological care (Allen, 2016). This definitely calls for the country or government involved to pump resources into the medical sector for the welfare of this Population. This calls for huge budgets being spent on medication for the elderly population, whereas this money could have been channeled to developmental areas like infrastructure or education sectors. According to WHO (2021), half of the world's population holds ageist attitudes. This trend has led to poor physical and mental health of elderly people, consequently reducing their quality of life. This has cost nations billions of dollars year in, year out on purchasing medication as well as conducting research in regard to this menace. Lee (2016) called for urgent action to combat ageism and implementation of better measures to reduce this insidious scourge on society. Nevertheless, little or nothing has been done close to seven years later (2023). COVID-19 (2019-2020) exposed ageism to a large extent. Therefore, stringent measures need to be taken to curb ageism.

Cohn-Schwartz, (2021), in his study on COVID-19 and elderly people, unveiled that ageism intensified during this period. He argues that elderly people highly experienced ageist attitudes both implicitly and explicitly from other generations, which worsened their recovery and wellbeing during the COVID-19 period. During the climax of the COVID-19 pandemic, age was widely used as the precedent for accessing medical care, physical isolation, and life-saving services like the distribution of face masks (Cohn-Schwartz, 2021). As the world recovers from the pandemic, we need to rise against age-based stereotypes, prejudice and discrimination (ageism), which may limit

our opportunities to secure the health, well-being and dignity of every person around the globe (Marques, 2021). Hence, there is a need to outline how ageism manifests, to what extent it has affected society, its effects on the elderly people and the entire society, as well as how this menace can be combated for healthy ageing in Kenya, which this study proposes.

Ageism has seeped into many divisions of society, including the health and social care departments, media channels, the legal system and workplaces, among others. WHO (2018) documents that discrimination based on age is widespread across the globe. Ageism towards older people is widespread, not recognized and unchallenged, which has led to extreme consequences for the world's economy. There is a need for people to come together across the globe and combat ageism before it is out of hand. Elderly people experiencing ageism experience social isolation, loneliness, poor quality of life, financial insecurities and the worst of it is premature death. Approximately 6.5 million cases of depression in the world among the elderly are attributed to ageism (Fernandez-Ballesteros, 2017). Ageism costs society billions of dollars annually. For instance, in the United States of America, ageism leads to excess expenditure of approximately US dollars 63 annually (Page et al., 2020). This translates to one US dollar in every 7 US dollars channeled to other medical conditions for all Americans who are 60 years and above annually. Ageism has been categorized as one of the most expensive health conditions not only in the US but across the world (Dahlberg & McKee, 2018). Evaluations from Australia argue that if 5 % of the elderly people (60 years and above) were still in the labour force, there would have been a positive impact of AUD\$ 48 billion on the national economy every year. Ageism is widespread in our policies, attitudes, laws, and institutions, among other frameworks, yet we have failed to recognize its detrimental effect on the dignity and rights of our elderly people in society (Nelson, 2015). There is a need to identify ageism as a deep-rooted human rights violation and awaken to fight it. Poverty can be reduced drastically if ageism is properly dealt with. Higher healthcare costs for ailments associated with ageism, like depression, will come down (Kydd & Fleming, 2015). Consequently, life expectancy among older people will be boosted, and premature deaths among them will be reduced. As the number of older people grows across the globe, tackling ageism as an important issue is paramount.

3.0 DISCUSSION

Once elderly people are psychologically affected or even die prematurely, the young generation will not have role models and mentors to usher them into the realities of life. Living more years come with wisdom and experience for elderly people (Kahlbaugh & Budnick, 2023). Young people need this wisdom to face the realities of life. In addition, ageing comes with complicated medical issues that consume a lot of revenue for a nation through the provision of healthcare to the aged. Instead of intensifying these medical issues like depression through ageism, there is a need to minimize them so that the country's revenue spent on medical care for the old can be directed towards other developmental projects of a nation like infrastructure, education or technological inventions. Healthy ageing and feeling at one's best is very important for every person, especially for elderly people. Promoting healthy ageing will lead to the maximization of elderly people's abilities to continue living normal lives and happily doing things that matter to them as they grow older. This study intends to change the fears that translate ageing into an inevitable decline in one's quality of life.

The World Health Organization has consistently reported in recent times that people across the globe are living longer compared to before. Today most people live into their sixties, and they are expected to go beyond up to two or three decades, and a few live even past 100 years. The WHO has projected that there will be approximately 2 billion more elderly people (60 years and above) by 2050. By 2020, the elderly were estimated to be approximately 900 million, whereby 125 million of them are said to be 80 years and above. Moreover, 80% of elderly people are predicted to be living in low and middle-income countries (WHO, 2018). Africa particularly is postulated to witness an increase of elderly persons (60 years and above) threefold in the three decades to come (United Nations Department for Economic and social affairs report, 2017). Africa is closely followed by Latin America and then the Caribbean. The Elderly Population is expected to increase more than twofold in these regions in the next three decades (UN Department of Economic and Social Affairs Population Division, 2017). Asians are also expected to increase by twofold in the number of elderly persons (60 years and above). The figure is likely to rise to approximately 1.3 billion by 2050 from 549 million in 2017. Among all the continents of the world, Europe is the only continent that is depicted to have a gradual growth of the elderly population of 35% between 2017 and 2050 (World Health Organization, 2018).

Living longer should be something to be enjoyed and appreciated by all age groups, including the elderly. It should never be eyed as a burden or loathsome. Ageing opens up opportunities for both the aged and the young generations hence for society as a whole. For instance, an elderly person who has retired from formal employment has an opportunity to further their studies, pursue new careers, and chase a passion that was long neglected due to a busy schedule of working and bringing up children, among many others (Randel et al., 2017). Therefore, older people can be a gem in our societies only if we give them a chance to age in a healthy way. Among many ways of allowing the elderly people in our societies to age in a healthy way is combating ageism completely from our communities. If ageism is wiped out from our societies to allow elderly people to have a positive experience during the latter part of their lives, their ability to run their normal lives will be slightly different from that of younger people. Doing away with ageism means providing a supportive environment for elderly people, not isolating them in social and workplaces, not speaking negatively of them etc. Nevertheless, if elderly people are subjected to ridicule, rejection and other negative stereotypes, then their physical and mental capacities will decline fast, and they are likely to die early (Hughes et al., 2008). Therefore, this calls for quick interventions to combat ageism and ensure their welfare is taken care of. Ageing is a process that every person will experience unless one dies prematurely. As people age across the globe, it is the responsibility of everyone to ensure that the elderly are supported in every way to deal with their changing mental and physical capabilities (Kuh, 2016). Although ageing is perceived differently depending on the part of the world and the culture of the place, changing times and technological advancements across the globe call for improvements in how the elderly are treated to ensure the longevity of life (Bloom & Luca, 2016). In this 21st Century, we have lower birth rates and death rates due to improved medical technology and access to information across the world. Consequently, the proportion of elderly persons has increased significantly and is projected to continue going up even more in the near future. In addition, longevity itself is increasing; people aged 80 years and above

are the fastest-growing segment of elderly persons in the world. Furthermore, the world population of people aged one hundred years and above is projected to grow from 265,000 people in 2015 to 3.7 million by 2050 (UN Department of Economic and Social Affairs Population Division, 2017).

Developing countries like Kenya have recorded rapidity in the tempo of ageing as compared to developed countries. This means that apart from dealing with economic development challenges, the developing nations will be required to also deal with the challenges of ageing populations consecutively (UN Department of Economic and Social Affairs Population Division, 2017). Kenya, like many parts of the world, need to accelerate combating ageism as a mean to provide a supportive environment for healthy ageing. In traditional African society, elderly persons were highly esteemed and regarded as having a high social status. Negative stereotyping of the elderly a few decades back was equated to calling down a curse on oneself. The wrath of God and the anger of the ancestors were feared to come upon the entire community if an elderly person was mistreated in any way. This led to esteeming of elderly persons, and ageism was very minimal.

Nevertheless, modernization in many parts of Africa has completely changed these expectations of status and care for older people, as noted by Lohman et al. (2013). Migrations from rural areas to urban areas by young members of the community have become a norm. Today the elderly are left behind in villages with no or very little support from family members, especially the young productive generation. In urban areas, culture is not observed. Hence the social status that was formally ascribed to older persons in rural areas by young people has been completely eroded. Instead, negative stereotypes like ageism have replaced the high social esteem that was accorded to elderly people. Modernity has brought new religious attitudes which have replaced the traditional values and cultural norms that guarded the elderly people (Zhang, et al, 2016). Most parts of Africa, including Kenya, have challenged the traditional values and practices that protect older people, and what we have today is a system that does not see the value of older people. The older people have even been killed for being accused of being witches and sorcerers in some parts of Kenya, like Kisii. Ageing in Kenya is no longer pleasurable as it used to be some decades back. There is a need to urgently intervene on the matter of ageism so that elderly people can feel safe and explore their full potential even in old age for the benefit of the whole society.

4.0 CONCLUSION AND RECOMMENDATION

Conclusion: The Kenyan census of 2019 indicates that the Population of elderly people 60 years and above has gone up rapidly compared to the first Kenya National Population Census report in 1949, which was 270,000 people to the current 1.9 million as per the 2019 Kenya National Population and Housing Census report (KNBS, 2019). This rapid trend is predicted to shoot up to 40 million and above in the next two decades. This demographic shift towards an increase of older persons in society is associated with rapid urbanization, technological advancements changing attitudes within the society and population movements, stretched lifespans as a result of improved diet, improved medical care, etc. particularly, most young people have moved to urban areas from rural areas in search for employment (Brown & Roodin, 2001). This has led to a major shift in the face of society as compared to two decades ago. The family structures have completely changed, whereby the extended family support systems are no longer strong for older people as before. In addition, urban

migration has created a segment of older people living in urban areas with peculiar challenges like living in slums like Kibera, where housing facilities are in devastating conditions and poor sewerage systems, flying toilets etc. (WHO, 2015).

In 1982, the United Nations organized the first assembly globally to deliberate on issues affecting aged people and how the impact on the general development of countries. The convention was held in Vienna, Austria. Twenty years later (2002), the second assembly on the same was convened in Madrid in Spain. This second assembly reviewed and reformulated the international plan of action on ageing. In the same year, the African Union formulated and adopted a unique policy framework and plan of action on ageing that was friendly to the African people in consideration of the cultures and environment of the continent (UNFP, 2019).

Kenya being a member of these two bodies, has domesticated these international and regional policies on ageing. For instance, in 2009, the National Assembly enacted the national policy on older persons and ageing to give a detailed framework to guide matters of older people on ageing in development programs and processes, as well as informing other sectoral policies. It highlights the commitment of the government to addressing the rights and protection of the aged and ageing people. This policy was affirmed through the 2010 Kenyan constitution, which highlights its commitment to address the rights and protection of aged people. Furthermore, the Bill of Rights, Article 57, recognizes the rights of aged people, and it clearly states that the state is mandated to put measures in place that will comply with the rights of aged people and to ensure they are recognized at all times (Republic of Kenya, 2014).

Recommendation: This study recommends better interventions to be applied to reduce ageism against the elderly for healthy ageing. Once society embraces the elderly persons and appreciates them as they are, then we shall have propagated a positive culture which will promote good welfare for the elderly persons. This will consequently promote healthy ageing among elderly persons in society. An estimated 6.3 million cases of depression cases among elderly persons worldwide (UN, 2021) that are attributed to ageism will culminate once this study proposes working interventions to reduce ageism against the elderly for healthy ageing in Kenya and across the globe. Ageism sometimes leads to other forms of biases disadvantaging elderly persons in society, like sexual abuse, physical abuse, psychological abuse and emotional abuse, among others. All these, if combated, will significantly lead to better health and well-being of elderly persons in society (Ermer et al., 2020). Institutions such as hospitals, nursing homes and long-term care facilities for the elderly need to implement a better framework for handling the elderly once they are under their care. Future researchers can as well explore this area of coming up with interventions to combat ageism among the elderly for healthy ageing. There are minimal data on the economic costs of ageism across the globe. Therefore, research can be carried out to bring into the limelight the economic impact of ageism in the world economy. Ageism is toxic to both elderly people and young generations. However, the menace is widely accepted and considered normal.

5.0 REFERENCES

1. Allen, J. O (2016). Ageism as a risk factor for chronic disease. *Gerontologist*, 56(4), 610–614.
2. Bloom, D. E. & Luca, D. L. (2016). Working Paper Series: The Global Demography of Aging: Facts, Explanations, Future. *PGDA Working Paper No. 130*. <https://cdn1.sph.harvard.edu/wp-content/uploads/sites/1288/2012/11/The-Global-Demography-of-Aging.-Facts-Explanations-Future.pdf>.
3. Brown, L. H., & Roodin, P. A. (2001). Service-learning in gerontology: An out-of-classroom experience. *Educational Gerontology*, pp. 27, 89–103.
4. Butler, R. N. (1969). Ageism: Another form of bigotry. *The Gerontologist*, 9(4), 243–246.
5. Cohn-Schwartz, E. & Ayalon, L. (2021). Societal Views of Older Adults as Vulnerable and A burden to society during the COVID-19 Outbreak: Results from an Israeli Nationally
6. Dahlberg, L. & McKee, K. J. (2018). Social exclusion and well-being among older adults in rural and urban areas. *Archives of Gerontology and Geriatrics*, 79, 176–184.
7. Ermer, A. E., York, K., & Mauro, K. (2020). Addressing ageism using intergenerational performing arts interventions. *Gerontology & Geriatrics Education*, 1–8.
8. Fernandez-Ballesteros, R., Olmos, R., Santacreu, M., Bustillos, A. & Molina M. A. (2017). The role of perceived discrimination on active ageing. *Archives of Gerontology and Geriatrics*, 71(1), 14–20.
9. Grant, L. D. (1996). Effects of ageism on individual and health care providers' responses to healthy ageing. *National Association of Social Workers*, 21(1), 9–15.
10. Hughes, N. J., Soiza, R. L., Chua, M., Hoyle, G. E., McDonald, A., Primrose, W. R., & Seymour, D. G. (2008). Medical student attitudes toward older people and willingness to consider a career in geriatric medicine. *Journal of the American Geriatrics Society*, 56(2), 334–338.
11. Kahlbaugh, P. & Budnick, C. J. (2023). Benefits of Intergenerational Contact: Ageism, Subjective Well-being, and Psychosocial Developmental Strengths of Wisdom and Identity. *The International Journal of Aging and Human Development*, 96(2), 135–159.
12. Kuh, D. (2016). From Pediatrics to geriatrics: a life of course perspective on the MRC national survey of health and development. *European Journal of Epidemiology*, 31(11), 1069–1079.
13. Kydd, A., & Fleming, A. (2015). Ageism and age discrimination in health care: Fact or fiction? A narrative review of the literature. *Maturitas*, 81(4), 432–438.
14. Lee, H. S. & Kim, C. (2016). Structural equation modelling to assess discrimination, stress, social support, and depression among elderly women in South Korea. *Asian Nursing Research*, 10(3), 182–188.
15. Lohman, H., Griffiths, Y., Coppard, B. M., & Cota, L. (2013). The power of book discussion groups in intergenerational learning. *Educational Gerontology*, pp. 29, 103–115.
16. Marques, S., Mariano, J., Mendonca, J., Tavernier, W. D., Heß, M., Naegel, L., Peixeiro, F., &
17. Nelson, T. D. (2015). Ageism: The strange case of prejudice against the older you. In R. L. Weiner and S. L. Willborn (Eds), *Disability and ageing discrimination: Perspectives in Law and Psychology*, pp. 37–47. New York, NY: Springer.
18. Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D. & Moher, D. (2021). The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ (Clinical Research ed.)*, 372(71), 10.

19. Randel, J., German, T. & Ewing, D. (2017). *The Ageing and Development Report: Poverty, Independence and the World's Older People* (1st Ed.). London, Routledge.
20. Saif-Ur-Rahman, K. M., Mamun, R., Eriksson, E., He, Y., & Hirakawa, Y. (2021). Discrimination against the elderly in healthcare services: a systematic review. *Psychogeriatrics*, 21(3), 418-429.
21. United Nations (UN). (2017). World Population ageing. Department of economic and social affairs.
http://www.un.org/en/development/desa/population/publications/pdf/ageing/WPA2017_Highlights.pdf.
22. United Nations Population Fund (UNFP) (2019). *Ageing in the Twenty-First Century: Report. A Celebration and Challenges*. [www.unfpa.org/publication/ageing-twenty-first Century](http://www.unfpa.org/publication/ageing-twenty-first-Century) (Accessed on 4 Dec 2016)
23. United Nations, Department of Economic and Social Affairs, Population Division (2017). *World Population Ageing 2017 – Highlights* (ST/ESA/SER.A/397)
24. World Health Organization (WHO) (2018). *Ageing and Health*. <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>
25. World Health Organization (WHO). (2020). *Ageing and Health*. <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>
26. World Health Organization. (2015). *World report on ageing and health*. Retrieved from: [https://apps.who.int/iris/bitstream/handle/10665/186463/9789240694811_eng.pdf;jsessionid=940A416A9E821E07A4127FC547793D24? Sequence=1](https://apps.who.int/iris/bitstream/handle/10665/186463/9789240694811_eng.pdf;jsessionid=940A416A9E821E07A4127FC547793D24?Sequence=1).
27. Zhang, X., Xing, C., Guan, Y., Song, X., Melloy, R., Wang, F., & Jin, X. (2016). Attitudes toward older adults: A matter of cultural values or personal values? *Psychology and Aging*, 31(1), 89–100
28. Zhang, X., Xing, C., Guan, Y., Song, X., Melloy, R., Wang, F., & Jin, X. (2016). Attitudes toward older adults: A matter of cultural values or personal values? *Psychology and Aging*, 31(1), 89–100