

Aging in an Era of Change:
Contextualizing the Upcoming Demographic Shift
in Marich Pass, North Western Kenya

by

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for the degree of Master of Arts

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ABSTRACT

Research on aging in low income countries tends to overlook socio-cultural dimensions, including the significance of change. Because countries like Kenya are expected to witness a demographic shift in coming years, and because different forms of change will place new pressures on existing resources during the same timeframe, there is a need to bridge this gap. This study therefore grapples with the following question: How is change shaping the characteristics and needs of Kenya's aging population?

This thesis adopts a mixed methods approach informed by critical gerontology and life course perspectives to examine the aging experiences of Pokot elders living in Marich Pass, north western Kenya, in face of multi-scalar changes. Results highlight the challenges and opportunities created by change, and illuminate a need to develop resources to support informal caregivers, to buttress existing formal supports, and to develop additional formal supports to address the unique needs of Pokot elders.

Key terms: Africa, caregiving, change, critical gerontology, elders, Kenya, life course, Marich Pass, the Pokot, political economy, population aging.

TONGOGHUN (ABSTRACT)

Wasaa ngal cho nomotekegh ngo nyosin ompo koros chonomoi pich ropinyen cho ngoru asis tukul kumontoi otop ngo asiltin ketasta kinyiwut po waghakat ompo koor. Ompowolo koros cho karkei ngo Kenya kekonoi kusuwa waghakat ompo chongun po pich ompo konyis chomi tagh, aku ompowolo mi woghokutio ompo oortin cho sisischo, choni kukichoi tukun lapai chona mito ompo poroyinoni, Kurokonyuu Keyar ortin cho kimorichoi poroyinoni wow. Wasanetenyu (research) kutiomi kutepoi teputionu: Mii waghakata kupiroi lone otop ngo mochut po pipo Kenya chona mii kuyositui?

“Thesis” nyetenyu kukipoghishegho ortin cho sisincho kunyar ngal cho nomotoi kegh ngo ngala poyi pokot chomongoi Marich Pass, Kenya. Ompo wasaa noni kukindoghchu kisomonoto nyopo ngala yosin (gerontology) ngo ara mongot kuros otop po poi, kurkenye mi woghokut cho chang ompo koor. Kurupategha kegh ngo wasanoni, kikunyoru loo mii kompolelut ngo poroyuntin cho chang cho kirumono woghokut ompo koor, aku choni kuporui lo mi makata Keyar tukun to kutech pich cho kunui kegh kiripsio, to kungarach ortin chopo kingorokut cho rumteghote akutosiu owesio ortin ngo totut cho rumteghote ompo tekat tokungarach machut po poyi pokot chona sisoch kimur tia tokinan loo echot akwana ompo kore.

Ngal cho ororoch: Africa, kamana, woghokut, yosin, echot, Kenya, ara mongot, Marich, Pokot, sunkoneto paitagh, yosin po pich.

LIST OF ABBREVIATIONS USED

ACK	Anglican Church of Kenya
AFRAN	African Research on Ageing Network
AIDS	Acquired Immunodeficiency Syndrome
ALRMP	Arid Lands Resource Management Project
AU	African Union
CAD	Canadian Dollar
CBS	Central Bureau of Statistics
CG	Critical Gerontology
FPFC	Free Pentecostal Fellowship Church of Kenya
GOK	Government of Kenya
HIV	Human Immunodeficiency Virus
ICTs	Information Communication Technologies
IAGG	International Association of Gerontology & Geriatrics
ILO	International Labour Organization
IMF	International Monetary Fund
KES	Kenyan Shilling
KNBS	Kenya National Bureau of Statistics
LC	Life Course
MIPAA	Madrid International Plan of Action on Ageing
MOH	Ministry of Health
MPFSC	Marich Pass Field Studies Centre
MPND	Ministry of Planning and National Development
NGO	Non-Governmental Organization
NPOPA	National Policy on Older Persons & Ageing
NSSF	National Social Security Fund
RBA	Retirement Benefits Authority
RCC	Roman Catholic Church
RCEA	Reformed Church of East Africa
SAPs	Structural Adjustment Programs

STI	Sexually Transmitted Infection
UN	United Nations
UNPD	United Nations Population Division
WB	World Bank
WFP	World Food Programme

POKOT & SWAHILI VOCABULARY GUIDE

<i>aperit</i>	gathering space outside, surrounding a fire, where <i>poi</i> discuss the day's events after dinner, and often sleep
<i>Asis</i>	sun deity associated with Pokot traditional religion
<i>banda</i>	round thatch hut
<i>chai</i>	black tea; often prepared with goat's milk and sugar
<i>chemerion</i>	circumcised, marriageable female
<i>echot</i>	social status
<i>Ilat</i>	rain deity associated with Pokot traditional religion
<i>karachona</i>	male youth
<i>kokai</i>	forever
<i>kokwa</i>	a place of assemblage, usually near a river or under a tree, where <i>poi</i> and other males gather to discuss news or resolve conflicts
<i>kokonyon</i>	female elder
<i>kokun</i>	female elders
<i>kopo kogh</i>	permanent house
<i>kotoyo</i>	badlands/'Wild West'
<i>kwoang ngo koti</i>	bows and arrows
<i>le kony</i>	the past
<i>M-PESA</i>	M ('mobile') + pesa ('money' in Swahili); cell phone based money transfer service often used to send and receive remittances
<i>matatu</i>	minivan or minibus used for public transport
<i>muren</i>	warriors
<i>ngaliontokany</i>	talk of 'old times' or folklore
<i>poi</i>	male elders
<i>poiyon</i>	male elder
<i>posho</i>	maize
<i>ptanya</i>	amaranth
<i>rachan</i>	spinach
<i>sapana</i>	celebration marking initiation into manhood
<i>shamba</i>	garden/farm

<i>sikukuu</i>	spiny amaranth
<i>sukuma wiki</i>	kale/collard greens
<i>tepongmwen</i>	small wooden sitting stool conferring status; reserved for <i>poi</i>
<i>Tororot</i>	sky/heaven deity associated with Pokot traditional religion
<i>tum</i>	circumcision ceremony (for males and females)
<i>tuyumwo</i>	<i>Balanites aegyptiaca</i> or <i>mduguyu</i> ; species of thorny tree
<i>ugali</i>	staple maize meal porridge eaten plain or with meat, vegetables, or milk

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Soro Nyo Wow.

Asante Sana.

Thank You.

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Soro Nyo Wow.

Asante Sana.

Thank You.

CHAPTER ONE

Introduction

... knowledge gaps highlight the vital need for more and enhanced research on ageing, health, poverty and societal development in sub-Saharan Africa. First, to act as a catalyst to promote and inform policy development. Second, to generate a much fuller understanding than hitherto exists of the key ageing-related social processes shaping the nature and evolution of its individuals, families and societies. Such insights are urgently required to advance African and international social science debates, and, in particular, to foster a presently absent African scientific discourse on gerontology.

(Aboderin 2005c: 9)

1.1 CONTEXT

In coming years, population aging will become an increasingly important socio-demographic dynamic affecting individuals, families, and societies the world over. Because many high income countries are beginning to witness the ‘greying of their populations’—whereby the proportion of older people increases relative to the child and adult populations—a great deal of research has investigated the implications of population aging in this context. A comparatively small share of the global literature on aging, however, has examined the unique characteristics of older populations in low income countries, within which it is expected that more than three quarters of the elderly population worldwide will reside by the year 2050 (Aboderin 2005c; Apt 2005; Ferreira 2005; King 2008; WRI 2010). Further, the low-income-country-specific research that has been conducted has tended to be confined within the biomedical and demographic spheres, often overlooking the critical socio-cultural dimensions of aging, including the significance of change on individual and collective aging experiences (Aboderin 2005c; Apt 2005; Ferreira 2005, 1999; Holstein & Minkler 2003; King et al. 2005).

The Republic of Kenya, East Africa, is one country that has begun to witness the early effects of this demographic shift. While individuals aged 60 and above currently

make up a relatively small portion of the total Kenyan population, shifting demographics are gradually changing the country's population structure. By the year 2050, the proportion of individuals aged 60 and above is expected to increase from 4% to 15%, translating to a jump from 1.2 to 8.6 million people in this cohort—an increase of more than 700% (KNBS 2010; WRI 2010). Five demographic forces will influence this shift: fertility, lifespan, mortality, in-migration, and out-migration. While the degree to which each of these forces is experienced will vary regionally, it is certain that this shift will place new pressures on existing resources in most areas of the country.

At the same time as Kenya is beginning to pass through a demographic transition, new challenges evoked by various forms of change are emerging. As is the case in many low income countries, these changes are affecting the experiences and care of the aged. Specifically, the changing nature of phenomena such as migration levels, technology use, cultural norms, religious preferences, and family structure appear to be altering societal views on aging and the aged, and undermining those structures that were once responsible for the support and care of the aged.

In order to meet the health and quality of life requirements of aging populations, the formal and informal support networks currently available to Kenyans will need to be improved. Kenya's healthcare and pension systems, purportedly the pillars of the country's formal support system for the aged, are currently inadequate by measure of low availability and accessibility, owing largely to the country's position within the global market system (Hu & Stewart 2009; Ndung'u 2010; Olum 2005). As a result of this and other socio-cultural and economic factors, informal caregivers, including family members, neighbours, and other non-salaried individuals, have assumed the majority of elder care duties to date (Cattell 1997; Sangree 1992, 1987). However, it is becoming more and more difficult for informal caregivers to provide fully for both themselves and those they currently provide support to (Amuyunzu-Nyamongo & Ezeh 2005; Cattell 1997; Hoskins 1994; Kendig et al. 1992; Ma & Schoeneman 1997; Walker et al. 1995). If informal caregivers are to continue to provide support to elders, resources will need to be made available to help them do so. Further, shortcomings in the formal support system will need to be addressed by buttressing existing supports and developing new

supports to fulfill unmet needs. Only once adequate supports are made available in Kenya will older individuals be in the position to 'age well'.

1.2 PURPOSE

Because countries like Kenya are expected to witness significant population aging within the next four decades and beyond, and because different forms of change will place new pressures on existing formal and informal resources during the same timeframe, there is a need to bridge a gap in the literature on aging and change in Kenya. As such, the purpose of this mixed methods study is to explore the context, experiences, and needs of the emergent elderly population in Marich Pass, north western Kenya, in the face of pressures created by various forms of change; and subsequently, to discern whether there are adequate formal and informal supports in place to support elders and caregivers coping with change.

1.3 RESEARCH QUESTIONS

The purpose of this study is to explore with Pokot elders their perceptions of the characteristics and needs of the overall elderly population living in the Marich Pass area of Kenya's West Pokot District in face of change. The primary research question adopted to design and carry out this study is:

- ❖ How is change shaping the characteristics and needs of Kenya's aging population?

Secondary research questions formulated to tease out the nuances of the primary research question include the following:

- ❖ What are the specific characteristics and needs of the elders residing in the Marich Pass area?
- ❖ What forms of change are shaping these characteristics and needs?
- ❖ How are different forms of change connected to and influenced by broader geo-political, economic, historical, and socio-cultural phenomena?
- ❖ Which forms of formal and informal supports are available to the elders residing in the Marich Pass area?

The primary data source for this study consists of interview responses from 25 Pokot elders who were living in and around Marich Pass at the time that research was conducted (June to August 2009). These respondents partook in one-on-one interviews with the primary researcher, during which they shared their perceptions of the interconnections between aging, change, and formal and informal supports by grappling with a series of questions relating to the research questions. The data collected during these interviews are supplemented by an analysis of policy documents, academic literature, media items, and notes taken by the primary researcher during participant observation in the field.

1.4 CLARIFICATION OF KEY CONCEPTS

The concept of age merits brief clarification as a foundation for this investigation into aging and change in the rural East African context. What it means to be a ‘senior’ or ‘old’ is distinct from what it means to be an ‘elder’. Throughout this study, the term ‘aging’ is employed purposefully neutrally, describing the general process of advancing in age. However, since conceptions of age are place, time, and culture specific, it is necessary to distinguish between the descriptors ‘old’ and ‘elder’ as they are employed in this study.

When the study was originally conceived, the intent was to interview individuals aged 60 and above only, as this is Kenya’s national retirement age and thus the age at which, by many formal national and international classification systems (HelpAge 1999; IAGG 2010; UN 2010) including that outlined by the Madrid International Plan of Action on Ageing (MIPAA), individuals are considered ‘old’. Once interviews were conducted, however, it became apparent that this definition needed to be supplemented with another term that suitably encapsulated how Pokot elders conceived of aging and age in their life course.

Because they were traditionally governed by an age-set system of societal organization (see page 23), the Pokot did not until very recently start to measure lifespan by absolute age (i.e., number of years), and even still, few have an official record of their date of birth. Instead of classifying individuals as ‘old’ once they turn 60, the Pokot deem older individuals ‘elders’ once they reach a point in their life where they have

achieved a certain appearance, status (*echot*), and demeanour (at which point males are nominated *poi* and females *kokun*) (see pages xv and 78). Thus, in keeping with the definition held by the group who is the focus of this study, the terms ‘old’ and ‘senior’ will refer broadly to individuals aged 60 and above, while the term ‘elder’ will describe those individuals who have met the specific benchmarks required to become a *poiyon* or a *kokonyon*.

1.5 THESIS OVERVIEW

This thesis is structured into six chapters, beginning with this Introduction. Chapter Two, Measuring the Dimensions of Aging Using a Mixed Methods Approach, presents the methods adopted to carry out the research. Discussions of the fieldwork location and data gathering methods precede those of the ethical considerations and delimitations set to define the scope of the study. The analytic and synthetic techniques employed on the collected data are examined next.

Historical and contemporary cultural, political, and economic context is vital to understanding the conditions within which this study is physically, temporally, and socio-culturally situated. Chapter Three, Situating the Research: The Community of Marich Pass, provides background information about the research location and the individuals that inhabit it. A demographic profile of the region, which establishes a need for timely contributions to research on aging in the area, is followed by an overview of the community’s environmental features and its principal ethnic group, the Pokot. Following this is a synopsis of the formal and informal supports currently available to elders living in the community.

In Chapter Four, Thinking about Change in Relation to Aging & the Life Course, the reader is introduced to the theoretical framework and literature that informed the study. Following a rationalization of the application of a critical gerontology (CG) and life course (LC)-based theoretical framework is an overview of some of the forms of change that appear to be shaping the experiences of the aged, including those pertaining to settlement patterns, technology use, cultural norms, religious preferences, and familial size and structure.

Chapter Five, “To Whom Will We Turn?”, features a detailed examination of the data gathered during the interviews synthesized with the themes identified in the literature review. The chapter is divided into three broad sections organized according to the study’s research questions. These present an overview of respondent characteristics, a discussion of the relationship between elders and change, and finally, a summary of the nature of the formal and informal support networks available to elders living in the Marich Pass area, including commentary on whether these supports adequately fulfill the quality of life requirements outlined by respondents.

The thesis culminates with the Conclusion presented in Chapter Six. This chapter summarizes the key research findings, reviews and builds upon the recommendations offered by respondents during the interviews, suggests avenues for furthering research on the subject, and concludes with some final thoughts on the future of aging in Kenya and beyond.

CHAPTER TWO

Measuring the Dimensions of Aging Using a Mixed Methods Approach

Older persons do not respond to ageing in a uniform way, nor do societies ascribe status to, accommodate, or care for older persons in a similar way. To understand notions of elderliness and ageing, the societal and cultural reality of local contexts and ageing environments must be analysed. An important task for that purpose is to record and examine in detail how older persons articulate the experience and the meaning which ageing has for them.

(Makoni & Stroeken 2002: 2)

2.1 CHAPTER OVERVIEW

The purpose of this study was to explore with 25 Pokot elders their perceptions of the characteristics and needs of the overall elderly population living in the Marich Pass area in face of change. This chapter describes the methods employed to accomplish this, including secondary data analysis, participant observation, and individual in-depth interviewing. The chapter also includes discussions about the fieldwork location, ethical considerations, delimitations, and data analysis and synthesis, as well a brief concluding summary.

2.2 FIELDWORK LOCATION

Fieldwork for this study was conducted in Marich Pass, a community in the West Pokot District of the Rift Valley Province, north western Kenya (Figures 1, 2, and 3). This particular community was selected because: a) the community houses a significant population of individuals aged 60 and above; b) Dalhousie University has developed links with Marich Pass Field Studies Centre (MPFSC), where the researcher stayed for the duration of the fieldwork; and c) there were no foreseeable safety concerns involved in conducting research in the community, for either the participants or the researcher.

2.3 MIXED METHODS

The theoretical framework adopted to carry out this study, informed by the CG and LC perspectives, necessitated a multifaceted methodology and a mixed method combination of survey and ethnographic research, which included secondary data analysis, participant observation, and in-depth interviews. Adopting this combination of methods allowed the researcher to draw from multiple perceptions in order to generate and analyze the data. Further, triangulating the findings by utilizing three methods of data collection increased the reliability of the results by providing avenues by which to crosscheck the data (Creswell 2009; Kirby & McKenna 1989; McKendrick 2004; Nhongo 2005).

Secondary data analysis, participant observation, and individual in-depth interviewing are conducive to survey and ethnographic research framed by the CG and LC perspectives. Using these three methods simultaneously enabled the researcher to examine and document the characteristics and needs of the study population while in the field, using the language and favouring the on-the-ground perspective of the participants, while at the same time situating these on-the-ground observations within their wider demographic and political context by drawing connections back to census and report data. To the best of the researcher's ability given time and funding constraints, participant observation and in-depth interviewing were carried out with an attention to positionality, relativism, and representation in order to acknowledge biases and limit erroneous ethnocentist interpretations (Kirby & McKenna 1989; Moseley 2007).

2.3.1 Secondary Data Analysis

Secondary data analysis involved an examination of Kenya's past, current, and projected demographic status up to the year 2050 using census data available through the Kenya National Bureau of Statistics (KNBS), the World Resources Institute (WRI), and the US Census Bureau. The specific demographic trends examined fell into the categories of fertility, lifespan, mortality, and migration. As Nolin (2006) posits, "relevant statistical analysis provides the contextual fabric on which to layer and weave participants' words shared during the more intimate phase of the research" (16-17). Analyzing secondary data established a quantitative base upon which data resulting from

in-depth interviewing and participant observation were able to build (Creswell 2009; Giele & Elder 1998; Gilbert 2008; McKendrick 2004).

2.3.2 Participant Observation

This study was constrained by a limited supply of time, and as a result, the fieldwork portion of the study was short, spanning from June to August 2009. Nonetheless, given the time available, an attempt was made to incorporate the ethnographic method of participant observation into the study. Participant observation involved the direct, first-hand observation and documentation of the everyday lives of older Kenyans living in and around Marich Pass. During participant observation, the researcher observed and recorded descriptive and reflexive fieldnotes about the behaviours and activities of the study population, paying close attention to how the researcher's position relative to the study population shaped the nature of interactions. Locations where participant observation occurred included public meeting places such as *aperit* (evening gathering space) and *kokwa* (place of assemblage), work places, religious spaces, and service or retail centres accessed by older populations. The type of information recorded varied depending on the site of collection. The goal was to lend insight into the culture, values, characteristics, and experiences of older Kenyans in Marich Pass by comparing the literature written *about* the Pokot with first-hand observations gathered in the field (Kirby & McKenna 1989; Oakley, personal communication, 2010). The main strengths of participant observation were increased researcher involvement with, and therefore keener observation of, the study population in an uncontrolled environment (as compared with individual in-depth interviewing), allowing the researcher to collect detailed first-hand data about the everyday lives of the said group (Creswell 2009; Emerson et al. 1995; Gilbert 2008; Muller 1995).

2.3.3 In-Depth Interviewing

Individual interviews involved one-on-one encounters whereby the researcher asked questions of the respondents. The interviewer followed a semi-structured Interview Guide (Appendix A) composed of broad topic areas and open-ended questions and prompts relating directly to the key themes of the study. Interview questions were

approved by Dalhousie University's Social Sciences and Humanities Research Ethics Board (Appendix B). Because individual interviewing was carried out in a loosely structured manner, it permitted the conversation to flow based on the information provided by the respondents. This allowed the researcher to guide the line of questioning, while at the same time permitting the respondents to vocalize and elaborate on those themes and concerns that were of highest importance to them wherever possible.

Twenty-five respondents aged 50 and above¹, 12 males and 13 females, were interviewed at times and locations that were convenient to them, often in their homes or in other local, private spaces. Two local translators hired through the MPFSC facilitated the Pokot and/or Swahili to English translation process so that both the respondents and the researcher were able to communicate using their primary language. Interviews lasted between 46 and 107 minutes, with an average interview length of approximately 75 minutes. No follow up interviews were conducted. Interviewing a small sample population was a manageable task that allowed the researcher to conduct more in-depth analysis on the data than might have been possible if conducting a larger number of interviews.

2.3.3.1 Respondent Recruitment

Interview respondents were recruited using snowball sampling, where existing respondents aided in recruiting future respondents from among their acquaintances. The initial group of respondents was recruited by word of mouth. The researcher approached particular community members, explained the study, and requested that, if they were comfortable, they pass the researcher's contact information along to individuals who may be interested in participating in the study. The researcher provided more information about the study, the inclusion criteria, and the interview process to those who expressed interest in participating, and arranged suitable times and places to conduct the interviews as necessary.

At the end of each interview, once the respondents were familiar with the nature of the questions asked, the researcher once again provided local contact information and

¹ A complete profile of respondent characteristics, including an explanation for respondent age delimitations, will be presented in Chapter Five.

requested that, if the respondents were comfortable, they pass this information along to other potential participants.

2.3.3.2 Consent Process

The researcher went over the Information Sheet and the Consent Form² (Appendices C & D) individually with respondents immediately prior to the interview at the intended interview site, often verbally. The researcher emphasized that participating in the study was voluntary, and that no compensation (financial or otherwise) would be associated with participating³. The Information Sheet and Consent Form clearly indicate that respondents might inform the researcher at any point if they wished to withdraw from the study, at which point any information collected would be promptly destroyed and would not be included in the analysis.

After the researcher reviewed the Information Sheet and Consent Form with the respondents, and after all questions were suitably addressed, the respondents were given the choice of giving signed or oral consent. This choice was predicated by previous research experience, in that the signing of an official document can be concerning to persons who are otherwise more than willing to participate in a study. Additionally, giving oral consent was favourable under conditions where respondents' literacy was limited. Signed consent was obtained on the Consent Form, and oral consent was recorded using a digital voice recorder. The script outlined on the Consent Form was used to guide and inform respondents giving either written or oral consent.

² Some elements of both the Information Sheet and the Consent Form were adapted from a northern British Columbia focused seniors' needs study by Hoffman et al. (2006), with which the primary researcher was involved as an undergraduate research assistant.

³ While the researcher had not intended to compensate participants for taking part in the study, adverse financial and environmental conditions in the area caused the researcher to re-evaluate this decision. In effect, participants were given a small token of appreciation for sharing their time upon completion of interviews (a thank you card and locally purchased *chai* or sugar). While the researcher took steps to ensure that participants were not aware of this gift before participating, it is likely that the participation of respondents taking part in the latter portion of interviews may have been influenced by this.

2.4 ETHICAL CONSIDERATIONS

Given the nature of the research and the precautions taken to mitigate potential ethical issues, the study was not expected to pose significant physical, emotional, or psychological risks to the researcher, the respondents, or any members of the community of Marich Pass more broadly. Additionally, the risk of individuals being identified during the reporting of the research was deemed low, as the researcher made every effort to ensure the anonymity and confidentiality of all respondents (i.e., respondents' names, contact information, and any potentially identifying demographic or descriptive information was withheld from any reporting of the findings). No form of misdirection or withheld information was involved in the research process, and no known conflict of interest existed between the researcher and any other individuals or institutions that were involved in the study.

2.5 DELIMITATIONS

The intent of the study was to contextualize the demographic shift occurring in the Marich Pass area in face of pressures and opportunities created by societal changes. Conducting in-depth interviews with 25 respondents, in combination with secondary data analysis and participant observation, was an onerous task that was carried out under the reality of financial, timeline, language, and socio-cultural constraints. Despite this, the limitations associated with the study are comparable to those associated with studies of a similar nature and scope (Moseley 2007), and every effort was made to adequately capture and present the views of the respondents. However, absolute representativeness is neither ensured nor intended, as individual aging experiences and needs vary widely across time and space. For this reason, it is validity and particularity, and not generalizability or replicability, which are of primary concern to the integrity of this micro-study on aging and change (Abu-Lughod 1991; Geertz 1973; Nolin 2006).

2.6 DATA ANALYSIS & SYNTHESIS

Data collection and analysis occurred simultaneously throughout the research process, whereby themes identified during the earlier stages of research influenced the direction of the latter stages. The nature of the information gathered during the first stage

of primarily quantitative census data analysis, for example, influenced the nature of the primarily qualitative questions posed during interviews. Similarly, information that emerged during these two processes influenced the aim and course of participant observation. As such, quantitative data were continually qualified, and qualitative data quantified, to direct the course of the research (Creswell 2009; Giele & Elder 1998).

Once interviews were completed and transcribed, responses were coded for themes (latent content), categorized, and analyzed according to central themes (Babbie 2004; Creswell 2009; Gilbert 2008). Interview data were compared and juxtaposed with participant observation fieldnotes and relevant census data, policy documents, academic literature, and media items throughout the process. Both the basic descriptive data gathered during the research process and more in-depth patterns and conclusions relating to the study's central research questions are presented in Chapter Five.

2.7 CHAPTER SUMMARY

This chapter provided a detailed description of the methods employed to carry out the study. Secondary data analysis, participant observation, and individual in-depth interviewing were chosen as the primary methods of data collection in order to triangulate findings. These methods were selected for their suitability to the study's theoretical framework, as the combination creates space for a spectrum of multi-scalar and multi-faceted data collection ranging from the intimate experiences of individual elders, to generalized national and international demographic trends.

CHAPTER THREE

Situating the Research: The Community of Marich Pass

3.1 CHAPTER OVERVIEW

The purpose of this chapter is to establish a contextual foundation upon which subsequent chapters will be built. This is accomplished by presenting information about the demographics, environment, people, and supports for the aged in Marich Pass. The first section outlines the factors contributing to the region's current demographic state, which posits both absolute and relative increases in the number of individuals aged 60 and above within the next four decades. The next section provides a brief description of the region's location and environmental features before explaining how natural and anthropogenic pressures are straining the ecosystem in which Marich Pass is located, and by extension, threatening the livelihoods of its inhabitants. A more lengthy description of the Pokot, the principal ethnic group residing in and around Marich Pass, follows. This section includes information about the group's social, political, and economic features. The final two sections describe the formal and informal supports available to elders in the Marich Pass area and reason that informal caregiving networks, which are currently the most prevalent care arrangement in most rural Kenyan societies, are relied on too heavily and need to be supplemented with additional accessible formal supports.

3.2 DEMOGRAPHIC PROFILE

3.2.1 Overview

This section will examine how and why Kenya's total population, and the population of those aged 60 and above by extension, is expected to rise significantly in coming years. After profiling Kenya's total population, the section will provide an overview of the particular combination of trends in fertility, lifespan, mortality, in-migration, and out-migration that is poised to yield the country's upcoming demographic shift. The section summary will synthesize these trends, and explain what the trends could mean for the community of Marich Pass and its inhabitants.

3.2.2 Total Population

Kenya's total population is expected to jump 208% from 40.6 million to 84.8 million by the year 2050, a projected increase of more than 44 million people (Figures 4, 5, and 6) (WRI 2010). During the same timeframe, the absolute population of those aged 60 and over is expected to increase from 1.2 million to 8.6 million—a relative increase of more than 700% (Figure 7) (KNBS 2010; WRI 2010). Five demographic forces will influence this population change: fertility, lifespan, mortality, in-migration, and out-migration. The degree to which each of these forces is experienced will vary by age cohort and by geographic distribution across the country.

While specific demographic data are not available for the community of Marich Pass, demographic data available at the district level provide a base upon which assumptions about the community can be drawn. In the 2000s, the population of the West Pokot District increased by 19% from 324,971 to 399,964 (KNBS 2010). This posits a slightly higher growth rate than country-level data, which saw a 17% increase during the same timeframe (Ibid.). As the following sections will examine, fertility and mortality rates are also higher in the West Pokot District, and migration rates lower, relative to country level data. The absolute increase in the population of individuals aged 60 and above is nevertheless significant in both cases.

3.2.3 Fertility, Lifespan, and Mortality

At the national level, average Kenyan lifespans are expected to increase steadily throughout the next four decades, despite declining birth rates and the effects of poverty and disease. The current average national fertility rate of nearly five children per woman is expected to decrease significantly within the next four decades, to roughly 2.4 children per woman (CBS et al. 2004; WRI 2010). The maternal, child, and general adult mortality rates are also expected to decrease as average standards of living increase, despite the high prevalence of malaria, tuberculosis, skin infections, cholera, dysentery, pneumonia, diarrhoea, typhoid, malnutrition, HIV/AIDS, and accidents, all of which have significantly amplified Kenyan mortality rates in recent years⁴ (DHMIS 2009; MPND

⁴ Conditions such as obesity, cancer, diabetes, hypertension, and cardiovascular diseases are more common in regions with higher standards of living (Okoth 2009).

2006; UN 2002; WHO 2006; WRI 2010). Specifically, the life expectancy of Kenyans is likely to shift from the current average of 56.3 years to 67.2 years (WRI 2010).

Kenyans living in the West Pokot District are also expected to live longer in the future, albeit not to the same extent as their urban counterparts, as discrepancies in the economic and socio-cultural contexts of urban and rural areas account for differential countrywide projections. In the West Pokot District, which currently possesses the second highest district fertility rate in the country at 7.5 children per woman (KNBS 2010), fertility rates are expected to decrease throughout the next four decades, though less rapidly than in other regions (CBS et al. 2004; MPND 2006). Similarly, the current average lifespan of 58.3 years (KNBS 2010) will likely increase less rapidly at the district level than at the national level due to low employment levels (Majale 2008), internal armed conflict due to cattle raiding (Eaton 2008a, 2008b; Krätli & Swift 2001; Ng'etich & Koech 2007), ecological degradation (ALRMP 2005), food insecurity (Hendrickson et al. 1998; Nangulu 2001), lower health outcomes (MPND 2005; Okoth 2009; Pike et al. 2010), and pervasive impoverishment (APRM 2006; Dietz 1987), which in combination infer less rapid increases in the standards of living of residents in the district than in other (primarily urban) areas of the country⁵. The absolute population in all age cohorts is likely to increase regardless of the region, however (KNBS 2010; WRI 2010). The demographic momentum created by the absolute and relative size of the youth and middle-aged population cohorts during the 1980s and 1990s will carry forth a large up-and-coming aging population (Figures 4, 5, and 6). Combined, these dynamics purport a natural population increase with a gradually increasing proportion of older cohorts over the next four decades (Figure 7) (Foote et al. 1993; Kalasa 2001; NRC 2006).

3.2.4 Migration

Patterns and rates of population migration are also expected to shift in coming years. Kenya currently loses a documented average of 189,000 people per year as a

⁵ It is not possible in this study to isolate the variables that cause decreased lifespan, but the literature cited shows causal relationships among some of the above variables.

result of net out-migration⁶ (WRI 2010). While out-migration rates will continue to exceed in-migration rates in coming years, annual net losses are expected to fall to 50,000 by 2050 (Ibid.). At the same time, urbanization is on the rise within the country. Whereas 22% of the population currently lives in urban areas, this figure is expected to rise to 33% by 2030 (Ibid.). As will be the case in many similar countries, international and intranational migration will occur most often among the younger population, as youth and young adults continue to travel to larger regional centres and beyond to seek employment and a wider breadth of services and opportunities (Apt & Grieco 1994; Castles & Miller 2003; Kalasa 2001; Montgomery et al. 2003). The loss of younger people, combined with aging-in-place, will leave Kenya with an accelerated pattern of population aging and an increasing relative and absolute prevalence of individuals aged 60 and above, especially in rural areas such as Marich Pass.

3.2.5 Summary

As this section examined, Kenya's total population, which is influenced by fertility, lifespan, mortality, and migration trends, is expected to increase by the year 2050. This increase will be apparent among both younger and older population cohorts in the country, and will pose unique considerations with regards to caring for the country's greying population.

3.3 LOCATION & ENVIRONMENT

3.3.1 Overview

The purpose of the following section is to provide a profile of the location and environment of Marich Pass. This profile is comprised of an examination of the region's environmental features, an appraisal of the nature of accessibility into and out of the area, some information about the Marich Pass townsite, and a summary of some of the natural and anthropogenic stressors threatening ecological stability in the area. While the information presented in this section was initially drawn from existing literature, much

⁶ This figure is likely significantly under-represented as statistics do not encompass incidences of undocumented migration, common especially amongst refugee populations.

was corroborated by the primary researcher's fieldnotes and by personal communication with locals during time in the field.

3.3.2 Environmental Features

Marich Pass is a small community located at the junction of the Moruny River and the Cherangani Hills on the arid plains of the Lake Turkana Basin in the Sigor Division, West Pokot District, Rift Valley Province, north western Kenya, at roughly 1°31'0"N 35°25'0"E (Figures 3, 8, 9, and 10) (Bianco 1996; MPFSC 2010). Situated on the boundaries of arid and semi-arid ecological zones at approximately 3000 feet in altitude, Marich Pass is characterized by a unique variety of climatic conditions, landscapes, flora, and fauna (Krätli & Swift 2001; Olum 2005). The region typically sees two rainy seasons annually: the long rains running from March until June, and the short rains running through October and November (Bianco 1996; Lucheli 2009; Vermaat et al. 1986). The climate is dry and hot. Annual rainfall ranged from 529 to 929 millimetres between 1999 and 2009, with mean annual temperature highs between 30-34°C and lows between 17-21°C (MPFSC 2010; Orodho 1998). Vegetation includes dry woodland, bush land, moist forest, and desert scrub (MPFSC 2010; Orodho 1998). Soil in the area is composed primarily of metamorphic rocks, which have engendered small deposits of copper, cobalt, chromite, gold, kyanite, limestone, mica, and nickel (Dietz et al. 1983; Nangulu 2001; Vermaat et al. 1986). Since fragile soils and poor vegetative cover characterize rangelands, crop production is very limited, though rangelands do support sheep, cattle, goats, and a variety of wildlife.

3.3.3 Accessibility

Rural and remote even by East African standards, where settlements characterized by low population density and limited transportation access are common outside of urban centres, Marich Pass is located some 430 kilometres northwest of Nairobi (520 kilometres by road), the national capital, and 90 kilometres northeast of Kitale (110 kilometres by road), the nearest urban centre⁷. Though not significantly removed by

⁷ The approximate populations of Nairobi and Kitale are 3.24 million (KNBS 2010) and 220,000 (Majale 2008: 276), respectively.

measure of absolute distance, unreliable transportation networks (Figure 8), in addition to the habitual danger of highway banditry, make for long journeys into and out of the community. Apart from unpaved rural access roads, the heavily dilapidated A1 Kapenguria-Lodwar Road that was constructed with Norwegian support between 1975 and 1984 as part of the Rural Access Roads Project—whose primary purpose, according to the World Bank (WB) (1986), was to “stimulate increased cash crop and livestock production and to bring more persons into the market economy” (2)—is the only major tarmac trunk that passes through the community. Bridges connecting Marich Pass to surrounding communities are also worn down and thus heavily susceptible to flooding (Bii 2010). During the time that fieldwork was being conducted, for example, one of the principal bridges in the area (connecting Marich Pass to neighbouring communities frequented by weekly market-goers) collapsed when a World Food Programme (WFP) truck loaded with relief supplies attempted to traverse it. These hazards make travel difficult for the majority of the region’s inhabitants, especially for those for whom private and public transportation (e.g., buses, lorries, *matatus* (minivans), and taxis, which generally run through the area daily or upon request) are often financially inaccessible.

There is no regular delivery of newspapers into Marich Pass, and television and internet access is virtually non-existent. Some households own radios and cell phones.

3.3.4 The Marich Pass Townsite

Marich Pass has an assortment of basic infrastructure and services characteristic of a predominantly informal economy. Multipurpose kiosk shops (selling soap, cooking fat, *chai*, sugar, laundry detergent, baked goods, produce, tobacco, etc.), restaurants, churches, and primary schools are the most common services accessed by the local population, the majority of which are provided in rudimentary shed-like buildings fabricated of mud and wood, or in more sturdy ‘permanent’ cement structures⁸. A police station, a *posho* (maize) mill, the MPFSC, and a handful of dispensaries and clinics,

⁸ Some of the shops and homes built in Marich Pass in recent years—those referred to as ‘permanent’, *kopo kogh*, by the Pokot—differ markedly from the more common traditional stick and thatch *bandas*. Still rare, these structures boast cinderblock walls with sheet metal roofing, and are often the product of national or international development initiatives.

butchers, bars, blacksmiths, and tailors, many situated at or near the junction of the A1 and B4 roads (Figure 8), are among other services offered by vendors. As is typical of rural Kenyan villages, the townsite has poor infrastructure, and few service providers have access to electricity or plumbing.

Private dwellings, like local retail and commercial facilities, are seldom powered or plumbed. Most of the community's several hundred residents live in *bandas*, round thatch huts grouped into familial compounds encompassing living quarters, *shambas* (gardens/farms), and livestock. Compounds often house a husband, his wives, and their children, with a separate *banda* for each wife or set of grandparents. Some of the wealthier families in the community reside in *kopo kogh*, though these structures remain rare.

3.3.5 Environmental Issues

In recent years, natural and anthropogenic pressures have strained the ecosystem in which Marich Pass is situated. Consequences of the community's heightened poverty levels and thus fuelled by larger geopolitical processes, phenomena such as climate change, gold panning along the banks of the Moruny River, unsustainable farming techniques, overgrazing, deforestation caused by burning trees for charcoal, heightened in-migration levels, and other population pressures have led to an accelerated rate of ecological degradation and fluctuations in average climatic conditions (Bianco 1996; Lucheli 2009; Nangulu 2001; Orodho 1998). These changes pose serious implications not only for the flora and fauna inhabiting the area, but also for the humans, whose livelihoods are already insecure. While a number of national and international governmental institutions, charities, non-governmental organizations (NGOs), and other private and public groups have set up development projects addressing environmental issues in the area, the West Pokot District houses proportionately fewer of these projects than many other Kenyan districts (ALRMP 2005; Kendo 2006). This scarcity of external development initiatives may be because in addition to its rural and remote location and poor infrastructure, the region is often regarded as holding little strategic importance or geopolitical clout, both of which are often unspoken requirements to attaining funding in a world where such high competition for so few resources exists.

3.3.6 Summary

The community of Marich Pass is located within a unique and fragile ecosystem that is both physically and socio-economically removed from the rest of the country. The region is ecologically diverse and hosts a variety of flora and fauna, in addition to a population of several hundred in the small Marich Pass townsite. Stressors such as climate change, resource extraction, farming and grazing, deforestation, in-migration, and other natural and anthropogenic factors are threatening the ecological balance in the region, however, and undermining the security of current and future residents. Additionally, the community's rural and remote location and perceived lack of strategic geopolitical importance has precluded inclusion from many external development initiatives.

3.4 THE POKOT

3.4.1 Overview

This section provides an overview of the Pokot, the principal ethnic group of the Marich Pass area, based primarily on literature written by the first scholars to have documented the group's socio-cultural and political traits, and corroborated by personal communication with Marich Pass residents while in the field. The section is meant to provide background information about the Pokot and will be supplemented with additional commentary during the discussion of interview results in Chapter Five. Though every effort has been made to present the most accurate account of the characteristics and practices of the group possible, it is challenging to provide a generalized account of 'the Pokot', since the structure and nature of Pokot society, like any other, is dynamic and ever-changing, especially in face of the changes that will be examined in Chapters Four and Five. Descriptions of the group's characteristics and social practices are framed from the vantage point of elders, rather than youth, since the former is the focal point of this study. Although things have changed considerably since the literature that provided a base for this section was authored, or since respondents were children or young adults, time in the field revealed that many of the elements of Pokot culture outlined still hold to this day, albeit to varying degrees from individual to individual and family to family.

3.4.2 Origins

The principal ethnic group residing in the Marich Pass area is the Pokot, often referred to as the *Pökoot* (Milton & Visser 1992; WMC 1993), the *Pôkwut* (Evans-Pritchard 1940), the *Pakot* (Schneider 1959), or the *Suk* (Barton 1921; Beech 1911; Crazzolara 1978; Totty & Chaundy 1952) in older literature. The Pokot are a Nandi-speaking subgroup of the Kalenjin cluster of Southern Nilo-Hamites (Evans-Pritchard 1940; Huntingford 1969; Ogot 1981, 1976; Totty & Chaundy 1952). Members of the Kalenjin ethno-linguistic group are thought to have first settled in the Baringo, West Pokot, and Elgeyo-Marakwet districts of Kenya's Rift Valley Province as well as parts of Karamoja in eastern Uganda nearly one thousand years ago, though the first individual settlers that would later comprise the Pokot group specifically did not arrive until the beginning of the seventeenth century, from which point onwards individuals from neighbouring groups such as the Karamojong, Maasai, Cherangani, Chuk, Seker, Marakwet, Samburu, and Turkana gradually settled in the area, often seeking territorial expansion or fleeing violent cattle raids, drought, rinderpest, or other political or environmental pressures (Beech 1911; Crazzolara 1978; Dietz 1987; Huntingford 1969; Muir 1985). Thus, to refer to the Pokot as an ethnic group is somewhat misleading, as the term sometimes implies a deep-rooted genealogical background, which this group in fact lacks. Nevertheless, the group does share particular traits that delineate it from neighbouring groups.

The two main subgroups of the Pokot are the hill Pokot (the 'corn people' or 'grain people') and the plains Pokot (the 'cattle people') (Beech 1911; Hendrix et al. 1985; Totty & Chaundy 1952). While the former are chiefly agricultural and practice a mix of farming and light pastoralism, the latter practice pastoral nomadism, growing some grain but focusing more intently on herding cows, goats, and sheep, in addition to partaking in wage labour within the past several decades. As their names suggest, the hill Pokot reside primarily on mountains where rain is more common and land more fertile, while the plains Pokot reside in drier, less fertile valleys and plains. The majority of the indigenous inhabitants of Marich Pass are plains Pokot.

3.4.3 Age-Set Organization

Both the hill Pokot and the plains Pokot traditionally practiced a complex system of societal organization based around age-set groupings, and in large part continue to do so. Described by Bollig (2000) as “the essence of Pokot society” and that which is “staged and visualised in major rituals” (341), age-set organization may best be interpreted as a hierarchical system of societal organization whereby groups of individuals bound by common relative age pass through various life cycle stages carrying specific responsibilities, *echot*, and significance to their family and community (Beech 1911; Bollig 2000; Peristiany 1954, 1951; Totty & Chaundy 1952).

The Pokot have a two-tiered age-set system for males, the first tier being cyclic and based on circumcision, and the second tier involving *sapana*, an “extremely important ceremony which introduces the initiate to his age-mates, recognises his adult status and allows him to marry” (Muir 1985: 20). While some groups practice both tiers of age-set organization, others practice only one, or derivatives of either. In either case, membership into age-sets is determined by initiation, since the Pokot do not keep track of age in absolute terms (i.e., years of age). Once male youth (*karachona*) reach a certain age corresponding with the onset of puberty, and elders deem them socially mature, they are eligible for initiation. Upon initiation *karachona* are named warriors, *muren*, and are allowed to marry and take part in political and economic activities (Beech 1911; Bollig 2000; Conant 1974, 1966; Huntingford 1969; Peristiany 1951). As they mature, *muren* undergo prescribed sets of rituals in order to ascend the gerontocratic hierarchy, and with age, are gradually awarded *echot* and new responsibilities. This culminates when *muren* are nominated *poi* (singular *poiyon*), at which point they are said to have reached elderhood, the life cycle stage accorded with the highest level of power and respect (see page 78). Individuals within the same age-set tend to form close bonds with one another, which serve as a base for political, economic, and socio-cultural ties.

Pokot females, who are initiated into the same age-set as their husband at the time of marriage, also undergo a complex age-based socialization process prior to and after marriage. Female circumcision, which is traditionally practiced by way of cliteridectomy or infibulation after the onset of puberty around 14 to 16 years of age, was an invaluable precursor to adulthood in the past, and in large part remains so today (Beech 1911;

Conant 1974; Dundas 1910; Schneider 1967). Mothers, grandmothers, and other *kokonyon* administer the ritual, whose culmination involves dancing and celebration at *tum*, the circumcision ceremony, and whose precursory process involves several months of detailed instruction about how to be a respectable, obedient wife, how to manage a household, and so forth (Beech 1911; Conant 1974; Dundas 1910; Schneider 1967). Once initiated, a girl is deemed a *chemerion*, a circumcised female eligible for marriage, childbearing, and upon the initiation of her eldest child, designation as a *kokonyon* (Beech 1911; Conant 1974; Schneider 1967). The initiation process is seen to fulfill a number of objectives, including controlling female sexuality and thus promoting marriage over prostitution; ascribing *echot* to and sanctioning the stages of childhood, adulthood, and elderhood; assuring symbolic and material power to *kokonyon*, who oversee the circumcision process; and finally, assigning a status of wholeness, purity, fulfillment, and maturity to the initiate to summon bridewealth offerings (Conant 1974; Knighton 2006; Sangree 1966).

While both males and females are organized by age-set conventions, both the literature and interview respondents suggest that it tends to be the progression of male age-sets through life cycle stages that poses greater significance for political and socio-economic systems within Pokot society for instrumental reasons. However, intergenerational relations between Pokot females do pose unique and equally noteworthy implications, especially in light of the recent changes explored in Chapters Four and Five. The term elder is therefore taken to refer to both male and female elders throughout this study, except where otherwise specified.

3.4.4 Politics

This subsection describes Pokot political systems at both the community and national scale. Among the Pokot within Marich Pass, the political system continues to be based around the gerontocratic age-set order—whereby *poi* hold the responsibility of overseeing security, marriage, religion, livestock, and other community affairs—though not to the same extent as it did in the past. Political matters are not administered rigidly, however. Further, political and judicial power *per se* does not reside in the hands of appointed *poi*, but rather in the entire *kokwa*, as collective negotiation takes precedence

over individual submission (Beech 1911; Evans-Pritchard 1940; Patterson 1969; Sanders 2001). As Patterson (1969) observes of the Pokot:

Political power is very diffuse. Councils of elders depend on finding a consensus and have no power to enforce their decisions. All adult males are allowed to speak at public meetings (*kokwas*). There are a few ways that a man can attain greater influence, but this is never the power to command nor is this influence hereditary. Wealthy men and elders have enhanced prestige, as do the elders of the senior lineage in a given village. Men noted for wisdom and fairness may be esteemed as arbitrators; successful warriors have strong influence on *kokwas* held to plan raids. Diviners may have considerable influence on political matters as a result of a string of successful prophecies, but ... this cannot be translated into hereditary power (np).

Thus, although *poi* and other esteemed male community members still to a large degree form the locus of political power among the Pokot, political and judicial duties are collective, variable, and generally transparent.

Kenya-wide, the inhabitants of Marich Pass are marginalized from adequate political participation and representation. Kenya is a representative democratic republic headed by President Mwai Kibaki and Prime Minister Raila Odinga (KNBS 2010). Since Independence in 1963, Kenya has maintained a relatively stable political atmosphere compared to many other East African countries, albeit not without occasional bouts of unrest (APRM 2006; Dowden 2008). However, political representation within the country is far from uniform. While there is little documentation of political unrest during British rule, evidence suggests that colonial officials fostered tactical divisions among Kenya's 43 or more ethnic groups to discourage them from uniting against their rulers (APRM 2006; Olum 2005; Patterson 1969). Subsequent Kenyan rulers have manipulated these divisions by allocating resources strategically to advance campaigns, often to the benefit of larger ethnic groups like the Kikuyu (who compose 22% of the Kenyan population), and to the detriment of smaller ethnic groups like the Pokot (APRM 2006; Dowden 2008). This, in addition to the inability of many residents to participate in the democratic process due to illiteracy, financial constraints, and a lack of voting infrastructure outside of urban centres, has marginalized groups like the Pokot. For the

residents of Marich Pass, this marginalization has translated to lower public service and infrastructure provisions, which has in turn eroded trust in public institutions and fostered feelings of discontent.

3.4.5 Marriage

As in the political system, *poi* also held central positions in marriage and cattle tenure systems until recent times, and to some extent do to this day. Being a polygynous society, men can have more than one wife, provided they have been initiated, have adequate bridewealth, and have obtained the permission of each of their would-be-bridges' fathers, the latter of which is contingent upon bridewealth negotiations (Beech 1911; Bollig 2000; Huntingford 1969; Peristiany 1954, 1951; Totty & Chaundy 1952). Cattle trades and offerings of calabashes of honey beer and other gifts often comprise these negotiations, many of which are mediated by *poi*. This exchange serves an important purpose in establishing a sense of mutual obligation between families and as such "opens up a wider network of social relationship that can be utilized, through mutual support, to increase social, economic and political power" (Brown 1994: 49). Because having numerous wives⁹ is a sign of *echot*, it is not uncommon for *poi* to take brides as young as 12 years of age, and continue to bear children with them well beyond their 50s (Bollig 2000; Muir 1985; Peristiany 1954, 1951). Though wealth is often measured by the number of wives a man takes and by the number of cattle he owns, "a man is more likely to gain status through age, experience, and wisdom" (Muir 1985: 30) than by simply acquiring wives and cattle.

3.4.6 Religion

The majority of Pokot people are religious, adhering to their traditional religion, a denomination of Christianity, or a combination of both. The traditional Pokot religion is centred on the worship and propitiation of a hierarchy of nature deities, of which *Tororot*, an omnipresent god residing in the sky, is the crux (Beech 1911; Conant 1966; Huntingford 1969; Sanders 2001; WMC 1993). *Tororot* is thought to be responsible "not only for the creation of the world, but for all the good and evil occurrences that have

⁹ Up to ten in the cases of some wealthy *poi* (Huntingford 1969; Totty & Chaundy 1952).

happened in it ever since” (Beech 1911: 20), including reproach for misconduct. This explains the frequency with which prayers and sacrifices are devoted to him. Illness and premature death are thought to reward those who ignore or mistreat *Tororot* or other important deities such as *Asis* (sun deity) and *Ilat* (rain deity) (Beech 1911; Dundas 1910; Sanders 2001; Schneider 1967).

Whether an individual leads a righteous or errant life, death and the afterlife are regarded negatively. Family and close friends mourn the loss of an individual for some time after he or she has passed away and has been buried in the family compound, but *Tororot* and other deities have nothing to do with life after death; the deceased receive neither positive nor negative attention from them (Beech 1911; Conant 1966; WMC 1993). Once deceased, however, ancestors are thought to share a connection with the living world (Beech 1911; Huntingford 1969; Nyangweso 1998; Sanders 2001). The spirits of the dead might enter the bodies of living snakes, regarded as negative omens by those who encounter them, or might perform good services to the worthy. Elders are thought to share the closest connection with the deceased because they are older and thus “closer to the spirits of the dead than younger men” (Huntingford 1969: 32), which contributes to their socio-economic status, since this connection makes them privy to important information about upcoming growing seasons, bouts of pestilence, and harvest dates. In time, many spirits are thought to be reincarnated into the bodies of living descendants, who will resemble them both physically and temperamentally, marking the spirits’ transition back into the world of the living (Beech 1911; Sanders 2001).

Within the past five decades, the introduction of Christianity has reshaped, and in some cases overtaken, traditional Pokot cosmology. Though interview respondents and the literature (Huntingford 1969; Patterson 1969; Totty & Chaundry 1952) point out that the first point of contact between the Pokot living in and around Marich Pass and Christian missionaries is thought to have occurred in the 1930s, both suggest that there was no significant response by the Pokot to Christianity until the late 1960s (Hendrix et al. 1985; Kaplan et al. 1976; Pavitt 1989; WMC 1993). It was not until the 1970s that the church began to establish itself in the area (WMC 1993). Christian missionaries, often British, focused their efforts on constructing and operating development projects. They built churches, medical facilities, and schools, and promoted new ideas about health,

agriculture, literacy, science, and Christianity, especially among young males (Hendrix et al. 1985; Nangulu 2001; Pavitt 1989; WMC 1993). The Christian presence in the area has remained strong since this time, as will be examined in Chapter Five.

3.4.7 Economy & Development

The Pokot had little interaction with the colonial state, Christian missionaries, or traders prior to 1930. The earliest known published reference to the Pokot was in a vocabulary book published by German missionary Dr. Ludwig Krapf in 1854 (Wangũhũ 1996), and the first documented contact between British explorers and the Pokot is dated 1883 (Huntingford 1969; Patterson 1969). West Pokot District attracted very few Somali or Indian traders in search of economic opportunities as Pokot country was never incorporated into a formal trade route (as were many other Kenyan districts at the time), though cattle and ivory traders did spill into the area from time to time (Huntingford 1969; Patterson 1969; Schneider 1959; Tully 1985). At the same time, African nationalist leaders took little interest in groups like the Pokot, and it was not until 1910 that British administration began and Europeans, albeit very few, started to settle intermittently in the area (Patterson 1969; Schneider 1959; Tully 1985). Even then, very few colonial civil servants and missionaries ventured into the district. The Pokot remained, as they preferred, “a backwater of empire” (Patterson 1969: 7), and as a result, were spared “some of the more unfortunate aspects of the European presence at the turn of the century” (Tully 1985: 72), including punitive raids and forced resettlement.

When British administration first began to establish itself in Kenya, prior to settlement in Marich Pass specifically, it came bearing a new economic model. For many rural Kenyan communities, the arrival of the British marked the imminence of a shift from a predominantly localized barter economy based on farming, herding, and modest agricultural trade, to one based on wage labour, which stemmed from the colonial government’s implementation of a comprehensive economic policy framework at the turn of the twentieth century. By many accounts, the introduction of the wage labour system in Kenya traces back to the well-calculated imposition of a hut tax by the British government in 1902, whereupon families in other parts of the country were coerced to partake in waged employment in order to meet new economic obligations (Beech 1911;

Eaton 2008; Nangulu 2001; Ochieng & Maxon 1992; Tully 1985). Thus, Marich Pass' channel into the market economy had been forged long before European government officials first settled in the community. As Ndege (1992) explains:

the imposition of the hut tax in 1902, apart from being a means of raising revenue, was also intended to induce Africans to grow and sell surplus produce if they were to be able to meet the tax obligation. The other option was, of course, sale of labour power, which during the early years of colonialism could only be undertaken as a last resort (204).

It wasn't long after the hut tax was introduced that instead of trading commodities on a needs-based basis only, Kenyans gradually began to use shillings as the primary medium of exchange and means of standardizing and accumulating wealth.

Owing to the rural, remote, and often inhospitable nature of its environs, Marich Pass transitioned from a barter to a wage-based economy significantly later than communities of a similar size in other parts of the country. However, with the clearing of an earth road spanning from Sigor to Marich Pass in 1947, the community gradually began to gain a foothold in the country's economic system (Hendrix et al. 1985; Nangulu 2001). By the late 1940s, *karachona* began regularly migrating to the Trans Nzoia District (Figure 1) for weeks or months at a time to work on European farms as herders, guards, or maize harvesters, or with the Public Works Department constructing roads or buildings (Hendrix et al. 1985; Nangulu 2001).

At this time, partaking in the wage economy was deemed a supplement to habitual household duties, undertaken only to earn money to pay the hut tax or to act as a coping mechanism during periods of disease, drought, or famine (Nangulu 2001; Tully 1985). As one District Commissioner noted earlier of a Pokot community in another part of the West Pokot District, "the Suk [Pokot] seek labor only when necessity compels, and abandon work when that necessity, usually the need of money with which to pay tax or food during famines, has been fulfilled" (NAD 1936: 162-163). Though *karachona* left Marich Pass for weeks or months at a time, like their counterparts in other parts of the district they tended to return immediately after earning enough money to take care of their family's immediate needs, with little regard for wealth accumulation (NAD 1936; Nangulu 2001; Tully 1985).

The nature of Pokot participation in the wage economy transformed in the 1970s. By this time, the establishment of services such as charge-for-use healthcare and schooling, as well as the introduction of consumer goods such as beads, wire, blankets, processed foods, oil, soap, cloth, and other luxuries, had solidified the replacement of the existing equivalent-value trading system of grain and stock with one based on subjective monetary exchange (Nangulu 2001; Ochieng & Maxon 1992; Tully 1985). When hut tax collection was abolished in 1970, the Pokot did not withdraw from the wage economy. On the contrary, many sought further employment as gold miners, domestic servants, or blacksmiths, while others continued to work for European farmers or the Public Works Department, albeit for longer seasonal periods (Hendrix et al. 1985; Nangulu 2001; Tully 1985). Still, the primary drive for engaging in multiple economic activities remained—and in large part remains—the procurement of basic necessities such as food and medicine, rather than the accumulation of wealth.

Because of the socio-political isolation and economic pressure it has experienced, the West Pokot District remains one of the least economically developed districts in the Rift Valley Province, itself one of the poorest provinces in the country (KNBS 2010). The construction of public infrastructure such as transportation networks, commercial townships, and public services in the district dates from the late 1970s, more than a decade after Kenya achieved Independence in 1963, and several decades after similar infrastructure was set up in other districts in the province (Hendrix et al. 1985; Nangulu 2001). To this day, the Pokot living in and around Marich Pass interact with relatively few visitors from outside the region apart from some travellers and individuals from other parts of Kenya or East Africa transporting goods along the A1 Kapenguria-Lodwar Road that passes through the townsite.

Armed conflict resulting from cattle raiding with other groups in the region, however, remains pervasive amongst the Pokot in and near Marich Pass. As in the past, cattle raiding between the Turkana, Karamojong, Samburu, Saboat, Masai, Marakwet, and other neighbouring groups is a huge base of insecurity in the region (Dietz 1987; Eaton 2008; Hendrickson et al. 1998; Krätli & Swift 2001; Ng'etich & Koech 2007). Often fuelled by a desire to bolster cattle stocks, to channel aggression or overcome boredom, to expand territory, or to assert symbolic power, habitually during periods of

drought, degradation, epidemics, or other environmental or political pressures, said conflict results not only in mortality and injuries among humans and cattle, but also in environmental damage, altered cultivation cycles, displacement, psychological trauma, and other forms of distress (Dietz 1987; Eaton 2008; Krätli & Swift 2001; Ng’etich & Koech 2007; Pike et al. 2010; Spencer 2000, 1998). Because of its pervasive cattle raiding problem, the West Pokot District is often referred to as Kenya’s ‘Wild West’ or simply as ‘the badlands’, *kotoyo*, by people living in other parts of Kenya, another reason why it has been “marginalized, neglected and left undeveloped by successive Kenyan governments going back to the colonial administration” (Ng’etich & Koech 2007).

At present, both the hill and plains Pokot continue to practice herding and farming, the most common occupations in the area, though wage labour also comprises a small portion of the Marich Pass economy. For time immemorial, *kokai*, according to the local people, cattle have had an economic and social role among the Pokot, and for this reason are rarely slaughtered for subsistence, as they are worth more alive than dead. However, individuals practicing controlled animal husbandry by breeding and developing stocks are not averse to selling cattle when money is greatly needed. Crops such as sorghum, millet, and more recently maize are cultivated when and where the region’s complex ecosystem allows (Hendrix et al. 1985; MPFSC 2010; Nangulu 2001). In terms of wage labour, minimal levels of tourism have accompanied the community’s integration into the global market system, which has provided opportunities to sell baskets, milk gourds, *tepongmwun*, leather accessories, *kwoang ngo koti*, beadwork, and pots. Other common job titles include colliers, shopkeepers, and gold panners. Employment in the majority of the occupations held by Marich Pass residents tends to be informal, however, leaving the community’s inhabitants without the health, social security, and service benefits granted to civil servants and other formal sector workers.

3.4.8 Summary

As this section demonstrated, despite economic and political challenges the Pokot are a people with a rich history and unique socio-cultural features. In all aspects of Pokot society, age was an important organizational tool and determinant of *echot* in the past, and to a large degree remains so today. Elders—and *poi* in particular—tend to have the

greatest amount of *echot*, since this nomination is accorded only to those who have established sufficient wealth, wisdom, and charisma throughout their life course to warrant it.

3.5 SUPPORTS FOR THE AGED

3.5.1 Overview

Two components comprise the care spectrum for Kenya's aging population: formal and informal supports. Formal supports encompass that form of care that is provided by salaried or volunteer care providers working in healthcare or social service facilities, whereas informal supports are often comprised of unsalaried family and community caregiving networks.

As examined below, due to deficiencies in Kenya's national pension and healthcare systems, Kenya's formal support system is inadequate, leaving the majority of caregiving duties in the hands of informal caregivers. The draft document for the National Policy on Older Persons and Ageing (NPOPA) (2003) outlines admirable objectives with regards to increasing the standard of pension and healthcare provision in urban and rural regions of the country. Nevertheless, chronic underfunding, corruption, poor governance, infrastructural deficiencies, and bureaucratic obstructions created and maintained by colonialism (AU & HelpAge 2003; Cohen & Menken 2006; Kalasa 2004; Oluoko-Odingo 2009), Structural Adjustment Programs (SAPs) imposed by the International Monetary Fund (IMF) and WB (Fort et al. 2004; Kalasa 2004; MacDonald 2009, 2008; Oluoko-Odingo 2009; Robbins 2002), the effects of HIV/AIDS (APRM 2006; Kalasa 2004; Oluoko-Odingo 2009), and increasing neoliberalization have hindered said developments (AU & HelpAge 2003; Cohen & Menken 2006; Fort et al. 2004; MacDonald 2009, 2008). This has left the bulk of the care burden in the hands of informal care providers who rarely have the resources required to provide fully for both themselves and those they care for. The shortcomings of the formal system place stress on caregivers and have implications for the quality of care delivered to older individuals.

The following section will contextualize this dilemma by providing information on the nature and importance of caregiving and the current state of Kenya's formal and informal care systems.

3.5.2 Caregiving Defined

For the purpose of this study, ‘caregiving’ is defined as any form of support provided by an individual or organization with the intent of bettering the life of one or more care receivers—in this case, elders—so that they can maintain a desirable standard of life and age with dignity (Khasiani 1987; Van De Keere et al. 2008; Whitlatch & Noelker 2007). Care for older people encompasses instrumental care (e.g., assistance with household work, transportation, financial management, or telephone operation) as well as personal care (e.g., assistance with bathing, eating, dressing, mobility, or the maintenance of health) (Whitlatch & Noelker 2007).

Caregiving is provided via formal and informal channels. Formal care encompasses support provided through funded, regulated, and often licensed public or private formal service organizations, whereas informal care denotes that form of care which is provided by “an interwoven network” (Lubben & Becerra 1987: 130) of relatives or acquaintances who often have little or no training in care provision, and who, unlike formal care providers, are motivated by notions of intergenerational reciprocity, social cohesion, social capital, altruism, social exchange, obligation, and/or guilt (Aboderin 2005a; Antonucci et al. 2007; Cantor 1991; Kendig et al. 1992; Khasiani 1987; Nyangweso 1998; Walker et al. 1995; Whitlatch & Noelker 2007). Formal care networks for older people include medical and social service organizations, for example (Albert & Cattell 1994; Apt 1997, 1996; Joubert 2005; Kendig et al. 1992; Kinsella 1992; Walker et al. 1995; Whitlatch & Noelker 2007). Informal care networks, by contrast, are composed primarily of nuclear family members (spouses, partners, and children), but may also consist of extended family members, friends, neighbours, or other individuals (Budlender 2004; Khasiani 1987).

Gureje et al. (2006) and Van De Keere et al. (2006) argue that access to adequate support can play a crucial role in determining quality of life in old age. Studies conducted in both high and low income countries have demonstrated that given the choice, most older people prefer to ‘age-in-place’: to live in their own residence or community outside of a healthcare environment, given the right supports, for as long as possible (Cattell 2008, 2005; Huish & Kirk 2007; Kinsella 1992; Stein & Moritz 1999; Van De Keere et al. 2006). However, with age comes the gradual loss of functioning

ability, often leaving older people and their loved ones to face important decisions about obtaining supplementary care or potentially relocating (Gureje et al. 2006; Stein & Moritz 1999). The provision of accessible formal and informal care can therefore aid older people in maintaining their independence in later years, and ultimately, can influence whether or not they decide to age-in-place or emigrate from their home or community of residence in later years (Gureje et al. 2006; Van De Keere et al. 2006).

The unfortunate reality is that comparatively few older individuals worldwide have access to comprehensive formal and informal support networks. From the post-World War II period until very recently, governments in many Australian, European, and North American countries established a number of formal supports for older populations (Aboderin 2004b; Armstrong & Armstrong 2010; Fort et al. 2004; MacDonald 2009, 2008; Price et al. 1999; Sen 2003; UN 2002, 2001). This occurred because concerns surrounding ‘population greying’ started to emerge at the same time, allowing countries with the financial wherewithal to invest in complex care systems to enable households to cope during difficult economic periods (Aboderin 2004b; Armstrong & Armstrong 2010; Navarro 2009, 2007, 2002; Price et al. 1999). Subsidized healthcare, social security schemes, and seniors’ housing and care facilities all played a role in meeting the needs of aging populations in many advanced industrial contexts during this era (Armstrong & Armstrong 2010; Hu & Stewart 2009; Price et al. 1999; UN 2002, 2001). Although informal care formed an important component of the care spectrum for the aged, it held a complementary role, and did so in conjunction with a variety of well-developed formal support systems.

Within the past two decades, however, the nature of formal care provision has shifted in many middle to high income countries. Specifically, changes in government objectives and resulting neoliberal ‘restructuring’ measures (read: downsizing under the guise of ‘efficiency’) have led to lower levels of investment in public infrastructure and programs for the aged, and an overall trend towards the privatization of formal care (Armstrong & Armstrong 2010; Grieshaber-Otto & Sinclair 2004; Hanlon 2009; Huish & Kirk 2007; MacDonald 2009, 2008; Milligan 2008; Price et al. 1999; Sen 2003; Skinner et al. 2008). Though little cause for concern for wealthier individuals, this restructuring has decreased the quality and quantity of formal supports available to the majority of the

population in these countries, and has increased the burden placed on informal caregivers (Armstrong & Armstrong 2010; Fort et al. 2004; Hanlon 2009; Navarro 2009, 2007, 2002; Price et al. 1999; Sen 2003; Skinner et al. 2008; Sokolovski 2009). While formal support is in theory still *available* in these countries, access to it is differential and limited, forcing the aged to rely increasingly on informal sources of support, if and when they are available.

In many low to middle income countries, informal care remains the locus of elder support, in that it often compensates for exclusion from limited formal services and institutions. There are two primary reasons for the lack of formal supports in many low to middle income countries. The first is that health ministries in these countries *de facto* have a lesser capacity to provide a comprehensive range of formal services to their citizens in comparison with counterparts in higher income countries who have a larger budget to work with (Hu & Stewart 2009; Huish & Kirk 2007; MacDonald 2009, 2008; Navarro 2009, 2007, 2002). As Huish and Kirk (2007) attest, chronic underfunding resulting from IMF and WB imposed SAPs has left many countries with “remarkably little capacity to provide even the most rudimentary medical service in outlying poor areas, leaving many countries to cling to the false belief that community health will improve along with national wealth” (84). Without financial resources, many low to middle income countries have simply been unable to invest adequately in formal support systems.

The second force behind the lack of formal support provision in low to middle income countries is the recent neoliberal shift that has been borne of many of these countries’ integration into the world economy. Except in countries like Cuba where the government has largely resisted external pressure to adopt a neoliberal model of state functioning, and continued to invest strategically in synergistic, cost-effective informal and formal supports, very few countries have been willing or able to resist a framework of limited state provision (Huish & Kirk 2007; Navarro 2009, 2007, 2002; Sen 2003). Unfortunately, the Cuban model is an anomaly, meaning that only a fortunate minority of the older population in low to middle income countries can typically access adequate formal care (Huish & Kirk 2007; Navarro 2009, 2007, 2002; Sen 2003). As MacDonald (1999) correctly asserts, “public health certainly has biomedical reference criteria, but is

primarily an ‘economic’ and/or ‘political’ issue” (12). This is the case in Kenya, as examined below.

3.5.3 Formal Supports in Kenya

3.5.3.1 Overview

The two ‘pillars’ of Kenya’s formal support system, as outlined by the NPOPA, are the pension system and the healthcare system. To date, however, few Kenyans have had access to these systems, as the following subsections will examine. The most recent draft document for the NPOPA outlines guidelines attempting to remedy the issues of inadequacy and inaccessibility, both of which are more pronounced in rural, remote, and impoverished areas such as Marich Pass.

3.5.3.2 *The National Policy on Older Persons and Ageing*

The Government of Kenya (GOK) has expressed concern over the current and future state of the aged, and in September 2009, declared its intentions to provide more fully for individuals aged 60 and above in the most recent draft of the NPOPA (Ndung’u 2010; Olum 2005). The document, modelled after the MIPAA (2002) and the African Union (AU) Policy Framework and Plan of Action on Ageing, outlines plans to facilitate a well-coordinated response to Kenya’s rapidly aging population by developing and improving a variety of preventative and reactive physical, psychosocial, and financial health programs and services for the aged (HelpAge 2009; Ndung’u 2010; Olum 2005; UN 2010, 2002). The specific priority issues outlined in the NPOPA include:

- ❖ Law & Rights of Older Persons
- ❖ Poverty & Sustainable Development
- ❖ Health & Active Life
- ❖ Family Culture
- ❖ Gender
- ❖ Food Security & Nutrition
- ❖ Housing & Physical Amenities
- ❖ Education, Training & Media
- ❖ Employment & Income Security
- ❖ Social Security/Welfare
- ❖ Preparation for Retirement
- ❖ Conflicts & Disasters

(Olum 2005: 16-18)

If ratified, specific action points would include timely improvements to the existing pension and healthcare systems, including the development of a universal non-contributory social pension plan and the provision of healthcare specifically tailored to the unique needs of older individuals (Hu & Stewart 2009; ILO 2004; Olum 2005).

Because the NPOPA's ratification process has been lengthy due to a lack of good working relations between NGOs and the GOK, political upheavals, and poor governance, funding and public interest have waxed and waned since the GOK and the Ministry of Gender, Sports, Culture and Social Services drafted the document nearly a decade ago (Ndung'u 2010; Olum 2005). Before the GOK can implement the plan, a variety of stakeholders must edit the policy document, present it to the cabinet and other relevant agencies for further revision, and table it to Parliament for a final round of revisions before seeking final approval (Olum 2005). Thus, although the plan's objectives are laudable, they are of little value since at the time this dissertation was written, the plan had not progressed through any of these final steps.

3.5.3.3 The Pension System

Kenya's Retirement Benefits Act (1997) defines pension plans as schemes or arrangements under which individuals are entitled to monetary benefits upon retirement, death, or termination of service (GOK 2000). The Kenyan pension system has four components: a) the public 'pay as you go' National Social Security Fund (NSSF) scheme, b) a civil service scheme for government employees, c) privately managed voluntary occupational schemes, and d) individual retirement schemes. Kenya's current national retirement age is 60, though individuals can opt for voluntary early retirement at 50 under most pension schemes (Hu & Stewart 2009). Only 3% of Kenyans are enrolled in one of the four pension schemes, however, either because they have not worked in the formal sector and do not qualify for inclusion into occupational schemes, or because they do not have enough money to contribute to an individual retirement scheme (ILO 2004; Okoth 2010; Olum 2005).

The first three of the four schemes account for the highest proportion of pension enrolment. Many Kenyan formal sector workers currently pay into the NSSF, a provident fund scheme established in 1965 that provides lump sum payments upon

retirement (Hu & Stewart 2009; Olum 2005; RBA 2008). This accounts for 67% of total pension enrolment within these three schemes (RBA 2008). Civil service employees, including teachers, members of the armed forces, and other civil servants, pay into a separate non-contributory scheme accounting for 22% of enrolment (Ibid.). The remaining 11% encompasses those formal sector workers who pay into contributory employer sponsored schemes (Ibid.).

Those employed in the informal sector (about 80% of the working population), in addition to those employed in the formal sector who do not automatically qualify for inclusion into workplace pension schemes, also have the option of investing into one of the more than 20 individual retirement schemes registered with the Retirement Benefits Authority (RBA), which are open to all Kenyans (Olum 2005; RBA 2008). There are no statistics on the proportion of total pension enrolment into these schemes; however, investment levels are low. In the Marich Pass area, for example, low and unreliable seasonal incomes, a lack of knowledge about existing pension schemes, and low trust in pension arrangements in a climate characterized by pervasive corporate and governmental corruption tend to deter participation (Pkalya 2010). In addition, the lack of banking and public service infrastructure in the area makes it difficult for individuals wishing to participate in existing pension schemes to do so¹⁰. Because the current system *de facto* provides benefits to those with a higher level of education and higher average incomes, the incidence of poverty amongst the elderly is high, especially among the 97% of older people who do not have access to any form of pension income (Hu & Stewart 2009; ILO 2004).

Because pension access is limited, the GOK has proposed a conversion of the existing NSSF provident fund scheme into a universal scheme in order to improve and extend pension coverage, as outlined in the NPOPA. If enacted, a new policy based on the International Labour Organization's (ILO) Convention Number 102 on minimum social security standards would require that all working Kenyans enrol in a pension scheme, regardless of whether they are employed in the formal or informal sector.

¹⁰ There are no banks in the Marich Pass area. The nearest full-tiered banking services are located several walking hours away.

Mandatory monthly contribution levels would likely lie between KES 100 and 2,000¹¹, depending on the pension scheme, and would guarantee monthly payouts upon retirement (Hu & Stewart 2009; ILO 2004; Ndung'u 2010; RBA 2008). While the proposed scheme would improve the overall welfare of retired workers, there is currently no plan in place to address the needs of those who cannot or do not work.

3.5.3.4 The Healthcare System

Kenya's healthcare system is stratified such that primary (basic) care is provided at clinics and dispensaries, secondary (intermediate) care is provided at health centres and sub-district hospitals, and tertiary (advanced) care is provided at district, provincial, and national hospitals (DHMIS 2009; MOPHS 2010). Relative to older populations, primary care might encompass vaccination and treatment for uncomplicated infections and illnesses; secondary care might encompass cancer treatment, rehabilitation services, or the provision of long-term integrative care; and tertiary care might encompass complex medical and surgical services. Individuals often seek their first level of treatment at clinics and dispensaries, no matter their ailment, from which they are referred to more specialized facilities as needed. Charities, faith-based groups, NGOs, and other private groups also form an important component of the country's care system, providing care via private clinics and mobile care initiatives (DHMIS 2009; MOPHS 2010; WHO 2010a, 2006).

Kenya's healthcare system suffers from chronic underfunding and marked inequality of rural-urban resource distribution. Total expenditure on healthcare represents only 4.6% of Kenya's gross domestic product, and government expenditure on healthcare represents only 52% of total healthcare expenditure (2006) (WHO 2010a, 2006; WRI 2010). This allocation translates to annual expenditures of just over KES 7,000¹² per capita (WRI 2010). In terms of access to care, there are 14 physicians for every 100,000 inhabitants Kenya-wide (Ibid.). Out-of-pocket expenditures represent more than 80% of care, suggesting that wealthier individuals have greater access to the resources made available (Ibid.). Additionally, in January 2009, the Ministry of Health

¹¹ Roughly CAD \$1 to \$25.

¹² Roughly CAD \$90.

(MOH) announced a decrease in national health funding from 15% to 6% of the national budget, which will undoubtedly diminish the resources available in all districts (Olson et al. 2010: 8).

In the West Pokot District, access to adequate care is even poorer than at the national scale, with only one physician per 99,103 inhabitants (MOPHS 2010). At any given time, a handful of clinics and dispensaries are operative in the Marich Pass area, though closures are not uncommon when funding runs short (DHMIS 2009; MOPHS 2010; Olson et al. 2010). Individuals also have access to both a health centre and one of the district's two hospitals within a 25-kilometre radius of the community, though these are seldom frequented as distance and financial barriers impede access (MOPHS 2010). Further, the quality of health services in the West Pokot District is lower than in the capital region due to inadequate personnel, equipment, provisions, and regulatory mechanisms (Olson et al. 2010).

3.5.3.5 Summary

Neither the pension system nor the healthcare system, purportedly the two major pillars of Kenya's formal support system, has the resources required to provide comprehensive support to the country's aging population. Where formal supports do exist for the aged, they tend to be less accessible to individuals living in rural and remote locations, and to the poor. Until the NPOPA is ratified and its objectives enacted, formal support for the aged will remain inadequate, especially in communities like Marich Pass.

3.5.4 Informal Supports in Kenya

3.5.4.1 Overview

The following section presents information about informal caregiving. This topic is examined both because literature on the topic suggests that it may be well-suited to the rural Kenyan context, where few formal supports are accessible to elders and their communities, and because it is *de facto* the most prevalent elder care arrangement in the Marich Pass area at the present. A definition of the concept is followed by critiques of the arrangement.

3.5.4.2 Informal Caregiving

Informal care is an important component of the care spectrum for the aged in societies undergoing social, economic, and demographic changes. As examined above, in Kenya, as in many low income countries, formal supports for the aged are lacking, especially outside of urban centres, and especially to the poor. Caring for the aged has only recently emerged as a policy issue in Kenya, as the country is only starting to witness the effects of its impending demographic shift. Further, the country is less equipped to deal with the diverse needs of its aging population than higher income countries, as pressing health concerns are stretching an already underfunded healthcare system thin. The relative incapacity to fully provide the required resources with which to ‘age well’, as outlined by the MIPAA, is amplified in rural and remote areas such as Marich Pass, which are further marginalized at the national scale. As such, few plans have operationalized with respect to creating an environment within which the emergent older population can age securely, leaving a gap that informal networks are currently filling.

Though few Kenyan studies investigate informal caregiving as it pertains to supporting elders specifically, alternative perspectives have focused on informal care delivery to individuals and families affected by disease. With the notable exceptions of Cattell’s extensive research on aging and widowhood among the Samia (2008, 2003, 1997, 1992, 1989b) and Sangree’s work on ‘modernization’ and childless elders among the Tiriki (1992, 1987), both of which investigate critically the role that informal care poses as a component of the elder support spectrum in western Kenyan societies, there is a dearth of research on the subject.

Present in place of this gap, however, is an extensive body of literature on informal caregiving in the context of Kenya’s experience with HIV/AIDS. Two broad domains form this niche. The first encompasses research on the provision of informal care to those living with HIV/AIDS (Amuyunzu-Nyamongo & Eyeh 2005; Chepngeno-Langat et al. 2010; Khasiani 1987; Kinsella 1992; Knodel 2005; Nhongo 2005), and the second, on the provision of informal care by grandparents to their AIDS-orphaned grandchildren (Aboderin 2005c; Gachuhi & Kiemo 2005; Ice et al. 2010, 2008; Khasiani 1987; Knodel 2005; Landry 2004; Muga & Onyango-Ouma 2009; Nhongo 2005;

Nyambedha et al. 2003; Oburu & Palméus 2005). In both cases, studies tend to focus on the structure (i.e., *who* is providing the care?), function (i.e., *how* is care being provided?), and stresses (i.e., *which* psychosocial, physical, and financial pressures characterize caregiver burden?) inherent in informal care networks. While research conducted in these domains is not a proxy for studies focused specifically on informal caregiving for elders, as a starting point it offers valuable insight into the nature of existing informal care networks in Kenyan societies, which are contextualized below.

3.5.4.3 Critiques

Despite the important functions served by informal caregiving, inherent weaknesses have been identified in the arrangement. First, some researchers (Amuyunzu-Nyamongo & Ezeh 2005; Henderson 2007; Hoskins 1994; Kendig et al. 1992; Ma & Schoeneman 1997; Oakley 1999, 1998; Walker et al. 1995) have questioned the degree to which informal caregivers have the capacity to absorb demands for care. In environments where poverty is pervasive and educational, financial, and psychosocial resources for caregivers are virtually nonexistent, as in many parts of rural Kenya, it can be difficult for individuals to provide care effectively.

Another concern with the informal care model is that variations in the structure and breadth of an individual's socio-familial network can result in differential access to care. In informal care arrangements, access to social and familial networks significantly determines the quality and extent of care that an individual receives. Because of this, there is concern that unmarried, widowed, childless, or socially isolated individuals are less able to access care through informal channels (Amuyunzu-Nyamongo & Ezeh 2005; Antonucci et al. 2007; Apt 2005; Cattell 1997; Iliffe 1987; Kendig et al. 1992; Khasiani 1987; Kinsella 1992; Sangree 1987). As such, these individuals are said to be disadvantaged vis-à-vis their better-networked counterparts.

A final critique of the informal care model is that advocating its use as a *substitute* for adequate formal care provision, rather than as a *complement*, can actually decrease the degree to which support is available to the aged. By hailing informal care networks as a panacea for the delivery of care to the aged, especially in societies deemed to have a strong capacity to deliver this type of care due to their (real or perceived) history of

intergenerational and kin-based care systems, there is risk of undermining efforts to establish necessary formal supports (Apt 2005; Cattell 2008; Fry 2007; Oakley 1999, 1998). The result of this can be a perpetuation or deterioration of the status quo, whereby the care burden is shifted from the state (via healthcare and social security systems, for example) to individuals and families, as is currently occurring in a number of countries in Australia, Europe, and North America (Apt 2005; Fry 2007; Oakley 1999, 1998).

3.5.4.4 Summary

Because Kenya has not yet set up a comprehensive formal support system that meets the needs of the aged in all areas of the country, informal care is a central component of the care spectrum for the country's aging population. Critics of the informal care model have identified capacity and access-related weaknesses. However, that informal care networks currently serve an important function in mitigating the effects of HIV/AIDS in Kenya suggests that informal care might continue to serve an important role in the domain of elder care in the Marich Pass area, given the right supports, and when used in conjunction with adequate formal supports. Relying too heavily on informal supports in the absence of adequate formal supports is neither sustainable nor just, however, as it shifts the care burden from the state to individuals and families. This premise will be examined in further detail in Chapter Five.

3.6 CHAPTER SUMMARY

The Pokot people of the community of Marich Pass are currently facing unique challenges with respect to a demographic transition that is expected to transpire within the next four decades, which posits both absolute and relative increases in the number of individuals aged 60 and above. As a result of being ecologically fragile, physically removed, and conflict-ridden, Marich Pass and its residents have to a large degree been marginalized from supportive development initiatives, political participation, and sustainable economic opportunities, especially in comparison with wealthier individuals living in larger urban service centres such as Nairobi and Mombasa. Further, the precarious positioning of Marich Pass both physically and socio-politically poses significant implications for the elders living within its boundaries. Though Pokot elders

were once a locus of symbolic and political power, assuring that they were cared for in old age, this is no longer necessarily the case for a host of reasons that the following chapters will examine. As a result, there is a need to re-examine current care arrangements to ensure that adequate and accessible formal and informal supports comprise the spectrum of care available to elders in the region, now and in coming years.

CHAPTER FOUR

Thinking about Change in Relation to Aging & the Life Course

4.1 CHAPTER OVERVIEW

While exploring with 25 Pokot elders their perceptions of the characteristics and needs of the overall elderly population living in the Marich Pass area in face of change, this study also engaged in a critical review of relevant literature in order to contextualize the research findings. This review was ongoing throughout the preparatory, collective, analytic, and synthetic phases of the research.

The literature review is composed of two sections. The first section introduces the two perspectives comprising the study's theoretical framework, namely the critical gerontology (CG) and life course (LC) perspectives. The second section examines literature on the nature and agents of the forms of change that are shaping the experiences, needs, and care of the aged. The chapter closes with a summary that reviews and synthesizes these topics.

4.2 THEORETICAL FRAMEWORK

4.2.1 Overview

This section presents an overview of the two perspectives that were synthesized to form the theoretical framework adopted in this study: the CG perspective and the LC perspective. The definition and utility of the CG perspective is examined first, followed by that of the LC perspective. The section concludes with a synthesis that justifies this coalition as a lens with which to examine both the experiences of elders living in the Marich Pass area, as well as the broader phenomena that are shaping these experiences.

4.2.2 The Critical Gerontology Perspective

The CG perspective offers a useful vantage point from which to examine the complex and interrelated associations between population aging and change. The CG perspective draws from hermeneutics, social phenomenology, political economy, and critical theory, and is broadly concerned with how individuals interact with and negotiate

their surroundings throughout the life course (Bengtson & Schaie 1999; Bernard & Scharf 2007; Biggs et al. 2003; Estes & Phillipson 2007; Holstein & Minkler 2003). Guided by the notion that individual lives are embedded within unique, place-specific contexts, CG holds that individuals experience their life course differently depending on which resources are made available to them, and which structural realities confine them. As such, personal and socio-structural characteristics such as gender, ethnic background, physical ability, sexual preference, and class, as well as environmental characteristics such as climate, labour market conditions, politics, and place of residence all shape an individual's lived reality throughout the life course (Browning & Kilmister 2006; Calasanti & Slevin 2001; Estes & Phillipson 2007; Holstein & Minkler 2003; Minkler & Estes 1998). According to the CG perspective, processes of aging, as well as the very concept of age, are socially constructed and historically contingent, and cannot be understood outside of the multiple parameters that influence and shape them.

The CG perspective lends many important insights to this study. First, the CG perspective is concerned with critically examining and drawing attention to the fundamental reasoning behind differential resource access, making it a useful conceptual tool for exploring the nuances of population aging in north western Kenya. As noted by Holstein and Minkler (2003), "certain individuals and groups lack the advantages privileged groups possess by virtue of their social location" (793). As a result, these groups are said to have a lower "response-ability" (793; emphasis added): a lesser capacity to address environmental challenges and to meet basic and intermediate needs in relation to 'better-positioned' counterparts (Baars et al. 2006; Estes & Phillipson 2007; Minkler 1999; Minkler & Estes 1998; Rowe & Kahn 1998). Individual response-ability of the aged manifests itself at a number of scales. At the individual level, response-ability tends to be lower among individuals with lower incomes, regardless of their location. At the global level, response-ability tends to be lower in low to middle income countries than in high income countries, all other features being equal, because a lesser proportion of individuals has access to adequate subsidized supports and other preconditions with which to age well due to chronic national underfunding (Apt 1997, 1996; Baars et al. 2006; Minkler 1999; Minkler & Estes 1998; Nhongo 2005; Robbins 2002). Based on this reasoning, poor elders living in the Marich Pass area are in many

ways marginalized within their community, within their country, and within the larger global market system. Adopting a CG perspective illuminates these realities, which are at the foundation of the study's central research questions.

The second reason why the CG perspective is well suited to this study is because one of the perspective's central objectives is congruent with that of the study's: to contribute critically to a body of knowledge intended to yield positive social change. Research informed by the CG perspective is not inert. Grounded in notions of social responsibility, it acknowledges the importance of continuity, transformation, and the possibility of emancipation from inequitable local and global power hierarchies by encouraging both deconstructive and interpretive dialogue and consequential praxis (Estes & Phillipson 2007; Holstein & Minkler 2003; Oakley, personal communication, 2010). As advanced by Holstein and Minkler (2003):

A critical perspective does not end with study. It is committed to remedying the underlying conditions that place certain people at the margins. By clarifying the moral and political legitimacy of the changes necessary to remedy these conditions, it contributes to the possibilities for change (794).

In this vein, in addition to its capacity to address the research questions, CG constitutes a suitable viewpoint with which to frame the study.

4.2.3 The Life Course Perspective

The LC perspective, a multidisciplinary approach that is concerned with the connection between individual lives and the particular contexts within which these lives unfold, forms the second component of this study's theoretical framework. Two principal factors distinguish the CG perspective and the LC perspective. Although both the CG perspective and the LC perspective emphasize that individual aging experiences are embedded within and shaped by the reality in which they exist, unlike the predominantly theoretical CG perspective, the LC perspective is both a conceptual tool and a methodological paradigm (Bernard & Scharf 2007; Biggs et al. 2003; Dannefer & Falletta 2007; Giele & Elder 1998; Heinz & Marshall 2003; Nhongo 2005). Specifically, the LC perspective advances a multi-dimensional approach to the study of individual life courses that plots individuals along intersecting historical and geographical axes, among

others, which illuminate in their convergence the particular position of each individual within the broader realm of the aging experience.

Additionally, whereas the CG perspective is primarily concerned with the theoretical bearings of macro-level processes (structure), the LC perspective provides a tool to illuminate both the ways in which individual lives are influenced by global forces (structure), and the ways in which individuals' collective reactions to these forces (agency) effects unique outcomes (Biggs et al. 2003; Cattell & Albert 2009; Dannefer & Falletta 2007; Giele & Elder 1998; Heinz & Marshall 2003; Oakley 1999). Recognizing that individuals endure a variety of events and hold a variety of unique roles, positions, and responsibilities throughout their lifetimes, the LC perspective critically assesses the happenings that "constitute the total sum of [a] person's actual experience" (Giele & Elder 1998: 22) as situated within broader historical, economic, political, and socio-cultural realities.

The LC perspective is a valuable complement to the CG perspective for inquiry into the experiences of the aged, especially in rural or remote locations of low income countries where distinctive pressures present themselves. Like the CG perspective, the LC perspective propounds an alternative to conventional explanations of the course of aging. Whereas biomedical and behavioural stances largely contend that all individuals pass through analogous, linear life cycle stages as they age, the LC perspective suggests that individual aging experiences vary significantly, as they are shaped by sinuous interconnections between location, context, timing, socialization, and agency (Baars et al. 2006; Cattell & Albert 2009; Dannefer & Falletta 2007; Heinz & Marshall 2003; Neugarten 1996; Nhongo 2005). Because of this utility, a number of scholars have adopted the perspective to frame research based in locations where aging individuals face unique challenges and opportunities with regards to the place-specific geopolitical, economic, ecological, and socio-cultural factors surrounding them. Rural-Kenya-specific advancements in this field have tended to hone in on the concepts of inequality and cumulative (dis)advantage, leaving some space to comment on instrumentality (Cattell 2008, 1989b; Cattell & Albert 2009; De Vos & Schwartzman 2008; Oppong 2006; Sangree 1989; Thomas 1995). None of the studies conducted in the region have been framed with specific reference to the Pokot group, however, and conclusions made in

other studies should not be assumed adaptable to the Pokot context, as individual life courses can differ remarkably between seemingly similar contexts. The absence of critical, life-course-framed research on the Pokot living in Marich Pass highlights a research gap that will become increasingly acute as the Kenya-wide demographic shift materializes throughout the next four decades.

4.2.4 Summary

This section rationalizes that a theoretical framework comprised of both the CG and LC perspectives is best able to meet the objectives of the study. By adopting a CG perspective with a humanistic orientation to carry out the research, it is possible to situate the experiences of the elders living in the Marich Pass area within their broader historical, economic, ecological, and geopolitical context, calling attention to the structural realities within which individual aging experiences are embedded. Simultaneously, by adopting a LC perspective and approach to hone in on the micro-level experiences of the said population, it is possible to bring to light the plethora of ways in which individuals negotiate these structural factors throughout their life course. Ultimately, it is this juncture that best illuminates “how macrostructures differentially allocate resources and support an aging population and, as a result, how individuals respond to their own aging and others aging around them” (Bengtson & Schaie 1999: 17). It is for this reason that this theoretical framework is suited to the study.

4.3 CHANGE

During the past several centuries, transformations have occurred—and are continuing—in every aspect of African life. The historical changes in Africa include European colonial domination and exploitation of Africans, the rapid growth of cities and the far-reaching consequences of the introduction of money, wage labor and labor migration, Christianity, and European languages, education, medicine and legal systems—all competing with indigenous ideologies and lifeways.

(Cattell 2003: 52)

4.3.1 Overview

We live in a time of change. In Kenya, as in all countries, various forms of change are affecting the experiences and care of the aged. This section will introduce the concept of change, as suited to the context of this study; will outline some of its causes, namely the collective structural effects of globalization and human agency and action; and will introduce five types of change that are said to be occurring in Kenya: settlement change, technological change, cultural change, religious change, and familial change. This overview will establish a foundation upon which further exploration and explanation of the specific forms of change listed will build on in Chapter Five.

4.3.2 Change Defined

‘Change’ is an umbrella designation that refers to any process that causes something to become different in nature, form, course, or content over a defined period (Aarnio 1982; Aboderin 2004b; Elder 1999; Ferreira 1999; Fry 2007). In the societal context, change is both multifarious and simultaneous; at any given time in a particular society, multitudes of cultural, economic, social, political, technological, or environmental changes are occurring concurrently. Change can occur abruptly, as with crises such as the Great Depression (Elder 1999), or it can occur gradually, as with urbanization (Apt & Grieco 1994). The term itself is purposefully ambiguous, as the nature and scope of the changes occurring in societies varies extensively.

Change is a value-neutral process that should not be equated with modernization, as it often is by development theorists studying aging in low income countries (Leavitt 2007; Nyangweso 1998; Olum 2005; Smith 1998). Whereas the concept of change is neither theoretically bound nor inherently value-laden, modernization is both. Deeply rooted in social evolutionism theory, modernization describes a transitional process whereby a society is supposedly driven from a ‘primitive’ or ‘underdeveloped’ state to one that is ‘modern’ or ‘developed’ (Aboderin 2004b; Ferreira 1999; Hettne 1995; Johnston et al. 2000; Marshall & Clarke 2007; Power 2003). Modernization theory has been criticized heavily for its inference that achieving ‘modernity’ is necessarily a desirable end, and for its ethnocentricity, in that modernization is often likened to ‘Westernization’ (Holtzman 2009; Power 2003; Robbins 2002). Modernization is

different from notions of change, which Aarnio (1982) describes as being “neutral with regard to values, because it does not imply any judgement on whether the new state of affairs is better or worse than the original one” (119-120). In view of these differences, change and modernization should not be confused.

Although an immeasurable web of changes is bearing upon the aging experience in Kenya, this study highlights the primary causes and effects of only five particular forms of change: settlement change, technological change, cultural change, religious change, and familial change. There are two reasons for this. First, honing in on five forms of change is a manageable endeavour that falls within the scope of the study. The intent is to generate data of a higher *quality* by limiting the *quantity* of the phenomena under investigation (Babbie 2004; Creswell 2009). Second, these five changes are related vis-à-vis their propensity for significantly altering the societal fabric of the community of Marich Pass. The course of each is interrelated with the next, and all five directly influences the aging experience. It is with these two points in mind that definitional parameters for change are in place.

4.3.3 Agents of Change

Countless factors underpin evolution and change within human societies. Some sociologists identify conflict, consumerism and the search for profit, and social movements as primary agents of change (Nolan & Lenski 2009), while others identify environmental and population pressures, innovation, and the diffusion of technology and cultural practices (Newman 2010). Many sociologists also note that change can arise organically, irrespective of broader outside forces, as humans are unique beings that have the capacity to conceive of and act upon rational or irrational ideas, the cumulative effect of which can be abrupt or gradual change (Holtzman 2009; Newman 2010; Nolan & Lenski 2009). Change typically results from the simultaneous operation of a variety of agents working in tandem.

Globalization appears to be the principal agent of the five forms of change examined in this study. In *The Encyclopedia of Gerontology*, globalization is said to refer to “those mechanisms, actors, and institutions that link together individuals and groups across different nation-states” (Phillipson & Vincent 2007: 630) by means of the

transnational flows of information, goods, and people made possible by different avenues of time-space compression (Baars et al. 2006; Fry 2005; Gibson 2004; Massamba et al. 2004; Nsibambi 2001; Phillipson & Vincent 2007). The diffusion of phenomena across local, national, and international borders, and the climate of interdependency it has yielded, is conducive to change, and fuels the greater part of the changes occurring in the ethnographic present.

4.3.4 Change in Kenya

There is a significant body of literature on the nature and implications of change for Kenya's aging population. While there is broad consensus that different forms of change, such as those outlined below, are vastly reordering the social fabric of Kenyan societies, opinions differ regarding whether these changes pose positive or negative implications. The inference of the majority of the Kenya-specific literature is that changes are at once undermining elders' *echot* and authority, as well as disrupting the social structures once responsible for the support and care of the aged (Holtzman 2009; King 2008; Muga & Onyango-Ouma 2009; Nyangweso 1998; Smith 1998; Thomas 1995; Udvardy & Cattell 1992). A smaller niche also accentuates the benefits made possible by change, including the availability of new communication and remittance channels, innovative forms of medical and financial support, and increased social mobility for women (Albert & Cattell 1994; Cattell 2008, 2003; Dowden 2009; Nhongo 2005; Nsibambi 2001; Sangree 1992; Udvardy & Cattell 1992). Whichever way it is taken, change has attracted enough attention to warrant a great deal of discussion in Kenya, albeit with little reference to population aging among the Pokot in particular.

The nature, causes, and implications of five types of change said to be occurring in Kenya are outlined below. The degree to which these phenomena are shaping the lives of Pokot elders living in the Marich Pass area will be discussed in Chapter Five.

4.3.4.1 *Settlement Change*

The term settlement change describes shifts in the proportion of individuals living in rural versus urban settlement areas in a given region (Apt 1996; Collinson et al. 2007; Johnston et al. 2000). Urbanization, one form of settlement change, describes "the

process of becoming urban” (Johnston et al. 2000: 883), whereby the population concentration of a country’s cities increases relative to the population concentration in rural areas due to a variety of push and pull factors (Apt 1996; Apt & Grieco 1994; Castles & Miller 2003; UNPD 2007). Most often, urbanization occurs in a stepwise fashion, a term that describes “migration involving a sequence of moves from smaller to larger places, rather than a single leap from village to metropolis” (Collinson et al. 2007: 6). Rather than proposing a particular numerical benchmark, the United Nations Population Division (UNPD) (2007) designates cities ‘urban’ according to the scope and type of services and employment opportunities they offer, though consensus is that urban centres must house at least 20,000 individuals. Kenya’s main urban centres stretch along the southern expanse of the country, and include, in addition to the national capital Nairobi, Mombasa, Nakuru, Kisumu, and Eldoret (Figure 1) (MPND 2006).

Typical in- and out-migration and settlement patterns have shifted in Kenya in recent years, largely due to the country’s increasing integration into the global market system, such that stepwise urbanization is on the rise (Cattell 2008; MPND 2006; Odhiambo & Damiano 2003). While urban populations in Kenya are currently growing at a rate of 3.9 percent per annum, this rate is expected to increase to 4.1 percent by the year 2030 (WRI 2010). As a result, demographers expect Kenya’s urban population to rise from 19.7 to 33 percent of the total population, or from 6.1 to 20 million people, during the same timeframe (Ibid.). While it is difficult to formulate accurate projections past the year 2030, the UNPD (2007) predicts that more than 48 percent of the total Kenyan population—nearly 41 million people—is expected to reside in urban areas by the year 2050. This will bear directly on the aging experience in both urban and rural areas.

The trend of urbanization has adverse effects that compound existing resource allocation and access issues in both urban and rural societies. In urban areas, rapid urban expansion exerts pressure on already-underfunded health facilities (Chepngeno-Langat et al. 2010; Cohen & Menken 2006; Collinson et al. 2007; Garenne 2006), transportation systems (Darkwa & Mazibuko 2002), water and sewage facilities (AU & HelpAge 2003; Darkwa & Mazibuko), housing (Cohen & Menken 2006), food provision services (van Dullemen 2007, 2006), and other infrastructure. In turn, the pressure caused by this

increased usage translates to higher health and nutrition problems, particularly among youth and the aged, who tend to be the most susceptible to these conditions. Additionally, older people residing in urban areas are more likely to live in poverty than younger cohorts or than rural counterparts. This is often because they are marginalized from the labour force on the grounds that they are perceived to be less employable than younger workers, who are more likely to have obtained formal schooling and be physically fit (Darkwa & Mazibuko 2002; Odhiambo & Manda 2003); or because of premature mandatory retirement policies (Cohen & Menken 2006; Odhiambo & Manda 2003; Olum 2005). A Nairobi-based study conducted by Odhiambo and Manda, for example, demonstrated that 19% of 50-54 year olds, 41% of 55-59 year olds, and 45% of 60-64 year olds were unemployed at the time data were collected in 1999 (Odhiambo & Manda 2003: 19). If they do work, older people are often employed in the informal sector (>75% in Nairobi) and earn low wages, forcing them into inadequate housing arrangements in slums and informal settlements (Odhiambo & Manda 2003: 5). Combined with the broader negative effects borne by a neoliberal capitalist model that bears little interest in collective public investment, the pressures and constraints resulting from rapid urbanization can make it difficult for older people to meet their basic needs.

Like the urban aged, the rural aged faced a variety of ancillary challenges brought on by urbanization. Because younger population cohorts are more likely to migrate to urban centres in search of employment or services, and because older population cohorts are more likely to age-in-place, the proportion of older people residing in rural areas, relative to younger age groups, is on the rise. Africa-wide, for example, it is expected that 64% of individuals aged 60 and above will reside in areas defined as rural by 2020 (AU & HelpAge 2003: 6). At the same time, the out-migration of younger populations combined with aging-in-place leaves older people without the same level of familial support and involvement that existed previously (Apt & Grieco 1994; Cohen & Menken 2006). As adequate social security systems are rarely accessible to less wealthy individuals living outside of urban areas (Apt & Grieco 1994; AU & HelpAge 2003; Huish & Kirk 2007; Okoth 2010; RBA 2008), the rural aged often depend on remittance

flows¹³ (from relatives living in urban areas or from sponsors in wealthier countries), or upon themselves, working far beyond the national retirement age in the informal sector in order to cope economically (Chepngeno-Langat et al. 2010; Nhongo 2005; Olum 2005; Oppong 2006). When financial security is not an issue, older people frequently cite abandonment, neglect, isolation, and loneliness as concerns (Apt 1996; AU & HelpAge 2003; Darkwa & Mazibuko 2002; Henderson 2007; Kimani 1998; Nyangweso 1998; Okoth 2010; Sagner 2002). For all of these reasons, urbanization is adding pressure to the already problematical aging experience of poorer Kenyans living in urban and rural areas.

4.3.4.2 Technological Change

Technologies are “tools or artifacts which when properly designed and utilized make life easier, enhance efficiencies, extend capabilities, and/or ... lengthen life” (Burdick 2007: 619). Technological change or technologization, by extension, describes either the process of *making something* technological or *becoming* technological (Burdick 2007; Massamba et al. 2004). For example, telephones are technologized when cellular models replace landline models. At the same time, society is technologized when cell phones are disseminated and adapted by the public. Unless otherwise specified, technologization will denote the second definition—the propagation of technology within a society—when used in this study.

Technologization can empower or marginalize the aged, as it can individuals of any age. The availability of new forms of technology within a society affects how citizens satisfy their basic needs, regulate health and wellness, and communicate and learn locally and transnationally. Many studies demonstrate that throughout rural East Africa, including some parts of rural Kenya, the introduction of a) healthcare technologies such as water purification and sanitation systems, vaccination schemes, and other measures of disease control (Cohen & Menken 2006; JKUAT 2010; Kalasa 2004; Oppong 2006; Sanjaya 2001; UNFPA 2002); b) information communication technologies

¹³ While there is a lack of rural-urban differentiated remittance data, Kenya-wide remittance transfers totalled more than USD \$600 million in 2009, 55% and 27% of which flowed from North America and Europe, respectively (Central Bank 2010).

(ICTs) such as the internet, radios, and cell phones, which have opened up spaces for local and global remittance channelling and education (Cattell 2008; Donner 2008; Gammeltoft 2002; JKUAT 2010; Kiplang'at 1999; Nhongo 2005; Sanjaya 2001); and c) farming technologies such as agro-chemical fertilization systems, irrigation schemes, and cattle immunization and fertilization enhancement techniques (Jennings 2005; JKUAT 2010; Kiplang'at 1999; Nangulu 2001; Oponng 2006) has improved the quality and length of life for both older and younger populations.

A smaller proportion of the literature specific to rural East Africa highlights the obstacles and costs of technologization. Differential access is cited as a major concern. Regardless of whether new forms of technology are *created*, some argue that financial, geographic, educational, infrastructural, socio-cultural, and bureaucratic barriers limit access to certain segments of the population, notably the rural poor, females, and/or the aged (APRM 2006; Nangulu 2001; Nyangweso 1998; Olum 2005; Sanjaya 2001; UNFPA 2002). In 2008, for example, only 42.1% of Kenyans were cell phone subscribers, 8.7% were internet users, and 5.5% had personal computers in their homes (WRI 2010). Further, 20.2% of adult males and 29.8% of adult females were illiterate in 2004 (Ibid.). Though data are unavailable, it is likely that access to technology and literacy rates are both lower in the West Pokot District than in other regions of the country due to poor infrastructure¹⁴, higher poverty rates, and a host of other reasons (Ibid.). Whether technologization empowers or marginalizes older populations is contingent upon whether or not technologies are made widely accessible.

In terms of costs, the negative implications revealed by technology assessments include improved access to destructive technologies such as weapons (Eaton 2008; Mkutu 2007; Nyangweso 2006), as well as the ecological costs of technologies (Donner 2008; Sanjaya 2001). Additionally, there is concern that technologization can disempower the aged. The UNFPA's (2002) *Population Ageing and Development* report notes that a "lack of access to technology that promotes independence and other socio-

¹⁴ None of the interview respondents had electricity in their homes, though some had occasional access to a generator. By extension, none owned computers with which to access the weak and intermittent wireless internet signal that was sporadically available in some elevated parts of the community.

economic changes can marginalize older persons from the mainstream of development, taking away their purposeful economic and social roles and weakening their traditional sources of support” (82). Because older people are less likely to adopt technologies, whether due to impeded access or conscious choice, they are often materialistically and symbolically disempowered in relation to younger age groups.

4.3.4.3 Cultural Change

In the *Encyclopedia of Gerontology*, Albert (2007) defines culture as a set of “shared beliefs, knowledge, feelings, and objects” (336). Cultural change refers to the manners in which culture adapts and transforms to internal and external influences, including the adoption or abandonment of ideologies and customs related to marital conventions, law and punishment, and gender norms, for example. Cultural change is not new; notions that ‘traditional’ cultural traits are being absorbed by ‘modernity’ for the first time in today’s societies are erroneous, as groups have been adapting to shifting internal and external forces for time immemorial—*kokai* (Aboderin 2004a, 2004b; Cattell 2003, 1997; Conant 1966; Makoni 2008; Sagner 2002). Nevertheless, cultural change does exist in an omnipresent sense, and individual groups experience it at different rates and in different manners.

The trend towards individualism, commonly referred to as individualization, is one form of cultural change that is characterized by increasing independence and self-reliance, as well as detachment from collective societal interests (Aboderin 2004b; Apt 1996; Beck & Beth-Gernsheim 2002; Englund & Leach 2000; Lukes 2006; Ma & Schoeneman 1997; Nyangweso 1998). Counterposing collectivism, interdependence, and communalism, individualism stresses the pursuit of individual goals and desires, and for this reason is often likened to egoism, though the two are not synonymous (Beck & Beth-Gernsheim 2002; Englund & Leach 2000; Lukes 2006; Ma & Schoeneman 1997). Characterized by an increasing tendency towards exchange-based relationships in place of those based on roles and social status, proponents suggest that individualization is amplified in societies where individuals have the material means to pursue the personal interests they believe will better their life course (Aboderin 2004b; Apt 1996; Ma & Schoeneman 1997).

One body of literature suggests that in Kenya, individualization is posing a threat to inter-generational family networks that conventionally supported the aged. According to this stream, in the past (and in the present in some places) many Kenyan villages were constituted in such a way that all individuals were assigned a particular role (Graafmans et al. 1997; Henderson 2007; Ma & Schoerneman 1997; Nyangweso 1998; Shawky 1972). Relative age, including who was senior and who was junior, was a major organizing principle in many sub-Saharan African societies (Cattell, personal communication, 2010; Holtzman 2009). In the case of the Pokot and some other African groups, this principle was formalized in age-set systems. As a result, according to this perspective, kinship systems of the past often embraced all community members, giving individuals “a sense of deep rootedness and sacred obligation to extended relatives” (Graafmans et al. 1997: 451). This ensured that nearly all individuals, including the aged, were adequately cared for.

According to another perspective, it is unlikely that such idealized notions of filial reciprocity existed ‘in the past’ to the extent that these authors describe. Rather, it is more likely that changing material circumstances are confining the younger generation’s capacity to support elders (Cattell 2008, 2005, 2003, 1997; De Lehr 1992; Henderson 2007; Iliffe 1987). It is individuals’ combined actions to address these challenges—by gaining an education, emigrating to larger urban centres in search of employment, and so forth—that seem to be interpreted as elements of ‘individualization’.

A number of authors (Aboderin 2005c, 2004b; Albert 2007; Apt 2005, 1996; Kimani 1998; King et al. 2005; Ma & Schoeneman 1997) subscribe to both streams, recognizing that broader constraints pertaining to relative positioning within the global market system, individualization, acculturation, and a number of other factors all contribute to cultural change. For example, one Kenyan rural sociologist notes that:

[the] effects of capitalism are already being felt in our [Kenyan] families. Individualism in society is increasing. Even families in rural areas like to operate in isolation, and those who offer any help are keen to help their immediate families only. The conjugal family is becoming more independent [and] the communal system is breaking down (Kimani 1998: 1).

Whatever the principal cause, cultural change is altering inter-generational support systems and leaving the aged to fulfill a larger portion of their own needs than they were formerly responsible for.

4.3.4.4 Religious Change

Shifting religious views, like urbanization, technologization, and different forms of cultural change, are likely to pose significant challenges for aging populations in 21st century Kenya, especially in relation to caregiving practices. Pokot religion was founded on tenets that stressed respect for the aged, whereby the position and role of elders was seen as integral to kinship systems, rites of passage, blessings and curses, and healing (Beech 1911; Huntingford 1969; Makoni 2008; Makoni & Stroeken 2002; Nyangweso 1998; Oppong 2006; Patterson 1969; Totty & Chaundy 1952). Because they were seen to hold ritual powers, knowledge, and an inherent connection with the spiritual world, families and communities cared for the aged with utmost respect, both due to senses of filial obligation, and to avoid the misfortune that could be evoked by discontented elders in life or after death. As Nyangweso (1998) explains:

The aged were respected in traditional Africa such that their mistreatment was likened to drawing a curse upon oneself. They were revered as they were considered custodians of traditional culture, religion and general wisdom of the community. Care of the aged was part and parcel of an African life since offending the aged would be like drawing God's and ancestors' wrath on the whole community (181).

As this paragraph demonstrates, the tenets of traditional religious beliefs are a significant determinant of societal attitudes and community caregiving systems for the aged.

Shifting religious beliefs, however, are causing the religion-based social support structures that were once in place to weaken. Throughout Kenya, the introduction of new religions has caused many to question or abandon existing religious beliefs and practices, oft replacing them with Christian beliefs (Dowden 2009; Nyangweso 1998; Okite 1999; Smith 1998; Patterson 1969). Unlike the case with traditional religions, Christians do not regard the deceased as able to communicate directly with, or seek retribution of, the living (Nyangweso 1998; Oppong 2006). Similarly, the Christian worldview is less

concerned with promoting intergenerational affinity than is its counterpart. As Nyangweso (1998) argues, this has “hampered the responsibility undertaken by certain families in care of their aged” (184) such that Christian kin on average take a less active role than do those upholding traditional religious beliefs.

4.3.4.5 *Familial Change*

The family, a group consisting of two or more people sharing mutual goals, values, and commitments, is the fundamental unit of social and economic organization in most societies (Apt 1996; De Vos & Schwartzman 2008; HelpAge 1999; Johnston et al. 2000; Weisner et al. 2007). In this study, the term family (unless otherwise specified; e.g., extended family) refers specifically to the nuclear family: a unit consisting of one or more parents and their child(ren), or to two childless partners who are married either formally or *de facto* (i.e., common-law)¹⁵. Partners need not live in the same residence to be considered family, nor do they need to be of the opposite sex, as long as they self-identify as a family.

Familial change occurs when gradual alterations in average familial structure and size present themselves over a given period in a given society. Some of the dimensions used to gauge familial change include variations in the number of children, spouses, partners, or extended family members in a family; variations in the preference for sanctioned marriage or common law status; or variations in the nature of members’ affiliation with one another, whether step, adoptive, biological, blended, or otherwise (Apt 1996; De Vos & Schwartzman 2008; HelpAge 1999; Weisner et al. 2007).

Familial change is universal. The specific manners in which it manifests, however, are spatially and temporally specific. In Kenya, and in many other countries currently undergoing a demographic shift, average family sizes are decreasing. This familial change is manifesting in two ways. First, as evidenced by decreasing average fertility rates (see page 15), women and their partners are choosing to give birth to fewer

¹⁵ The Pokot do not conceive of families in exclusively conjugal terms. For some, brothers, sisters, and other extended family members also figure into conceptions of the [nuclear] family. This definition is employed for the sake of simplicity due to its congruence with the categorization parameters set during the interview process.

children. Second, the practice of polygyny in urban and rural Kenyan families is waning, translating to fewer wives per husband (Apt 1997, 1996; Kilbride & Kilbride 1990; Timaeus & Reynar 1998; Weisner et al. 1997). The motivations behind these changes are complex, but relate primarily to the proliferation of Christianity, to the introduction of new educational models, and to the perception of a decreased need, relative to the past, to enhance productivity and security via the establishment of a large family unit (Apt 1996; De Lehr 1992; De Vos & Schwartzman 2008; Kilbride & Kilbride 1990; Timaeus & Reynar 1998; Weisner et al. 1997)¹⁶.

The trend towards smaller family sizes is altering the aging experience for rural Kenyans, as it is in many other African countries. Literature on why and how decreasing average familial sizes are affecting elders has roots in two broad streams. Some authors assert that average decreases in family size have reduced the absolute size of elders' care networks, and therefore the support available to them (Apt 2005, 2002; AU & HelpAge 2003; Cohen & Menken 2006). Others recognize this facet, but argue that "the dominant factor driving change in support norms and patterns" (Aboderin 2004a: S128), as related to familial change, "has been the change in families' material circumstances" (Aboderin 2006, 2005a, 2005b, 2004a, 2004b; Cattell 2008, 1989a, 1989b; Darkwa & Mazibuko 2002; De Lehr 1992; HelpAge 1999; Kilbride & Kilbride 1990; Oakley 1998; Oppong 2006). HelpAge International's *Ageing & Development Report* (1999), for example, claims that:

In recent times it has been said that the extended family is breaking down. Not all research supports such assertions but suggests instead that the extended family format is changing and under pressure but still recognizes its responsibility to its members even if it is not able to fulfil it. Such findings suggest that it is the *ability* to care and support needy older members that needs to be addressed rather than the *willingness* (99).

Similarly, De Lehr (1992) echoes that:

The issue is not whether the family will abandon its role as the care provider for the elderly. Instead it concerns the difficulties and hardships that families

¹⁶ Especially within families who have relative financial stability.

encounter in trying to care for them ... impoverished families do not even have a minimum income with which to meet their basic needs (221).

This perspective highlights how economic constraints, among other pressures, are lessening the capacity of younger cohorts to meet the needs of both nuclear family members (themselves and their children) and older kin, to the detriment of the latter.

4.3.5 Summary

Whether the result of external or intrinsic forces, change is a fundamental component of human societies. Though it is often associated with ‘modernity’, change is by no means a new phenomenon, and should not necessarily be equated with notions of ‘development’. Distinct forms of change were just as likely to have shaped the experiences of aging populations in the past—albeit under different guises—as they currently do. Change is omnipresent, and as such, will continue to cast the shape of individual and collective aging experiences.

In Kenya, as in other low, middle, and high income countries, different forms of change are affecting the experiences and care of the aged. Changes in in- and out-migration levels, the nature and use of technology, cultural and religious belief systems, and familial structure, for example, are all altering material conditions and capacities, as well as inducing a trend towards new beliefs, values, norms, and lifestyles. While these changes are bringing about a number of collective and individual benefits, so too are they resulting in deficiencies and challenges for both older and younger populations, especially where said changes compound resource allocation and access issues stemming from broader geopolitical and economic processes. The nature, causes, and implications of these particular forms of change on Pokot elders living in and around Marich Pass, and on aging societies more generally, will be examined in the Elders & Change section of Chapter Five.

4.4 CHAPTER SUMMARY

The purpose of this chapter was to introduce the theoretical framework adopted to carry out the research, comprised of both the CG and LC perspectives, as well as to review relevant literature on change. Together, these spheres serve as a base within

which to situate Pokot elders' perceptions of population aging in the Marich Pass area, which are explored in the following chapter.

CHAPTER FIVE

“To Whom Will We Turn?”

5.1 CHAPTER OVERVIEW

Chapter Five presents and synthesizes the results of the interview findings and establishes links between the aging experience, change, and elders’ needs. The overarching question that guided the collection of the data presented in this chapter is: “How is change shaping the characteristics and needs of Kenya’s aging population?” Secondary research questions adopted to extricate the nuances of the primary research question include: a) What are the specific characteristics and needs of the elders residing in the Marich Pass area?, b) What forms of change are shaping these characteristics and experiences?, c) How are different forms of change connected to and influenced by broader geo-political, economic, historical, and socio-cultural phenomena?, and d) Which forms of formal and informal support are available to the elders residing in the Marich Pass area?

The chapter is separated into three sections that cumulatively present, synthesize, and discuss the interview findings. These sections correspond with the study’s research questions and the sections in the Interview Guide: Respondent Characteristics, Elders & Change, and Quality of Life & Support Networks. The findings in the first section provide specific information about the daily life and characteristics of respondents, as well as a snapshot of the status of the aging population in the Marich Pass area more generally. Next, the section on Elders & Change explores elders’ individual and collective experiences aging in the Marich Pass area during a time of extensive change by defining what it means to be an ‘elder’ and by identifying and exploring those changes identified as having borne the greatest effect on the lives of elders in the area. Whereas the first two sections present information on the status of elders in the Marich Pass area, the final section, Quality of Life & Support Networks, summarizes their needs, the supports available to help meet these needs, and gaps wherein further support is needed. Many elements of the data provided in these three sections exemplify the experiences of similar aging societies within and beyond Kenya’s borders. This section, therefore, presents a more generalized depiction of how change influences the experience of aging.

5.2 RESPONDENT CHARACTERISTICS

5.2.1 Overview

This section characterizes the 25 respondents who shared their stories, opinions, and suggestions during the interview process. The first subsection of this section, Background Information, provides nominal and demographic information about the respondents, including a snapshot of their daily life, an age and gender profile, and information about their occupational and religious preferences. This basic information highlights the particular attributes of those who participated in the interviews.

Respondents were asked to share information about their length of residency in their current community, their living arrangements, their intent to stay in the area, and other features of the community in which they currently resided. These responses, which are summarized in the Residence in the Marich Pass Area subsection, provide useful information about the preferences and needs motivating respondents' settlement choices.

In the final subsection on Family Structure, respondents were asked to provide basic information about their parents, spouses, children, grandchildren, and where applicable, great- and great-great-grandchildren in order to draw intergenerational comparisons in demographic data, as well as to garner information about implied changes in migration patterns, family structure, religious preferences, and other phenomena over time.

5.2.2 Background Information

5.2.2.1 Basic Information

Of the 25 respondents who participated in this study, twelve were male, and thirteen were female. While Table 1 summarizes some of their basic information, respondents' real names have been withheld to protect their identity. Pseudonyms were chosen strategically with the intention of preserving the integrity of original names; whereas all of the male respondents provided 'Pokot names', some of the female respondents offered 'Christian names' (see pages 88 & 92), and were therefore assigned pseudonyms of a similar tone.

5.2.2.2 Daily Life

Respondents were asked to provide a verbal sketch of what they did during the span of a typical day in order to ease into the interview process and get a general sense of their daily life. Not surprisingly, summaries varied immensely from person to person, however similarities were noted among respondents of the same gender.

Elders living in the Marich Pass area lead a busy and often physically demanding life. For a typical *kokonyon*, the day starts at about five in the morning, just before sunrise, waking up to the sound of crowing roosters or at her husband's request. After relaxing in the *banda* strategizing the day ahead for some time, she rises and lights a fire in the compound. She often takes a short trip to the Moruny River to bathe and fetch water, and then returns to the compound, takes the goats and cows to graze, milks the animals, tidies the compound, and prepares breakfast, which generally consists of *chai* with milk and sometimes sugar, or *ugali* maize porridge, if available.

After breakfast, she prepares her grandchildren for school, if applicable, by washing them and sending them off with a bag lunch. If her grandchildren do not attend school, she sends them to take the animals grazing or to do small jobs in order to earn money to buy food. With the grandchildren gone, she has time to collect firewood and water, and to do chores around the compound. Between nine and ten, she prepares lunch for herself and the family, usually *ugali*.

A large portion of the time between lunch and dinner is devoted to earning money in order to buy food for dinner. She may work on the family farm with her children, gather and deliver water or firewood, make handicrafts, burn trees to make charcoal, pan for gold in the Moruny River, or work in a small shop. She also spends a considerable amount of time collecting firewood and water for the compound, often upwards of five hours a day. Next, she meets up with any grandchildren she sent to work to see if they earned any money, after which she might head to a local shop or to a larger market in Lomut, Sigor, or Ortum, depending on whether it is market day, in order to buy *ugali* and vegetables for dinner.

With all of these tasks accomplished, she may spend some time relaxing before making sure all of the animals made it back to the compound, milking them, and preparing dinner. A dinner of *ugali* and vegetables is eaten at around eight in the

evening, after which she tidies up, chats with family members or other *kokun*, and heads to her *banda* at around ten or eleven to retire for the night.

A typical day for a *poi*yon, like a *kokonyon*, begins at the break of dawn. Also waking to the rooster's crow, he spends a bit more time planning the day's events before rising: which children will take which of the cows and goats grazing, where they will take them grazing and at which times of day, where the most fertile grazing ground is located, and so forth. One to two hours later, he rises and wakes up his wife or wives, children, and grandchildren, if they have not already awoken. He then instructs his wife to milk the animals and his grandchildren to get ready for school. After this, he sits and waits for breakfast to be served.

After taking *chai* or *ugali*, he departs for the Moruny River to bathe, and returns in time to eat lunch before organizing his grandchildren to take the animals grazing, if they are not in school. He then spends some time working on the farm, blacksmithing, or labouring, for example, if he has a job. Otherwise, he heads to *kokwa* for the day.

A day at *kokwa* may consist of relaxing, napping, making a *tepongmwun* (stool) or *kwoang ngo koti* (bow and arrow), playing games, or exchanging stories about grazing or the weather with a small group of *poi* locally. Alternatively, it might involve journeying to a larger community to resolve more grave matters related to cattle raiding, drought, family disputes, or crime.

At around five in the afternoon, or earlier if *kokwa* took place in a more distant community such as Orwa, Lomut, Baringo, or Tot, he makes his way back to the compound to check that all of the animals arrived home safely before shutting them in their pens for the evening. If he finds that any of the animals have strayed, he consults with the children who were in charge of the animals in question, and organizes a search for them that night or early the next morning. After this, he sits and relaxes while waiting for dinner.

After dinner, he either converses with his family or meets with other *poi* at *aperit*, where they discuss community news and the day's events before heading to bed at around eleven. He usually sleeps outside at *aperit*, but may sleep in a *banda* with his wife on occasion, especially during the rainy season.

5.2.2.3 Age & Gender Profile

Respondents' average age by gender covers a spectrum that provides a relatively useful snapshot of the elderly population in the Marich Pass area. While the average age of female respondents was 61, the average age of male respondents was significantly higher at 74, for an overall average of 67 (Table 1). The youngest respondent interviewed was 55 years old, and the oldest 96, which means that all but two respondents fell within the initial age parameters set to be classified as an elder¹⁷. Between 1989 and 1999, life expectancy rates in the West Pokot District illustrated that females lived on average six years longer than males, with average ages of death at 61 and 55 respectively (KNBS 2010). This suggests one of four things: that demographic data in the Marich Pass area are significantly skewed in comparison with other areas in the district; that males may have overestimated and females underestimated their age during the interview process¹⁸; that the existing data against which this study's data were compared are unreliable due to the same collection challenges noted; or simply that the primary researcher would have benefitted from seeking out the opinions of a greater number of 'older' *kokun* during the interview process. In any case, the spread captured spans a broad enough age spectrum so as to be representative of a variety of opinions and experiences.

¹⁷ Data gathered from these two outliers were included in the study for two reasons. First, because their chronological ages were estimated, it is difficult to know whether they—or any other respondents for that matter—were indeed outliers. More importantly, however, even if their chronological age did fall below the accepted threshold, based on the Pokot definition of what it means to be an elder that is examined on pages 4 and 78, both of these individuals do indeed qualify as elders.

¹⁸ Because they are governed by an age-set system of societal organization, the Pokot did not until very recently start to measure lifespan by absolute age (i.e., number of years). During the interview process, respondents estimated their age using a life course method that involved plotting certain life experiences such as circumcision, which in the past is known to have occurred at roughly twelve years of age for Pokot males, against significant historic events such as the World Wars, the arrival of Christian missionaries or British colonizers, or notable bouts of drought, pestilence, or cattle raiding. As such, self-reporting of age is likely skewed, though this poses insignificant implications to the central objectives of this study.

5.2.2.4 Employment

Respondents were asked to share information about which occupations they had worked in throughout their lifetime, and whether or not they still worked. The most commonly identified occupations were ranchers or herders and farmers, which were stated most often by males who were or had been in charge of tending their family's cattle, and females who were or had been the primary worker on their family's farm (Table 2). The remaining occupations cited were in the informal sector, with the notable exceptions of employment in the hospitality industry, as a community councillor, or as a labourer, where positions were formally waged. More than half of respondents had or currently did work as colliers (burning trees to create and sell charcoal), as gold panners (working along the banks of the Moruny River breaking up rocks and sifting them through pans to find flecks of gold), or as delivery people (collecting and delivering firewood or water to wealthier individuals or local shops).

The majority of respondents indicated that throughout their lifetimes, they were forced to juggle a variety of occupations at any given time in order to eke out a meagre income. This account is illustrated by the survey data, where respondents listed two to three occupations each. Although a few respondents indicated that they were retired, the majority still engaged in at least one form of work, often informal, in order to make ends meet. Many were concerned that they would become unable to work with age, leaving them to starve. "I cannot do that job [gold panning] now because it seems I cannot see the gold," offered Jacinta. Likewise, "I don't have any energy to work to get money, but I need money..." stated Longuriatum, a concern which was prevalent amongst respondents.

5.2.2.5 Religious Preferences

Elders residing in the Marich Pass area were overwhelmingly religious and adhered to either Christian or Pokot belief sets. Religious preferences correlated strongly with respondents' age and gender (Table 1). Nearly half respondents, all but two of whom were male, reported holding traditional Pokot beliefs rooted in the existence of *Tororot* and a hierarchy of nature deities. Conversely, the majority of females reported different denominations of Christianity as their religion of choice, with only one of the

total 11 Christians being male. Of the remaining two individuals, one stated that he had no religious beliefs, and the other, that she practiced a combination of traditional and Christian beliefs.

It is worth noting the degree to which Christian females in particular exhibited ambiguity in declaring their religious preferences. Whereas those males and females who held traditional religious beliefs demonstrated a clear, unwavering preference for these beliefs over Christianity, the opposite was not always true amongst purported Christians. In females especially, despite the adoption of Christian names, comments made throughout interviews at times alluded to the fact that *Tororot* still held a place in their overall belief system, despite the explicit intolerance of traditional beliefs by practicing Christians. The tone of one of Irine's comments spoke very strongly to this point: "I don't practice traditional religion. For us, when we go to church, we are not allowed to do any traditional anymore... [shrugged and looked down] so...". This suggests that perhaps some of the respondents practice something closer to a fusion of Christianity and Pokot religion than they may have indicated during interviews.

5.2.3 Residence in the Marich Pass Area

5.2.3.1 *Residence & Migration Information*

Many of the elders residing in the Marich Pass area were either born in their current community or had migrated from smaller or similarly sized surrounding communities, and currently shared a compound with immediate family members. While the majority of the respondents resided within the community of Marich Pass at the time interviews were conducted, five individuals lived in Sikorot and one in Cheptulel, both of which are located along the Nakuru-Sigor Road, within a 25-kilometre expanse southeast of Marich Pass, on the way to Lomut (Table 3 & Figure 3). Four respondents had lived in their current community their entire life, and the remaining had lived there for an average of sixteen years, originally having migrated to the Marich Pass area in search of employment or to escape cattle raiding conflict. The highest proportion of respondents lived with their child(ren), spouse(s), or a combination of both, while some lived alone or with their grandchildren (Tables 4 & 5).

5.2.3.2 *Intent to Stay in the Area*

While the majority of the elders living in and around Marich Pass intended to stay in the area until their death, some suggested that they had considered returning to one of the communities from which they had migrated. When asked whether they planned to stay or leave their current community of residence, 16 respondents stated that they wanted to stay, three stated that they wanted to leave, and six stated that this decision was contingent upon outside factors (Table 3).

The majority of the respondents who wanted to stay felt that Marich Pass and surrounding communities were relatively secure from conflict and disease, or that they were too old to migrate to another place. Some stated that they liked the area, or that they didn't feel they had anywhere else to go. Others wanted to stay because they did not want to leave their jobs, property, family, or place of birth. "The farm belonged to my grandfather, to my father, and to me," stated Longolekechan, "and I will leave it for my children". Similarly, Limareng noted that "when you are born, you must enjoy the... your place. Even if it is a desert place, or a cold place, and you [were] born there. Even if it is a bad country. It is *your* country... so you like it".

All of those who wanted to leave specified that if they did, it would be back to a community in which they had once lived. Reasons for this included seeking out arable land or wanting to live closer to family members.

Five of the six respondents who were undecided about whether to leave felt that they would migrate if peace returned to one of the communities from which they had migrated. One respondent was more concerned with whether ecological conditions would worsen in the Marich Pass area, in which case he would be forced to leave as his job would no longer be profitable.

5.2.3.3 *Advantages & Disadvantages of Living in the Area*

Whether respondents intended to age-in-place or emigrate from their current community was influenced by perceptions of the advantages and disadvantages of living in the area. When asked what they liked and disliked about living in the Marich Pass area, respondents reiterated the themes noted above in addition to new themes. The most commonly cited advantages to living in the area included a comparably high assurance of

human security¹⁹, the availability of free land, employment opportunities, and proximity to various services. Conversely, when asked about the disadvantages of living in the area, hunger and a lack of arable land were cited most often, followed by drought and disease among humans and animals. These themes are summarized in Tables 6 and 7.

5.2.4 Family Structure

5.2.4.1 Spouses

Data presented by respondents suggest that most Pokot elders have large immediate and extended families. Of those interviewed, females had an average of one husband and two co-wives throughout their lifetime (Table 4). Males also took an average of two wives, although some took as many as four. More than half of female respondents reported having lost a husband to cholera, malaria, typhoid, tuberculosis, witchcraft, or old age, while only one quarter of males reported having lost a wife, often to the same ailments. While none of the females reported being divorced or separated, five men stated that they had divorced one or more of their wives as a result of alcoholism, infertility, or extramarital affairs, all on the part of their wives, or because they no longer had enough money to support the said wife. Wives were invariably younger than their husbands, sometimes by 30 or more years. Common spousal living arrangements included the husband and his wives living together in the same compound, the wives living in separate compounds with the husband living with each of the wives at different times, the husband living with one wife only, or the husband living apart from all of his wives. Religious preferences of spouses tended to be split between traditional Pokot beliefs and Christianity, with females preferring the latter.

5.2.4.2 Children, Grandchildren, and Parents

Respondents also shared information about their children, grandchildren, and parents. While two of the respondents had no children, the remaining had an average of nearly eight each, one of whom, on average, was now deceased. This is congruent with 1999 census data, which posit a fertility rate of 7.5 for the West Pokot District—the

¹⁹ Specifically, respondents perceived there to be a lower rate of cattle raiding in the Marich Pass area than in surrounding communities or districts.

highest in the Rift Valley Province, and the second highest of Kenya's 46 districts—in comparison with a national average of 5.0 (KNBS 2010).

While three respondents had no grandchildren, the remaining had an average of more than 13 each. Three respondents had great-grandchildren, one of whom also had great-great-grandchildren.

About half of respondents' children and their families lived in and around Marich Pass. Others had moved to not-so-distant towns throughout western Kenya and eastern Uganda in search of schooling, work, arable land, or a more desirable climate. Respondents indicated that while about two thirds of their children were Christians and the remaining one third either held traditional beliefs or were not religious, nearly all of their grandchildren and great-grandchildren were Christians. None of the respondents' parents were Christians, which can be attributed to the fact that the Pokot had very limited interaction with Christian missionaries prior to Independence in 1963.

5.2.5 Summary

The purpose of this section was to characterize the respondents who took part in the study by providing information about their daily life, demographic features, employment status, religious preferences, settlement patterns, and family structure. As demonstrated by the data, the Pokot lead a busy, physically demanding, and devout life. Waged formal sector work is rare and the majority of both younger and older individuals in the area who are employed hold resource-based jobs that yield a meagre income and few—if any—benefits.

The fact that most respondents work in resource-reliant occupations is worrisome, as many of the activities upon which these forms of work rely are physically demanding, especially for older individuals. That the cumulative effect of a lifetime of low-paying surplus labour under unequal exchange terms can pose health risks is not surprising. Studies conducted in western Kenya reason that individuals holding labour-intensive occupations tend to suffer from elevated morbidity and mortality rates (MPND 2005; Oluoko-Odingo 2009; Roba & Mwasi 2006). Magnifying this issue is the fact that employment in the informal sector is rarely supplemented by benefits such as health or pension plans, as examined later in this chapter. The majority of the elderly population in

Marich Pass is therefore subject to a double burden, whereby the elevated health concerns resulting from a lifetime of labour-intensive employment exist in the absence of adequate access to formal supports.

In addition to posing health concerns to workers, resource-based employment also poses significant environmental implications. Unsustainable resource extraction processes causing gradual environmental degradation have led to extensive ecosystem damage in and around Marich Pass (Figure 11) (Roba & Mwasi 2006; WRI 2010). The result of this damage is a positive feedback cycle where individuals left with fewer and fewer livelihood options continue to exploit any available resources, leading to mutually causative ecological degradation and heightened poverty levels amongst all age groups (Roba & Mwasi 2006).

The precarious reliance on resource-based employment stems from a complicated array of factors whose in-depth examination is beyond the scope of this thesis. Briefly, local factors such as land tenure patterns, unsustainable agricultural practices, demand for resources to meet basic needs, and population growth; national factors such as market conditions, production and consumption patterns, and an economic system that is little concerned with rural and remote community investment; and global factors such as discriminatory transnational trade regulations, poorly regulated investment and subsidies, debt, and the undervaluation of resources and resource-based employment all contribute to the tendency to undertake resource-based employment (Hettne 1995; MacDonald 2009, 2008; Minkler & Estes 1998; Power 2003; Robbins 2002). Unfortunately, individuals living in communities like Marich Pass are *de facto* left with fewer options on which to base their livelihoods than those positioned more favourably within the global market system.

In face of adversity, many elders turn to Pokot religion, and increasingly Christianity, which provide both individual coping mechanisms and collective material support systems. Though few respondents discussed it overtly, an underlying implication conveyed during many of the interviews was that the adoption of Christianity, in addition to providing solace in face of adversity and a social network, led to both collective and individual material and symbolic benefits. Christian mission groups form a sizeable portion of tourist flows into the Marich Pass area. Many of the mission groups come to

build schools or churches, or to provide financial or other forms of aid to locals. Because these resources are channelled through religious networks, professed Christians tend to benefit most from mission support projects. This might explain, in part, the shift towards Christianity that has occurred in Marich Pass in recent years.

Thorough examinations of respondents' family structure, like their employment and religion, provided important information about Pokot society. Results outlined in the last subsection of this section on respondent characteristics suggest that many elders belong and live in close proximity to large family networks that form an important component of their informal care spectrum. It is to this that the following sections turn.

5.3 ELDERS & CHANGE

5.3.1 Overview

The following section is concerned with change, and more specifically, what it means to be an elder living in a time of change. During interviews, respondents were asked to provide a general sense of how they perceived the Pokot way of life to have changed since 'the past'—*le kony*²⁰. Answers were extremely rich and varied extensively by person; however, certain common themes did emerge. The findings of preliminary questioning, presented in the first subsection on Changes in the Pokot Way of Life, provided a base upon which more detailed questioning about specific phenomena was able to build, as examined in the latter portion of this section. Subsequent questioning related to respondents' perceptions of the changing definition of 'elderly'; to perceptions of changing collective attitudes towards elders; and to recent observable changes in migration levels, technology use, cultural norms, religious preferences, and family structure among the Pokot.

5.3.2 Changes in the Pokot Way of Life

Because respondents' conceptions of change often involved a sense of progression from one state to another, the majority of the items listed presented themselves in dualistic form, whereby the introduction or development of a certain

²⁰ During interviews, *le kony* was defined as the time when respondents were young adults and their parents were (or would have been) elders, a generation ago.

phenomenon corresponded with the decline of another. Respondents felt that the proliferation of Christianity, for example, implied a decline in collective adherence to traditional religion. Additionally, many of the changes listed were interconnected and self-perpetuating. For example, respondents saw elders' decreasing *echot* as a function of the decline of traditional Pokot culture, just as the decline of traditional Pokot culture was also perceived to be a function of elders' decreasing *echot*, the increasing consumption of alcohol by youth, the imposition of 'Western' education models, the proliferation of Christianity, and other phenomena.

All respondents agreed that the Pokot way of life had changed immensely since they were children; however, opinions of whether these changes were beneficial or detrimental differed by respondent. The proliferation of the 'Western' educational model, as respondents referred to it, was the most commonly listed change witnessed throughout respondents' lifetimes (Table 8). Some respondents saw this as a positive change, viewing this form of schooling as a way of encouraging scientific thought that might lead to improved agricultural systems, better animal husbandry techniques, and the development of more effective furrow irrigation systems. They also saw this educational model as a way of instilling discipline and a structured schedule into children's lives, and ultimately, as a way of escaping poverty, as educated children were seen as more likely to obtain well-paying jobs in the future. As Joy remarked:

Things are changing. Like in *le kony*, here in Marich, no people were learned. So now, things are changing. Many people have gone to school. They have finished their school. Many people are now teachers. Or they are nurses. Also ... many of our chiefs are learned people now. So in *le kony*, they did not even go to school. But now, they are all learned people now. Because everybody now is going to school, and uh... wisdom... or education, will be everywhere. So this is a good change.

Other respondents, however, did not share the same sentiment. These respondents felt that children who attended schools were less interested in traditional Pokot customs, were less respectful or helpful to their parents and elders, were more likely to look down upon those who were not educated, and were more likely than non-educated children to

graduate and abandon their family in search of a new life in an urban area. Doris presents this view:

Nowadays, maybe children will go to school. They don't need advice from their parents. From the old people. They just go to school. Some will succeed, others will fail in the school. So when they succeed, they get money. And then they don't ... they go and work in the far places. They don't care about their parents. The old people in their village. They buy their farms there [gestured into the distance]. They marry there. They live there. And then they forget their culture.

After the proliferation of the 'Western' educational model, the gradual loss of Pokot traditional culture was the next most commonly listed item, followed by changing migration patterns and shifting religious views, all of which are discussed in the following subsections. The increasing breadth of ecological challenges, an increase in the variety of services and amenities (schools, clinics and dispensaries, shops, *kopo kogh*, and electricity) available in the area, and increases in crime rates and the cost of living were noted next. Individuals like Jacinta, for instance, expressed concern that:

In *le kony*, I could make 50 shillings in a day of panning gold, and that might have been able to buy food for the family for three days. Nowadays, the economy has changed. Things are more expensive... and that wouldn't even be enough for food for one day. In the future, the economy will get harder and people will face a rough time. Especially for people who are not educated.

Data available through the Ministry of Planning and National Development (MPND) (2005), the KNBS (2010), and Oluoko-Odingo (2009) reveal that economic insecurity has indeed intensified within the past two decades, as Jacinta noted, leaving 49% of West Pokot District residents living below the food poverty line²¹ by 2005 (MPND 2005: 8). Prognosis offered by the MPND suggests that economic hardship and poverty in the West Pokot District will worsen unless issues such as insecurity (stemming from cattle raiding), economic stagnation, poor agricultural productivity, low educational enrolment rates, and a lack of poverty alleviation programs are addressed.

²¹ The food poverty line for rural residents was estimated at KES 927 (approximately CAD \$12) per month, allowing the recommended daily allowance of 2250 calories per adult equivalent (Oluoko-Odingo 2009: 317).

5.3.3 Elderly Defined

As a measure of identifying exactly which portion of the population the term ‘elderly’ encompassed in the Marich Pass area, respondents were asked to list distinguishing characteristics of the said group. This question was important given that the Pokot did not traditionally measure lifespan in years, though a working definition of the term ‘elderly’ is necessary for statistical, medical, and policy objectives, be it chronological or otherwise.

Age and physical features were the most common—though by no means the only—markers of being ‘elderly’. When defining the term, some respondents specified a particular age or age range. Nearly three quarters of respondents felt that by the age of 50 or 60, an individual was considered elderly, though three respondents noted a benchmark of 40 or 70 (Table 9). A number of respondents felt that absolute age was less significant than changes in physical appearance or ability, including the appearance of wrinkles, greying hair, sinking posture and bone structure, and different forms of physical weakness or fatigue.

Most of the respondents conceived of elders in general in a positive light. For many, being nominated an elder was less associated with physical deterioration as it was with personal growth. Elders were described as individuals who had attained a certain level of intelligence and discipline. They are known to be generous, responsible, respectful, and wise, and are thought to share a connection with the spiritual world. As described in Chapter Three, it is for these reasons that elders traditionally held key positions in Pokot society, tasked with blessing warriors before cattle raids, catching and reprimanding thieves, overseeing marriages, organizing agricultural activities, and preventing witchcraft, *inter alia*.

5.3.4 Attitudes towards Elders

As illustrated in Table 10, respondents’ perceptions of non-elders’ attitudes towards elders were divided. While two thirds of the respondents felt that individuals in other age groups accorded elders with a level of respect, nearly as many felt that certain segments of society disrespected them. This apparent contradiction is explained by the fact that many respondents felt that while young girls, uneducated children, and older

adults tended show the same degree of respect towards elders nowadays as they did in *le kony*, young boys and children who were educated were less likely to show the same degree of respect. Longolekechen explained why he believes children who are educated are less respectful than their less educated counterparts:

The young generation, they don't have ... much respect in the old people. Because you can find, nowadays, maybe children will go to school. They don't need any advice from their parents. Or from elders. They just go to school. So they don't have that respect like in *le kony*. Because in *le kony*, [elders and parents] were teaching children how to look after the animals. How to care the family. But nowadays, they do as their mind take them.

Other types of attitudes towards elders listed by respondents included perceptions of aggression and violence being targeted specifically at elders; a sense of indebtedness or servitude that drove younger groups to run errands or offer elders food or money; and perhaps related to the previous item, a sense of fear premised around the notion that certain repercussions awaited individuals who did not respect elders. As Agnes so aptly described, individuals respect elders "because elders will curse you and your family after they die if you do not respect them".

5.3.5 Settlement Change

The series of questions in this section inquired about the nature and degree to which the specific changes outlined above were occurring in the Marich Pass area. To begin, respondents were asked whether they felt more people were migrating to or emigrating from the Marich Pass area than in *le kony*. Respondents who had only recently moved to the area also answered based on what they felt the consensus in the area was.

The majority of respondents felt that in-migration levels had increased steadily since *le kony* (Table 11). They felt that the majority of immigrants were coming from smaller communities to access services, such as schools and medical facilities, and to flee cattle raiding conflict. They also noted that settling in the Marich Pass area is an attractive opportunity for many, as land in the area is not privatized and therefore individuals can set up compounds and graze their cattle wherever they please.

Employment opportunities such as burning trees for charcoal or panning for gold on the Moruny River banks were also incentives, as Loterok explained:

More people are coming to Marich [than in *le kony*]. The very important thing which makes people makes people come to here is... there is contracts of casual jobs here. You can find that maybe the government, those who are preparing this road, may employ people. Maybe once a year. We have... maybe the MPFSC. Sometimes they employ people. We have people who are panning gold, and they get money for food. Some of them, they have contracts, maybe people who are able... they send people to collect water from the river. And then they buy water from people who are poor. They buy something like firewood from other people. So there is different things.

Finally, respondents felt that many people settled in the area due to its proximity to the arterial A1 Kapenguria-Lodwar Road (Figure 8), however dilapidated it may be. This road was seen as a useful transportation network along which to sell charcoal to vehicles heading to Nairobi and other larger centres.

At the same time, a number of respondents felt that out-migration was occurring concurrently, albeit to a lesser extent, leading to discernable patterns of stepwise urbanization at the national scale. Specifically, respondents felt that once they finished their schooling, many youth and young adults tended to emigrate in search of employment in larger centres such as Makutano, Kapenguria, Kitale, or Nairobi (Figures 1 & 3). As Fatmah noted:

In *le kony*, many people did not go to school, but nowadays, many people go to school. If you educate your child, they will go, they will not come back again. Just... many people go. They find a job in Nairobi... or Kitale... and they will not come back to their home. They just stay there. For the rest of their life. So, you see the disadvantage, of... to educate your children now. They might go to another place. Or country. They find a home, build *kopo kogh*. They interact with other people. And then they will not go back the rural areas. If they go to the rural areas, they [feel that they] have wasted their time.

Respondents also felt that many people were leaving Marich Pass, or intended to leave, depending on whether ecological conditions in the area ameliorated or worsened in coming years. Lomatile expressed this sentiment:

I am not sure if I will live here *kokai*. This is because I am working, and also growing my *shamba*. But nowadays, [there is] no water, no furrow irrigation. So maybe the customers will become little. And then maybe I will decide to migrate from this place.

The assertion that emigrants who did leave the Marich Pass area tended to settle in larger centres is consistent with census data, which illustrate a fourfold increase from 5.6 to 22.2 in the urban population as percentage of the total Kenyan population since 1950 (WRI 2010).

An interesting theme revealed in this subsection is that although stepwise urbanization is indeed perceptible at the national scale, the nature of migration flows into and out of different communities has a generational component. As noted on page 52, stepwise urbanization, which describes the process of repeated migration from smaller communities into gradually larger cities and eventually urban centres, tends to be the most common form of urbanization occurring Africa-wide (AU & HelpAge 2003; Collinson et al. 2007). Based on the responses and statistical data examined above, this appears to be the case in Kenya. However, migration flows also appear to have a cyclical component, whereby older individuals (often express a desire to, and sometimes do) migrate back to one of the smaller communities from which they once emigrated. Unfortunately, there are no age-specific statistical data available with which to validate this theory. However, if this trend described in the literature (Cattell 2000; Cohen & Menken 2006) and by respondents is indeed accurate, it adds another dimension to the inference that changes in in- and out-migration flows are adversely affecting the aged. In particular, this trend posits a decreasing caregiver-to-elder ratio in Marich Pass, which may continue to lessen the breadth of the informal care networks available to elders in the community.

5.3.6 Technological Change

Respondents were asked to share their opinions of the positive and negative elements of cell phone use in order to establish whether elders in the area were adapting to and benefiting from some of the technological advancements and communication devices made available to them.

Perceived positive elements of cell phones related to the various functions they provided. All of the respondents agreed that cell phones were a useful communication tool, whether or not they used them personally (Tables 12 & 13). As Losiwa remarked:

Cell phones are very, very, very good. For communication. For example, yesterday, I was communicating with my child, who is in Eldoret. So, we were communicating, to know how I am doing, how I am getting old. And it is a fast thing way of communication. Not like the person to person. You don't have to wait. So it is easier to... if I want to communicate with my wife, I can phone her, and we can talk together.

One fifth of respondents also felt that cell phones protected individual security, in that they provided a means with which to contact outside assistance in cases where medical or legal intervention was needed. A few respondents also noted that cell phones were useful for sending and receiving *M-PESA* money transfers or for obtaining information, including by calling merchants in neighbouring communities to obtain the market price for certain goods before making any unnecessary trips.

The only perceived negative aspect of cell phones, cited by nearly half of respondents, was that some individuals used them to commit pranks or crimes, especially against elders. These respondents described incidences where youth and young adults had used cell phones to trick elders into meeting them in a certain location at a certain time in order to rob them. Josephine, for example, found that:

The problem of this phone is... many people have killed each other, because of phones. If you have grudge with somebody, and you want to kill him, or her, you just communicate with the thieves. You just call him or her and say, "he is coming... he is coming with this vehicle... this and this..." and you wait. It is not often, but we hear that it is true.

Based on the information offered by respondents, the introduction of new technologies, especially cell phones, has furnished elders with both opportunities and challenges. On the one hand, elders are utilizing cell phones to facilitate communication, remittance transfers, and economic activity, all of which can empower and improve the aging experience (Donner 2008; JKUAT 2010; Kiplang'at 1999; Sanjaya 2001). In fact, elders' use of cell phones to facilitate market transactions might inform the Arid Lands Resource Management Project's (ALRMP) (2005) *West Pokot District Vision and Strategy* document for 2005-2015. This document suggests that the district suffers from stagnant economic development because poor infrastructure is limiting access to livestock markets in other parts of Kenya, and thus limiting the ability of residents of all ages to partake in value added economic activity. Perhaps the ALRMP could investigate elders' use of soft infrastructure as one method of fostering market integration.

On the other hand, the use of cell phones by ill-intentioned robbers has cultivated concern in many elders, and has therefore hampered the aging experience. While existing data on cell phone use and crime prevalence are too vague to establish whether the introduction of phones has in fact augmented crime levels in and around Marich Pass, Nyangweso's (1998) examination of cultural lag among youth and elders in Kenya suggests that whether or not such a correlation exists is of little concern. Rather, it is elders' *perception* that cell phones pose a threat that is of issue, Nyangweso argues, as this psychologically and symbolically disadvantages elders in comparison with younger age groups. Different technologies are only empowering to the aged to the degree that elders perceive their benefits to outweigh their drawbacks.

5.3.7 Cultural Change

Respondents expressed unwavering agreement that many elements of Pokot culture had changed significantly throughout their lifetime. For respondents, the umbrella term 'cultural change' encompassed a variety of phenomena, including the declining practice of female circumcision, declining elder-to-youth knowledge transmission, declining dress in traditional clothing, and increasing respect towards females most often; and declining faith in traditional religion, the declining practice of traditional ceremonies and dances, the declining use of the Pokot language, and the

declining use of traditional medicines less often (Table 14). In general, respondents felt that these changes could be attributed to the introduction of ‘Western’ education models and Christianity into the area, in addition to other more subtle changes in the Pokot way of life that may have caused societal views and values to shift. While respondents did feel that the majority of the changes that were occurring were regrettable, they did not fear the obliteration of Pokot culture. Rather, they felt that in the midst of the widespread adoption of new customs and ways of life, there would always be a place for tradition, in that some of the more desirable elements of traditional Pokot culture would continue to be observed alongside the new elements. Further, respondents felt that cultural changes were less likely to take effect among populations living in more geographically isolated areas, since they had less exposure to the outside influences listed above.

All but two of the respondents agreed that the declining practice of female circumcision and the general increase in levels of respect towards females were positive cultural changes. Traditionally, the Pokot viewed female circumcision as an invaluable precursor to adulthood (Beech 1911; Conant 1974; Dundas 1910; Schneider 1967). Research conducted among Kenyan groups within the past two decades, however, suggests that educational and economic change is undermining the perceived value of circumcision. Data available through the Central Bureau of Statistics (CBS) and the MOH (2004) highlight relationships between past and current circumcision rates and school enrolment. Rift-Valley-Province-wide²², 43% of the nearly 2000 adult mothers interviewed in a 2003 study indicated that they were circumcised, while only 31% of their eldest daughters were circumcised (CBS et al. 2004: 251-252). Mothers with no education illustrated the highest circumcision rates (58%), while daughters with primary (17%) or secondary (10%) level education illustrated the lowest rates (Ibid.). As Thomas (1995) noted of the Meru, a Kenyan group sharing similar characteristics with the Pokot, “circumcision is no longer the definitive symbol of full participation in community life.

²² There are no female circumcision data available for the community and district levels. While the province-wide prevalence of circumcision among adult females is 43%, this number is likely higher in Marich Pass, as Kenya-wide rates indicate a higher prevalence among rural (36%) versus urban residents (21%), and poorer (40%) versus wealthier (19%) residents (CBS et al. 2004: 251-252). Marich Pass is both rural and comparatively poor.

Two sets of criteria [now] guard the gateway to responsible adulthood. One is marriage. The other is getting a job and/or acquiring enough land for subsistence” (252). Like in Meru societies, it is likely that the symbolic and material value of circumcision has declined among Pokot societies in recent years, as new avenues exist along which females can participate in and contribute to society in a socially acceptable manner.

The one concern that was expressed by one of the two respondents who did lament the loss of female circumcision related to the fact that by abandoning the practice, it would be difficult to distinguish females that had been ‘prepared’ for marriage from those who had not. Lomantile explained that:

People cannot marry a woman without circumcision. Because an uncircumcised lady, in our culture, she have not become an adult person. So it will bring... a very big trouble in the family. Because she is young. She have not learned ... to become a wife.

From the statement above, one might infer that the perceived importance of circumcision—among those who still advocate the practice—lies less in the *practice* itself than in the complex *socialization process* that culminates with circumcision as marking the transition into womanhood.

Regarding the apparent increase in levels of respect towards females, female respondents in particular echoed Kichwala’s sentiment that “at this time, things are changing. Women can also rule. I wish I could be young so I could be respected now like female elders of the future will be”. As increasing educational enrolment, declining circumcision rates, declining family sizes, increasing labour force participation, and other factors demonstrate, gender roles and relationships are changing in contemporary Pokot society. Following trends documented in other parts of Kenya and Africa, the separation between the once-rigid social and economic roles and responsibilities of Pokot males and females, which were largely divergent in the past, is blurring (Aboderin 2004a; Edgerton 1964; Oakley 1999; Sangree 1992). Though females remain primarily responsible for homemaking activities, they are increasingly partaking in informal and formal employment, and are therefore contributing financially to their families beyond their bridewealth value. Additionally, the advent of Christian churches into the Marich Pass area has created spaces for females to participate in Pokot society in a leadership capacity

through religious institutions—spaces which did not exist within the traditional Pokot religious system (Beech 1911; Huntingford 1969; Sanders 2001; WMC 1993).

Although shifting gender roles and relationships pose opportunities for the Pokot, especially for young females, these changes also pose adverse implications for the current generation of elders. Increasing *echot* and freedom has granted younger females more opportunities, resulting in increasing out-migration to pursue education and careers, and decreased pressure, relative to *le kony*, to fulfill socio-economic familial obligations by caring for their aging parents or step-parents. Although the majority of respondents spoke fondly of the steadily increasing *echot* of females, this cultural shift will likely decrease the pool of caregivers available to Pokot elders in coming years.

In contrast to reactions expressed over increasing respect towards women, respondents expressed disappointment over declines in the elder-to-youth knowledge transmission process, the wearing of traditional attire, and the practice of traditional ceremonies and dances. Each of these items was seen as serving a valuable function and integral to Pokot identity. Of the declining elder-to-youth knowledge transmission process, Doris explained that:

We have teachings in our culture. So special people, old people, used to stay with [youth] and teach them how to stay in good behaviour. How to respect other people. But nowadays ... many children now go to schools. So you can find that they cannot mind about knowing the culture. Maybe some of them are reading books [about Pokot culture], but the majority, they don't mind about knowing the culture. ... If that practice [elder-to-youth education] will end, people will grow with a new generation and will not know anything from the elders.

Similarly, Limatiang felt that the declining practice of traditional dances could be attributed to the proliferation of Christianity. “The children used to go and make their dances,” he shared, “but nowadays, very rare. People go and sing in the churches. Instead of going and make a traditional dance, they go in churches”.

Opinions were divided in regards to whether the declining faith in traditional religion, the declining use of the Pokot language, and the declining use of traditional medicines were positive or negative shifts. Not surprisingly, respondents who self-identified as Christians tended to express less disappointment for declining faith in

traditional religion than did those who self-identified as adhering to the religion in question. In terms of the other three items, individual respondents noted both positive and negative facets of the said changes. For example, respondents felt that there was logic to learning English and Swahili, the national languages, for communication purposes, but at the same time regretted adopting these languages at the expense of the Pokot language, which they felt was intrinsic to their identity. Similarly, some respondents felt that the declining use of traditional medicines signified a positive shift away from ‘primitive’ prevention and treatment methods to more progressive (and what they assumed were more effective) biomedical methods, while other respondents felt that the opposite was true. An advocate of the ‘Western’ medical model, Limareng commented that:

Now ... we have hospitals. Whereby if you are sick, you go to hospital, and you can recover easy. Not like *le kony*. You can be treated now. [From] disease. Maybe you will take medicines to cure a stomach ache... and then... and then maybe [a doctor finds out that you are also] suffering from maybe another disease, not just stomach ache. Like maybe typhoid. Or anemia. Because the [symptoms of the] two diseases are almost similar, so you cannot tell [without the help of a doctor]. ... So this modern version have make good changes. It is a very good thing.

Longolekechen, by contrast, advocated the traditional medical model:

I prefer the local medicines. Because in *le kony*, I was used to the local medicines. And also, I use local medicines because it is very strong, stronger than western medicine. Once you take a local medicine and use it as a medic against the disease you are suffering from, you will be healed, and you will stay [healed] for longer. Because of vomiting and removing out all the bad stuffs in the body. But the western medicines, you just take, and then the bad stuff remains in the body. You are not healed. And then days pass. And then maybe after two weeks, or one month, or after some months... the disease have started again. ... But [elders] believe that the local medicine is [better]. When you use it as a medic, it will cure you for always. And you will long last.

Regardless of whether they preferred traditional or biomedical treatment and prevention methods, respondents felt that ‘Western’ medicines were inaccessible to nearly all Pokot elders, for as Kichwala noted, “they cost *thousands* of shillings”, and they are often accessible only through the clinics, dispensaries, and pharmacies located in larger urban centres.

5.3.8 Religious Change

As Table 15 indicates, there was unanimous agreement among respondents that Christianity had proliferated among Pokot populations in recent years. For the most part, respondents felt that women and children were more likely to have converted to Christianity from the Pokot religion, while men and individuals living in remote locations were less likely to have done so. For instance, Loterok felt that:

The majorities now are becoming Christians. Apart from few people who are living in the interior places. What I mean by ‘interior’ is... uh... rural areas. Yeah, rural areas. Maybe where the churches have been not... not arrived there. But majorities have been changed to become a Christian. Also, many of students, or children in schools, they teach Christianity. Theory on religion. Education. So that is also changing people.

Some respondents felt that there were direct benefits tied to the proliferation of Christianity, including the gradual abolishment of female circumcision and the provision of resources by Christian groups and religious NGOs. “Sometimes I appreciate Christianity,” offered Limatiang, “because Christian missionaries have brought medicines, facilities, and schools to the area”. Some respondents suggested that these incentives might have fuelled conversion rates, while others credited the shift to the influence of ‘Western’ education models.

One third of the respondents who felt that Christianity was on the rise among Pokot populations specified that many individuals who claimed to be Christians in reality held a belief set that fused traditional and Christian elements. Lomantile explained:

People now are becoming Christians ... but they go to church and they follow the traditional ways. They do both. For example, they go to church, and then they come and do traditional things ... like circumcision. [Circumcision is] still

proceeding in the boys and girls who are going to church. Or they pray to the gods in the mountains. So it depends with the choices of the people. You cannot tell a person to stick to traditional, or to stick to Christianity.

Respondents felt that this fusion was possible because there were many similarities between the two religions. Many of the Commandments outlined in The Bible, for example, echoed guiding principles at the core of traditional belief sets.

As examined in Chapter Four, conversion from traditional to Christian religious beliefs, whether at the individual, familial, or societal level, can influence the nature and level of care delivered to the aged. For one, traditional belief sets advocate age-set-based societal organization and proclaim that there is a connection between elders and the spiritual world, both of which ensure that the aged are often cared for and treated with utmost respect until their death (Nyangweso 1998; Oppong 2006; Smith 1998). Adherence to Christianity does not guarantee the same level of support to elders, as adherents need not fear retribution from disgruntled spirits, and as Christian tenets tend to define families in nuclear terms. Additionally, a number of Kenya-based studies have concluded that mounting educational attainment, whether through Christian or non-denominational channels, has empowered younger generations and instilled an ideological shift that has freed individuals who might otherwise have focused on caregiving duties to pursue more individualistic endeavours (Knighton 2006; Nyangweso 1998; Sangree 1994; Smith 1998; Spear 2003). This ideological shift has empowered young females in particular, granting them a new array of choices concerning education, employment, and family. The following section examines this premise in further detail.

5.3.9 Familial Change

All respondents felt that the size and structure of Pokot families had changed considerably since the time that they were children. As Loterok explained, they felt that changes were more common among some groups than others:

The size of the families is changing for the Pokot who are not pastoralist. For example, people who are ... living here, they have become Christians. Others have become educated. So the number of the families is reducing. But people ...

Pokot people who are still having cattle and still practicing pastoralism, they still proceed with their polygamy families.

The most commonly cited familial changes were fewer wives per husband and fewer children per family (Table 16). Both were attributed primarily to the adoption of Christianity or to school enrolment by one or both of the partners in the said families, as Werokariol described:

Nowadays, those who are being educated, they meet in the schools, or in the colleges. And then they make their friendship. They organize for wedding. And uh... they marry only one wife. And that wife [does not] agree for another wife to be married. Even though a man wants to add another one... but the wife cannot agree.

Other respondents, including Lemukwang, attributed shifts in family size and structure to new economic pressures:

The sizes of the family is coming... is reducing. Coming down. In *le kony*, people were having a lot of animals. And people were marrying more wives, because of sign of wealth. And people were also... they were preferring to marry many wives, so that to get many wives, and many children. Especially lady [children]. So that when the ladies become married, they get a lot of dowry. So... but nowadays, the wealth have become few. Animals have become few. So people marry few wives, or one wife. And also, number of children also is reducing. Because children now have become educated. And children need school fees. ... So they pay for few wives, or one wife, because [the husbands] are to serve all of them food. So people... they don't need many wives because of what they can give. Because there is not enough animals.

Longolekechen also highlighted economic factors:

To have one wife, is good. Because the population now in this place have increased. Not like in *le kony*. So, for example, my farm... like this one. If I can have more than ten children, how can I divide my farm [between my children when I die]? So it become difficult. So it is good to have ... few children. And also, if you have more than ten children, how can you pay school fees?

As respondents indicated during interviews, changing family planning values have led to fluctuations in average family breadth and structure among the Pokot within the past several decades. The literature and demographic data attribute changing family size and structure to a number of factors. First, the GOK, NGOs, religious groups, and other institutions have devoted considerable attention and resources to family-focused development initiatives throughout the West Pokot District since Independence (CBS et al. 2004; MPND 2005). Objectives outlined in the MPND's (2005) *West Pokot District Strategic Plan 2005-2010*, for example, include decreasing instances of early and forced marriages, reducing instances of child neglect and abuse, increasing literacy rates, reducing the rate of polygyny, reducing the prevalence of child and elder headed families, and decreasing poverty levels (MPND 2005: 32-33). Similarly, reports like the *2003 Demographic and Health Survey* released by the CBS, the MOH, the Kenya Medical Research Institute, and the National Council for Population and Development have established benchmarks to define the ideal Kenyan family size based on economic and demographic considerations, many of which stress the value of choosing to give birth to fewer children (CBS et al. 2004). Recommendations offered in these reports have largely shaped policy objectives and national, provincial, district, and community development initiatives, which has likely contributed to decreasing average fertility and polygynous marriage rates.

Another body of literature attributes recent familial shifts to the proliferation of Christian beliefs and adherence to new educational models, both of which have caused Kenyans' ideological values to shift in recent years. Available demographic data and participants' responses corroborate this supposition. A Demographic and Health Survey released in 2004 indicated that although there was a dramatic decline in fertility in the Rift Valley Province during the 1980s and 1990s, as respondents had indicated, fertility rates in the province increased by nearly 10% between 1998 and 2003 (CBS et al. 2004: 53). However, when plotted against educational attainment levels, the data demonstrated that fertility during this period had increased for uneducated and partially primary-educated females, but had remained the same for fully primary-educated females, and had declined for partially secondary-educated females (CBS et al. 2004: 53). The same report also indicated that females with a full secondary-level education tend to begin bearing

children more than three years later than uneducated females, at 22.2 and 18.7 years of age respectively (CBS et al. 2004: 60). Whether the result of developmental initiatives, shifting ideologies, or a combination of both, shrinking family sizes denote both a decrease in the breadth of informal care networks available for the aged, and as a result, an increase in the pressure facing available caregivers.

5.3.10 Summary

There is no question that change is shaping elders' experiences in new and complicated manners. This study's research questions enquire as to whether change is affecting the experiences of elders in the Marich Pass area, and if so, in which ways and due to which underlying causes. Information offered by respondents in this section corroborates the literature and demonstrates that there is a unique relationship between elders and change, wherein settlement change, technological change, cultural change, religious change, and familial change are shaping the experiences of aging populations in both positive and negative ways.

Although some forms of change have led to quality of life improvements, other forms of change have presented challenges. Many of the elders living in and around Marich Pass have lived their lives in poverty, with few educational and occupational opportunities available to them due to their position in the global market system, and have therefore been unable to accumulate savings. Poor diets, inadequate housing, and ill health are typical in old age, and have been for quite some time. What has changed in recent years is that although different forms of change have created a number of opportunities, so too have they created challenges.

The effects of settlement change, technological change, cultural change, religious change, and familial change on the experiences of Pokot elders living in and around Marich Pass tends to echo suppositions articulated in the literature. Although most elders continue to receive the majority of the support they require through informal care networks comprised of family, friends, and other community members, these care networks can no longer be taken for granted. Declining fertility rates, new educational opportunities, the declining socio-political position of elders, and the distinctive nature of urbanization flows are all causing the breadth of informal care networks to diminish.

This erosion is occurring both because new pathways exist along which younger generations are able to pursue their individual interests and goals; and because said changes are creating pressures for younger generations such that many see leaving communities in search of schooling and work as the most feasible adaptation to a new capitalist system that still requires them to provide for nuclear and conjugal family members. The day-to-day care of elders in Marich Pass will therefore continue to fall on fewer and fewer individuals as change continues to erode informal support networks. Of the remaining care providers, those with the fewest material resources will be impacted the most as they struggle to meet both their needs and the needs of those they care for.

Because changes in the nature of the aging experience permeate all levels of the community, it is crucial that both elders and their caregivers are given the resources they require in order to maximize elders' capacity to age well. Additionally, in coming years it will become increasingly necessary for the care provided through informal networks to be supplemented with adequate forms of formal care as the relative and absolute population of older individuals increases. The provision of formal and informal care is examined in greater depth in the following section.

5.4 QUALITY OF LIFE & SUPPORT NETWORKS

5.4.1 Overview

For this section, respondents were asked a variety of questions relating to quality of life and collective and individual needs in order to ascertain which types of formal or informal supports were of highest importance to elders in the area, and whether these supports were currently accessible.

5.4.2 Aging Well

Respondents felt that consuming a nutritious diet and spending time with family were the cornerstones of aging well. When asked which things respondents felt they needed in order to age happily and healthfully, adequate nutritious food was cited unanimously. Elders felt that the quality and quantity of their diet was currently limited due to financial constraints and ecological issues. However, respondents did stress the importance of consuming a variety of foods, including fruits, milk, *ugali* (made from

millet and sorghum, in addition to *posho*), meat, *chai*, and vegetables—especially *sukuma wiki* (kale/collard greens), *ptanya* (amaranth), *sikukuu* (spiny amaranth), *rachan* (spinach), and *tuyumwo* (thorny tree). Longolekechen explained that:

To make me healthy, there is some... there is food. To get a food, enough food. It makes me healthy. To long last. For example, in *le kony*, people were eating millet. *Ugali* from millet. *Ugali* from sorghum. They were eating... drinking milk. But nowadays, it is not easy to get those millet and sorghum. Even those cows, they do not give a lot of milk like *le kony*. So it have forced us to eat *ugali*, and then maybe the vegetables from the ... the ‘Western’ vegetables. And then using the cooking fats, which is not much good.

Soprin added:

Healthy... is having enough food. This makes you healthy. Without food, the body becomes weak, and it is easier to get sick. Lots of meat and milk, which is easier on elders’ stomachs. ... Relaxing with other *poi* on a full stomach is nice, but not with empty stomach.

Spending time with family was also cited as important by more than half of respondents, who emphasized how happy this made them feel, especially when it gave them the chance to share *ngaliontokany*—stories of the past. Lemtukei exclaimed that:

I am very much happy when I stay with my grandchildren. Or great-grandchildren. Because sometimes they make jokes. Play. They listen to my *ngaliontokany*. But because they are small, I think [laughs] ... they don’t understand well, but they like just playing.

A number of other items identified by respondents as being central to maintaining happiness and health with age are summarized in Table 17. Maintaining good hygiene, spending time with friends, feeling secure²³, and having access to hobbies, employment, and health facilities form the greatest portion of this list.

Requirements for aging well listed by respondents are consistent with the literature, both focusing on the provision of physiological and psychosocial needs (Fry 2007; Mannell & Dupuis 2007). Comparative cross-cultural research has revealed that regardless of absolute location or specific cultural context, individuals tend to possess a

²³ Especially from cattle raiding.

relatively similar set of objective (physiological) and subjective (psychosocial) needs that must be fulfilled in order to age well (Fry 2007). Physiological indicators generally relate to objective circumstances such as income, physical health, and security (e.g., food, shelter, warmth) (Fry 2007; Mannell & Dupuis 2007; Wahl & Gitlin 2007), whereas psychosocial indicators are typically associated with happiness, psychological wellbeing, life satisfaction, and morale (Fry 2007; Mannell & Dupuis 2007). Elders living in the Marich Pass have a higher proportion of unmet physiological needs than psychosocial needs.

As examined in Chapter Four, individuals' capacity to age well is constrained or facilitated by their response-ability: their capacity to address environmental challenges and to meet basic and intermediate needs. The following subsection outlines some of the challenges that are constraining Pokot elders' ability to meet physiological and psychosocial needs in order to age well.

5.4.3 Challenges Facing Elders

In addition to identifying factors that were integral to aging well, respondents also identified challenges facing elders in the community, the majority of which related to the inability to meet basic physiological needs. When asked which challenges they felt affected the overall population of elders in the Marich Pass area (Table 18), three quarters of respondents cited hunger and malnutrition. "You cannot escape from hunger," stated Agnes, "and you can die because of hunger". Diseases were noted by half of respondents, who listed malaria, typhoid, tuberculosis, anemia, HIV/AIDS, alcoholism, kala azar²⁴, and brucellosis as some of the most common. Longolekechen described the recent onset of these diseases:

There is a very big changes if I compare with *le kony*. For example, we have diseases. Diseases have became very more nowadays. You can find, there is a diseases for animals. We have diseases for human beings. You can become sick if you go for hospital. And then you go maybe for lab test. You can be found that

²⁴ Kala azar, or visceral leishmaniasis, is a chronic and potentially fatal disease of the viscera caused by infection from the protozoan parasite *Leishmania donovani* (Johnson et al. 1993).

you are suffering from maybe three or four diseases... different diseases. So, in *le kony*, there are not many diseases, like nowadays. Hunger... typhoid... brucellosis... HIV. That is almost... those diseases nowadays is very common. And in *le kony*, there were not those diseases. For example, HIV is a disease which people advertise as “be careful, there is another disease which we call AIDS here”, but we don’t understand where it came from, where it started from. But usually it affects young generation. Not older people. This disease is very difficult to tell. Because sometimes the doctor says that a... if people get relationships, it can get both of them. And also, sometimes they can have relationships, they can have sex, and the other one cannot get. So we don’t understand very well. But it’s a very, very painful disease.

Some respondents, including Chepatindar, attributed rising HIV/AIDS rates to the recent decline in polygynous marriage arrangements:

The size of the families is changing. First, maybe this is because people are changing into Christianity. Second, because the wealth have decreased. This is a very bad thing. Because a person can marry one wife. And then, he have that admiring of another women outside the home. You can find that a person have one wife, and also in another place, he have a girlfriends, there. So that one will bring... will bring diseases in the family. STIs. Or will bring a bad picture. But in *le kony*, when a person married one wife, and he needs to have another one, another wife, he don’t used to have just a girlfriend. If he needs again to have another [wife], he will marry another one. But now, people marry one, and they have different girlfriends.

There is contention in research on global disease etiology as to whether infectious disease rates are actually on the rise, or whether disease symptoms are simply becoming more easily recognizable and classifiable, leading to increased diagnosing and reporting relative to the past (WHO 2010b). The greatest portion of Kenya-focused research suggests that while reporting rates may be increasing due to improved access to information and other factors, absolute prevalence is increasing as well, especially as evidenced by the emergence of entirely new diseases such as HIV/AIDS and severe acute respiratory syndrome (SARS) (Brown & Inhorn 1997; David et al. 2007; Saidi et al.

1997; Shanks et al. 2005). According to the MPND (2005), the most prevalent infectious diseases in the West Pokot District include malaria, respiratory tract infections, and diarrhoea. In terms of HIV/AIDS, reports from the MOH indicate that 15% of the blood screenings administered in the district in 2005 tested positive for HIV, the largest affected group being those aged 16-45 years (MPND 2005: 9).

Respondents cited money as a concern not only in terms of procuring basic necessities, but also because of the increasing cost of educating children and grandchildren. As Lemtukei remarked:

Some families ... for example, my family now. I have many children. And many of them, they are in school. So in future, maybe ... many of them will be needed to go to high school. And I will not maybe be able to pay for all of them. So in my life, I see that I will face a rough time by then.

As noted above, nearly half of West Pokot District residents currently live below the food poverty line (MPND 2005). This endemic poverty has led to the over-utilization of natural resources to meet basic needs, which has created a positive feedback cycle of mutually causative poverty, ecological degradation, and deepening insecurity (ALRMP 2005). This, in addition to limited employment opportunities, poor governance, conflict, and comparatively low investment in socio-economic development initiatives (ALRMP 2005; MPND 2005; Roba & Mwasi 2006), is undermining elder security in and around Marich Pass.

Respondents listed individual physical limitations as the next challenge. This concern encompassed elders' ability to remain employed in later years, as well as the difficulty of transporting water from the river to compounds, which posed implications to hygiene and health. The MPND (2005) conveyed the same concerns in its *West Pokot District Strategic Plan*, in addition to neglect, abandonment, and insufficient resources, all of which the report identified as important development issues. The draft document of the NPOPA reiterated these items, noting that physical limitations were the greatest inhibitor of active workforce participation for individuals of all ages (Olum 2005).

As Table 19 summarizes, many of the same points were offered when respondents were asked if there was anything that scared them about their own future, as compared to elders in the area overall.

Information in this subsection revealed that a number of challenges are constraining elders' ability to meet the requirements they identified as necessary to age well. While physiological and psychosocial requirements tend to be similar across societies, the ability to meet these needs is differential. Research demonstrates that individuals who have access to adequate formal and informal support networks tend to possess a higher relative response-ability, as they are more able to meet both their physiological and psychosocial needs (Fry 2007; Holstein & Minkler 2003; Minkler & Estes 1998; Wahl & Gitlin 2007). The best way to promote aging well is therefore to increase access to adequate informal and formal supports, which the following subsection highlights.

5.4.4 Support Networks

When asked whom they could approach for help with any of the problems facing them, respondents listed their children and relatives the most often, followed by friends, neighbours, and other groups (Table 20). Whether or not respondents had children tended to dictate responses. Many respondents with children indicated that they would only approach their children if they required assistance. They felt that it would be both inappropriate to approach another individual, and fruitless, as others would likely be unable or unwilling to help. Werokariol felt that his children could help him, "but brothers or relatives? No. Everyone looks after only their [immediate] families". Similarly, Irine stated:

My children ... I am just depending on them. If you do not have children, you will just ... you will just ... *die*. [Long pause]. Because nobody will help you. For those who have children, you are lucky. Because they will keep you in a good way.

Respondents noted that the arrangement of youth and/or young adults caring for elders had roots in Pokot tradition, whereby the children or grandchildren of an elder's youngest wife would most likely hold the role of caring for their grandparents.

Some respondents with children felt that although they were still most likely to turn to their children for assistance, this approach was becoming less effective due to the increasing exodus of younger age groups from Marich Pass. As Chepatindar noted:

The most good [caregivers] are ladies. Young girls are more likely to care for older people than boys are. ... Most children are friendly, apart from disobeying. Some children, they disobey their parents, or old people. This is because, especially when a person marries or gets a job, he goes and stay in a far place. Becomes busy there. So... a *kokonyon* might think that the children who are living with her will assist her in the future. So that's what sometimes makes a problem. When a mother, or a parent, has many children. And some [of the children] will say that "maybe the other [siblings] will look after our parents" or "maybe the [sister] will look after our parents" or "maybe the [brother] will look after our parents". So that is a problem, because other [community members] will say that "I will not look after that *kokonyon*, because she has many in her family... why her first born doesn't look after her? Why her last born doesn't look after her?". ... So the bigger the family, the less other persons will help. Because they think that you have so many children.

For the two respondents without children, opinions about informal support networks differed. Eve felt that she could approach her friends or neighbours if she needed assistance, as did a number of the other respondents. Alternatively, when asked whether he was concerned that he did not have children to take care of him in later years, Lomantile commented that:

I know this question very much. So I decide to go and look for a son. Of my sister ... or of my brother. When he get married, I will go and bring him to ... stay together. To stay with me. This is my plan now. [I will] go and talk to my brother or sister. And ... to decide which child is very polite. Respectful. And then bring them to stay with me. And then we ... when I still have energy, then we start working with him. Telling him "this is what I have, this is what I have" ... everything. And then after he have adapted everything, then he will stay like my child.

In addition to family and friends, elders also felt they could rely on their animals or the MPFSC. They felt they could rely on their animals in the sense that anytime they needed money, they could choose a goat or a cow from their herd to sell. A few

respondents also felt that they could rely on God, the church, or the government to provide assistance if they faced hardship.

Responses offered by elders with and without children highlight three important elements. First, elders recognize that young adults are increasingly emigrating from Marich Pass in search of employment and other opportunities, and yet, elders are nevertheless most likely to rely on their children for support in old age, if applicable, regardless of whether or not their children plan to settle in Marich Pass permanently.

Second, although elders with many children are perceived to have a wider support network available to them, in reality they might have access to a lower degree of support than childless elders might, since childless elders are more apt to approach non-nuclear family members or community members when they require assistance. This could be because childless elders are more comfortable doing so, having adapted to the stigma of a lifetime of childlessness and/or having relied on non-familial support in the past with positive results (Cattell 2003; Edgerton 1964; Kendig et al. 1992); because childless elders are marginalized such that they have no choice but to ask for assistance from anyone who might provide it (Aboderin 2004a; Cohen & Menken 2006; Edgerton 1964; Kalasa 2004; Kendig et al. 1992; Sangree 1994, 1987); or because it is perceived as more socially acceptable for childless elders to seek support from non-familial sources than it is for elders with children to do so (Kendig et al. 1992).

The third element worthy of further consideration is the manner in which childless elders are developing adaptive informal support networks. In addition to turning to neighbours and other non-familial community members, at least one respondent indicated that he planned to 'adopt' an extended family member to care for him, with the understanding that his adoptive child would inherit his land and possessions after his death. In his work on aging and change among the Nigerian Irigwe, a group sharing similar socio-political and economic characteristics with the Pokot, Sangree (1987) identified this as a common coping mechanism among childless elders. He explains that:

A childless couple can beg ... a child to come live with them. They beg the child from a clan brother or sister, of either the husband or wife, who has two or more resident children of their own; and those thus begged feel hard pressed not to

comply, lest they be labeled “stingy”, not only by the kinspeople doing the begging but also by unrelated neighbors and friends (19).

Perhaps because his research was undertaken more than two decades ago, Sangree’s work lacks reflection upon whether this is a viable coping strategy. Unfortunately, evidence garnered through enquiry into the Pokot experience suggests that this coping mechanism is pressed by the same challenges that are facing elders with children. Push and pull factors are leading younger cohorts to urban centres, which is gradually eroding the informal caregiver pool in rural areas.

5.4.5 National & Transnational Linkages

In many low income societies, money garnered through transnational remittance flows forms a substantial portion of some families’ total income (Cohen & Menken 2006; Gammeltoft 2002; Nhongo 2005). This is especially true in situations where young adults have migrated to urban centres in search of employment opportunities, continuing to send money back to their aging parents, who still reside in rural areas (Cohen & Menken 2006; Gammeltoft 2002; Nhongo 2005). In order to get an idea of the degree to which linkages existed between elders in the Marich Pass area and individuals in other parts of Kenya and other low, medium, and high income countries, respondents were asked about their preferred methods of communication and about their use of money transferring services (Tables 13 & 21).

While most of the respondents made use of a range of communication methods, only one used remittance services. In terms of communication with family and friends in other parts of Kenya or the world, cell phones were cited as the most useful communication tool by more than three quarters of respondents. Because none of the respondents owned their own cell phone, they would borrow one from somebody in town—for a small fee—and load it with airtime when they needed to make a call.

A large portion of respondents relied on word of mouth to deliver messages, often by relaying information through a chain of individuals traveling in the desired direction until the message was delivered verbally some time later.

In addition to communicating by cell phone or by word of mouth, about one third of respondents used the Kenyan postal system. In each case, they asked their child (if

their child attended school) or another individual whom they knew was literate to transcribe what they wanted to say in letter form. Only one respondent had used the internet, also with the help of his child.

About half of respondents were familiar with remittance payments and said that they had heard of other individuals in the Marich Pass area receiving money via *M-PESA* from family members or from ‘sponsors’²⁵ in countries like Great Britain, Canada, or the United States. These respondents noted that this happened most often when an educated child left their rural hometown to work in a larger urban centre like Makutano or Nairobi, whereupon they were able to earn enough money to support their parents.

All but one of the remaining respondents said that they had not heard of remittance services, or that they were familiar with remittance services, but didn’t believe individuals living in the Marich Pass area made use of them.

Only one respondent indicated that she had received remittance payments. Doris explained that:

My child is a teacher, and she sends [money] every month. Two thousand shillings²⁶ every month. She lives in Makutano. It happens because we have *M-PESA*. If somebody wants to send money, they just send to a phone, then they go to an *M-PESA* station, like in Sigor, to get your money.

Doris’ experience exemplifies one manifestation of the complex array of linkages that exists between urban and rural areas, which can either alleviate or worsen the status of the aged in rural and remote communities such as Marich Pass. As the MIPAA (2002) articulates, “in ... countries with economies in transition, economic support, including remittances from children abroad, is often a vital lifeline to older persons and through them to their communities and local economies” (UN 2002: 13). In this vein, migration and resulting remittance flows are seen to bring economic rewards to ‘better connected’ rural households. By definition, this implies that households who lack this

²⁵ Respondents used the term ‘sponsors’ to refer to any non-family members who send money to individuals living in the Marich Pass area. In general, the greatest part of this group is composed of individuals who have travelled to the area on religious or educational delegations, and who have developed relationships with individuals or community groups they wish to support financially after leaving.

²⁶ Roughly CAD \$25.

connection, however, have a higher propensity for poverty and economic vulnerability than their counterparts do.

5.4.6 Available Services & Supports

The majority of respondents felt that there are no formal services or supports in place for elders in the Marich Pass area, either because they simply do not exist or because money earmarked for services often disappears as a result of bureaucratic or local corruption (Table 22). For example, Lemukwang stated that:

Sometimes I hear that there is some money which is used to assist some groups... youth groups, women groups, and also old person groups. But I have not seen that. I don't understand where those money goes. Because of corruption. So I have not seen assistance. That money will not come to this place. It will disappear in the top... when it comes. Because of corruption. People take it all and then leave none for old people.

These claims of corruption, both bureaucratically and at the local level, are substantiated by local media (Pkalya 2010) and by Transparency International's *Corruption Perceptions Index*, which plotted Kenya as the 34th most corrupt country in the world in 2009²⁷ (WRI 2010).

More than one third of respondents indicated that they did receive occasional assistance, however, in the form of emergency food aid. Respondents distinguished between the two types they received: one supplied by the WFP roughly twice per year, in which an NGO committee distributes maize meal to all families in need during times of severe drought; and another supplied by the GOK only once per year, on average, where maize meal is given to a DC or to a local chief to divvy out amongst elders and people with disabilities only. This information is substantiated by the WFP's (2010) *Country Programme* document for Kenya.

5.4.7 Necessary Services & Supports

The services and supports identified as necessary by respondents related by and large to the provision of basic physiological needs. The majority of respondents stated,

²⁷ Of 180 countries in total.

like Agnes, that “food and money are the first priorities” to elders in the Marich Pass area (Table 23). Respondents spoke at length about old age pension schemes, which they felt were indispensable to elder security, but which they perceived as being available to individuals living in and around Nairobi only²⁸. Respondents felt that a pension between KES 2,000 and 5,000²⁹ per month would be reasonable enough to ensure that elders in the area were able to sustain a comfortable standard of living in later years.

The provision of household goods, including clothing, soap, and blankets, was also seen as important, as were furrow irrigation construction schemes and access to affordable medical care. Those respondents who listed a need for furrow irrigation schemes felt that because elders were very knowledgeable in cultivating crops, because they had sufficient time, and because keeping busy was integral to maintaining physical and mental health in old age, it would be useful to invest in the infrastructure required to allow them to cultivate crops as long as their energy levels allowed. “People over 60 can still work,” expressed Jacinta, “so if we could get furrow irrigation, we could work and it would be good”. Respondents felt that this arrangement would serve a dual purpose in both alleviating hunger and decreasing the need for food aid and pensions. Studies undertaken by HelpAge International in Ghana (1999), Brazil (2003), and South Africa (1999) support this sentiment through illustration of the tremendous social, economic, and psychological benefits cultivated by empowering elders to contribute to local development initiatives (van Dullemen 2006).

While the majority of respondents felt that the current number of medical facilities located in and around the Marich Pass area was sufficient³⁰, they did not

²⁸ Kenyan pension coverage schemes currently encompass a mere 15% of the working population; most of those covered are employed in the formal sector in urban centres (Okoth 2010; RBA 2008).

²⁹ Roughly CAD \$25 to \$65. Recall that the food poverty line for rural residents was estimated at KES 927 (approximately CAD \$12) per month in 2009 (Oluoko-Odingo 2009: 317).

³⁰ According to Kenya’s Ministry of Medical Services (2009), there are 26 health facilities in the West Pokot District, including one hospital, three health centres, and 22 dispensaries. The primary district hospital is located in Mwotot, Kapenguria (60 kilometres southwest of Marich Pass on the way to Kitale), a journey that takes several hours by *matatu*.

necessarily feel that these facilities or the medications they dispensed were accessible due to financial and physical barriers. “Yes, more medicines are available now than in *le kony*, but it is too expensive. I cannot afford it” offered Kichwala. Likewise, those requiring anything beyond primary care often found it difficult to procure the funds required to take a *matatu* to facilities offering more specialized care.

Three other suggestions worthy of note include the construction of an assisted living facility, access to information, and help around the house. Three of the respondents—one of whom had no children, and had previously expressed concern about who would care for him when he became less able to care for himself—felt that it would be useful if an assisted living facility were constructed in proximity to the Marich Pass area. Specifically, respondents described something similar to a fusion of independent and assisted living units and long term care facilities, which depending on the needs of individual elders, could include private housing units with meals, housekeeping, and personal care services, along with higher levels of medical and personal support in later years. Lomantile described how he envisioned this facility:

First thing I could ask for ... that facility we are talking about. Maybe in every district. [Where] if a person become old, he is taken to a special place, and there is a person who is paid. Looking after him. Caring for him. And a person feels good. So the old people in the district could go and meet there. And they get food there. And everything there. Especially some people who they don't have children, or people who they have children but their children don't care about them. Also, somebody who will feel that he is with ... he can join [other old people]. Because this is the way of almost everybody. ... So I prefer, if that facility could be, I could go there and relax with my age group. And relax there until death.

As studies conducted in South Africa (Oakley 1999) and Uganda (Najjumba-Mulindwa 2002) demonstrate, assisted living and long term care facilities constructed and operated with keen sensitivity to the place and culture-specific needs and norms of different groups can offer conducive living environments for the aged. When aging-in-place is not feasible due to a lack of formal and informal support networks, elders must make important decisions regarding relocation in later years. According to HelpAge

International (2009) and Olum (2005), there are several dozen assisted living facilities dispersed throughout Kenya, half of which are located in Nairobi. Faith-based groups and NGOs fund and operate the majority of these facilities, as little government funding is earmarked for such initiatives as yet. Because so few facilities exist, geographic and financial access to accommodation within them is negligible. Thus, although assisted living facilities are in theory a plausible option through which to foster physiological and psychosocial wellness among elders with little access to other forms of support, very few Pokot elders currently have access to affordable, culturally-apposite facilities.

In terms of access to information, some respondents felt that it would be helpful to receive information from the GOK, from local chiefs, or from NGOs about the types of services and supports available to elders, especially as related to the maintenance of health throughout the aging process and to the location, cost, and features of existing assisted living facilities. In addition to the absence of elder-specific information, challenges currently impeding the dissemination of other forms of information include poor road networks and difficult terrain, security threats, low literacy levels, and residents' semi-nomadic settlement patterns (MPND 2005; Olson et al. 2010).

5.4.8 Summary

This section of the chapter investigated the final research question, that is, to what degree formal and informal supports currently exist with which Pokot elders can age well. Although Pokot elders living in the Marich Pass area are a psychosocially contented group with strong social and familial values, they have relatively few resources available to them. Apart from emergency food shipments made available during times of drought, they do not have access to the physiological means with which to age well, including adequate nutritious foods, security from physical harm, access to healthcare, and many of the other basic resources and services recommended by gerontologists and the NPOPA. In many cases, this insufficiency is due to elders' lack of retirement savings, which has resulted from being caught in the shift from an unwaged to a waged economy, and which has entailed a lack of employment opportunities, being paid low wages when employment is available, and being excluded from pension coverage. Additionally, in contrast with 'better-networked' counterparts in other low income

countries (Cohen & Menken 2006; Gammeltoft 2002; Nhongo 2005), very few elders in and around the community receive remittance support with which to supplement meagre and in some cases non-existent incomes.

The information provided during interviews on the structure, function, and stresses of informal caregiving echoed the information offered in the literature. Though less now than in *le kony*, children and other relatives are still most likely to be relied on for help by elders, especially females, though it is common for childless and and/or widowed elders to seek support in friends, neighbours, or other community members. The main reason that some elders are hesitant to ask for help in situations where they require it is that they do not feel that any of the individuals that it would be socially appropriate to approach would have the resources required to provide support, whether or not they wanted to. This is especially problematic given that a steadily increasing portion of elders' children is emigrating from the Marich Pass area. This confirms the need for formal supports in order to shift the care burden from the individual to the state.

In terms of formal supports, few are available in the Marich Pass area, and those that do exist countrywide tend to be inaccessible to the average Pokot elder. Respondents expressed that although they feel that adequate or near-adequate health facilities, medicines, and assisted living facilities may *exist*, they are generally inaccessible due to geographical and financial constraints. As a result, incidences of otherwise preventable diseases and illnesses tend to be prevalent among elders in the community.

There are a number of causes for the lack of resources available to the elders living in Marich Pass. The cause cited most often by respondents was corruption, which surely absorbs a large portion of the already limited financial resources earmarked for elders' programs in the West Pokot District. The more profound cause of this issue, however, likely relates to macro-trends at the national and global scale, all of which bear relatively unfavourably upon Kenya, especially outside of the capital region. The country's inauspicious position within the global market system translates to less funding available at the national and therefore local jurisdictional levels with which to invest in developing resources to support informal caregivers, buttressing existing formal supports, and developing additional formal supports to address the unique needs of the country's up and coming elderly population.

5.5 CHAPTER SUMMARY

This chapter presented the findings uncovered during the research process. Given that the themes emerging from interview responses were likely representative of the overall elderly population living in the Marich Pass area, exploring these responses provided insight into the experiences, characteristics, and needs of Pokot elders in face of the changes, challenges, and opportunities facing them.

Consistent with the literature on aging and change in low income countries, various forms of change pertaining to settlement patterns, technology use, cultural norms, religious preferences, and familial size and structure appear to be altering the experiences and care of Pokot elders living in and around the community of Marich Pass, north western Kenya. Specifically, these mutually causative and inextricably connected changes are undermining elders' capacity to care for themselves, while at the same time disrupting the formal and informal support structures once in place for the aged. The cumulative effects of these change-related stressors have heightened the need to: a) make resources available to informal caregivers so that they can better provide for aging relatives and friends without compromising their own health and wellness; b) improve the breadth and coverage of national healthcare and social security schemes so that they can serve a larger portion of those who would benefit from accessing them; and c) develop new forms of formal support in order to better address the spectrum of needs put forth by the country's up and coming elderly population. Broader structural inequality spanning global and local scales must be addressed simultaneously in order to create a global environment that promotes health and wellness for the older members of its societies by enabling countries to invest in necessary formal and informal supports.

CHAPTER SIX

Conclusion

6.1 SUMMARY OF KEY FINDINGS

Following global trends, Kenya is starting to witness a population shift whereby its proportion of inhabitants aged 60 and above is on the rise. At the same time, a variety of changes resulting from Kenya's shift to a wage-based economy and the recent imposition of a neoliberal economic order of limited state involvement are presenting new challenges to older individuals and the communities in which they reside. Many of the supports once in place for the aged are eroding as a result of these changes, leaving older individuals without the means with which to age well. Adopting a CG and LC perspective, this study honed in on the particular experiences, needs, and supports available to a group of Pokot elders living in Marich Pass, a rural community in the country's northwest, in order to begin to contextualize the intricate and unique relationship between aging and change in 21st century Kenya.

Four sub-questions were adopted to explore the study's primary research question enquiring into the manners in which change is shaping the experiences and needs of Kenya's aging population. Results that emerged from these sub-questions illuminated two broad conclusions, outlined below.

6.1.1 The Face of Elderhood is Changing

Before the introduction of the wage labour system in Kenya, elders were cared for by their children, spouses, neighbours, or other members of the community in which they resided. There were always exceptions, of course. However, an age-set system of societal organization, the tenets of traditional religious beliefs, polygynous marriage arrangements, and the nature of the barter economy allowed the majority of elders to count on this informal support, as it was *de facto* woven into the community's social fabric and economic functioning.

In present-day Kenya, the face of elderhood is changing. For time immemorial, *kokai*, change has influenced individuals' life courses. This is certainly the case in rural

Kenya, where a shift to a wage economy and neoliberal globalization have yielded recent settlement, technological, cultural, religious, and familial changes, among others, which have undermined both the socio-political position of elders and existing elder support networks. In practical terms, this has translated to a loss of socio-economic and political privileges, and therefore a decline in informal support without replacement by viable alternatives.

6.1.2 Aging Well Necessitates Informal & Formal Supports

Notwithstanding the stresses facing it, Kenya's rural elderly population is increasing; and, with this, so too is the need to provide comprehensive and accessible care to its members. Although a significant portion of the literature on aging in low income countries still tends to hail informal care networks as a panacea for the delivery of care to the aged, the results of this study reveal that relying solely on this arrangement is neither feasible nor desirable in the rural Kenyan context. The same changes affecting elders are also inflicting stress upon younger generations, who find that their capacity to meet their own needs and the needs of their nuclear and conjugal family members is lessening as they struggle to compete in Kenya's increasingly global market-based economy. Additionally, given the energy and resources required to provide care for the aged—for those for whom it is hypothetically feasible—psychosocial, physical, and financial pressures are a reality for caregivers working without adequate resources.

In order to ensure that they will age well in coming years, elders living in rural Kenya will require both informal and formal supports. In terms of informal support, making resources available to caregivers would lessen the burden placed upon them and allow them to deliver a higher quality of support to those they care for. In terms of formal support, two options include buttressing existing supports such as healthcare and social security programs, and creating new supports for both elders and their caregivers. The following section recommends how this might be done.

6.2 RECOMMENDATIONS

In keeping with the humanistic objectives outlined earlier in the study to contribute critically to a body of knowledge intended to yield positive social change,

while at the same time offering tangible praxis points, this section presents both actionable recommendations and recommendations for furthering research.

6.2.1 Actionable Recommendations

Two points of reference should inform policy formulation and resource development in Kenya. First, attention and thoughtful consideration should be directed to the information and specific recommendations offered by this study's respondents. Individuals living in and around Marich Pass are best positioned to identify and comment on the unique issues they face, and by extension are therefore best able to identify the particular resources, supports, and policies they—and those around them—will require in order to age well.

Second, Kenya's NPOPA needs to be ratified and operationalized in a timely manner. In general, the priority issues identified in the draft document of the NPOPA (see page 36) suitably encapsulate the points of action required to “create an environment in which older persons are recognized, respected and empowered to actively and fully participate in society and development” (Olum 2005: 16). A lengthy ratification process has to date compromised faith and interest in the policy plan. It is therefore crucial that time, funding, and other resources be invested into ratifying the policy and implementing its objectives.

6.2.2 Research Recommendations

In order for further actionable recommendations to be developed, implemented, and evaluated, there is a consistent need for rigorous empirical research employing a variety of methods to gather and synthesize qualitative and quantitative data. As a follow up to this study, it would be useful to employ a cohort or generation-sequence design (Aboderin 2005b, 2005c, 2004b; Bengtson et al. 1997; Cohen & Menken 2006; Ferreira 1999) informed by a life course perspective to conduct further research in Marich Pass. Conducting additional one-on-one and roundtable interviews with both younger and older cohorts, including formal and informal care providers, would create a comprehensive set of longitudinal data that could shed additional light on, and in many cases supplement, the themes outlined in this study. Other directions for further research in Marich Pass

include contextualizing the experiences and needs of Pokot caregivers; conducting a feasibility study regarding the construction of a culturally appropriate and economically sustainable assisted living facility in the West Pokot District; and analyzing comparatively the aging context in Marich Pass with communities experiencing similar demographic shifts, both within and outside of Kenya.

6.3 FINAL THOUGHTS

When the music changes, so does the dance.

African Proverb

Understanding and responding to change takes time. It is true that Pokot elders living in rural Kenya embody but one account of the localized impact of the plethora of multi-scalar transformations borne of the global shift to a market-based neoliberal economy that has unfolded within the past century. As Devisch, Makoni, and Stroeken (2002) suggest, however, the situation of older individuals “is intimately related to the prospects of the population at large” (280), and as such, merits attention beyond the scope of the elders in question. This is especially true given the global demographic prospectus for the next four decades, which posits both absolute and relative increases in the proportion of older individuals in most societies. Now is the time to invest in research, policy formation, and the development of responsive programs and infrastructure. Providing these resources will lessen the burden placed on caregivers, and grant individuals the ability to age securely and contentedly.

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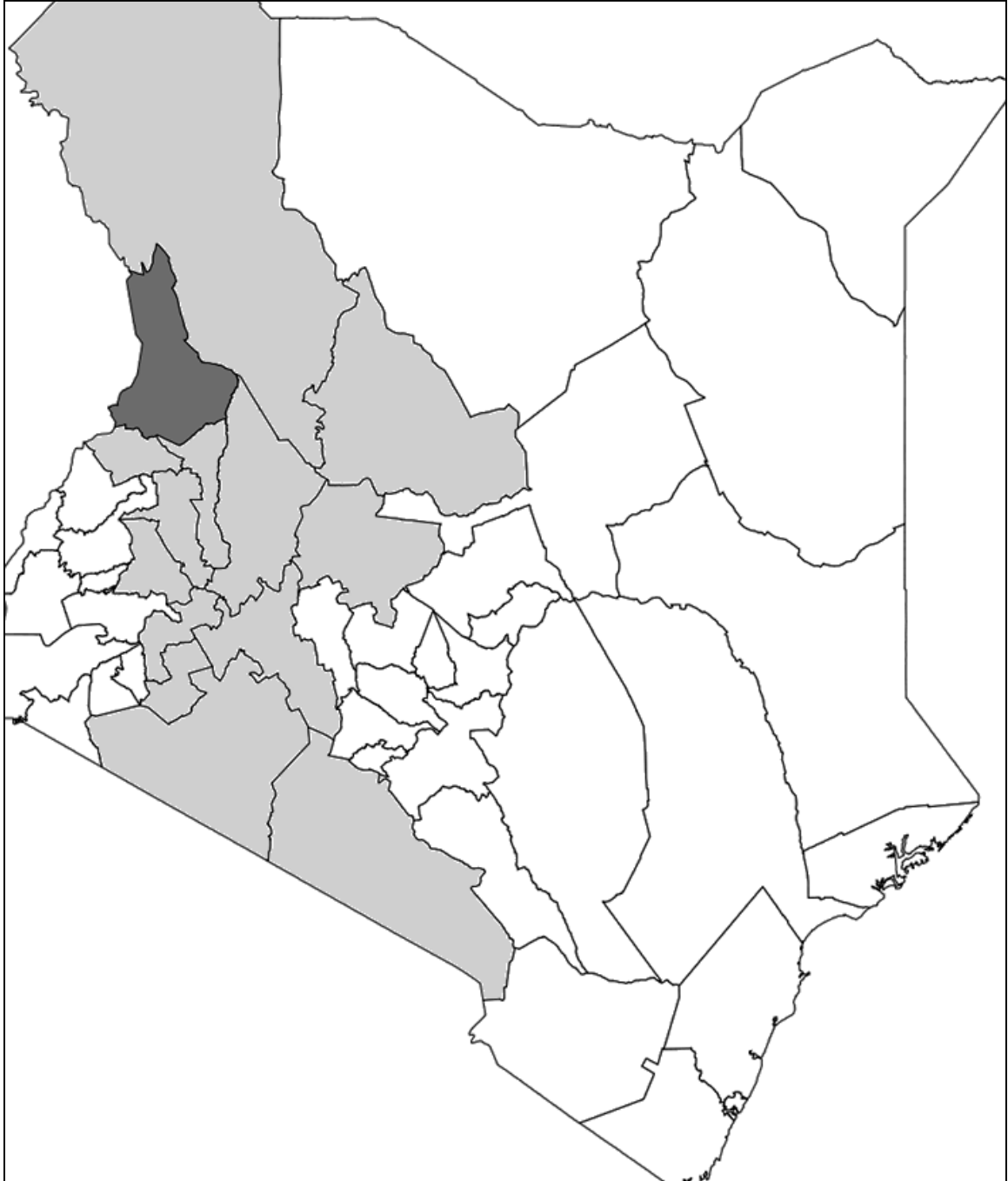
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FIGURE 1: MAP OF KENYA



Source: UNCS 2010.

**FIGURE 2: MAP OF THE WEST POKOT DISTRICT,
RIFT VALLEY PROVINCE, KENYA**



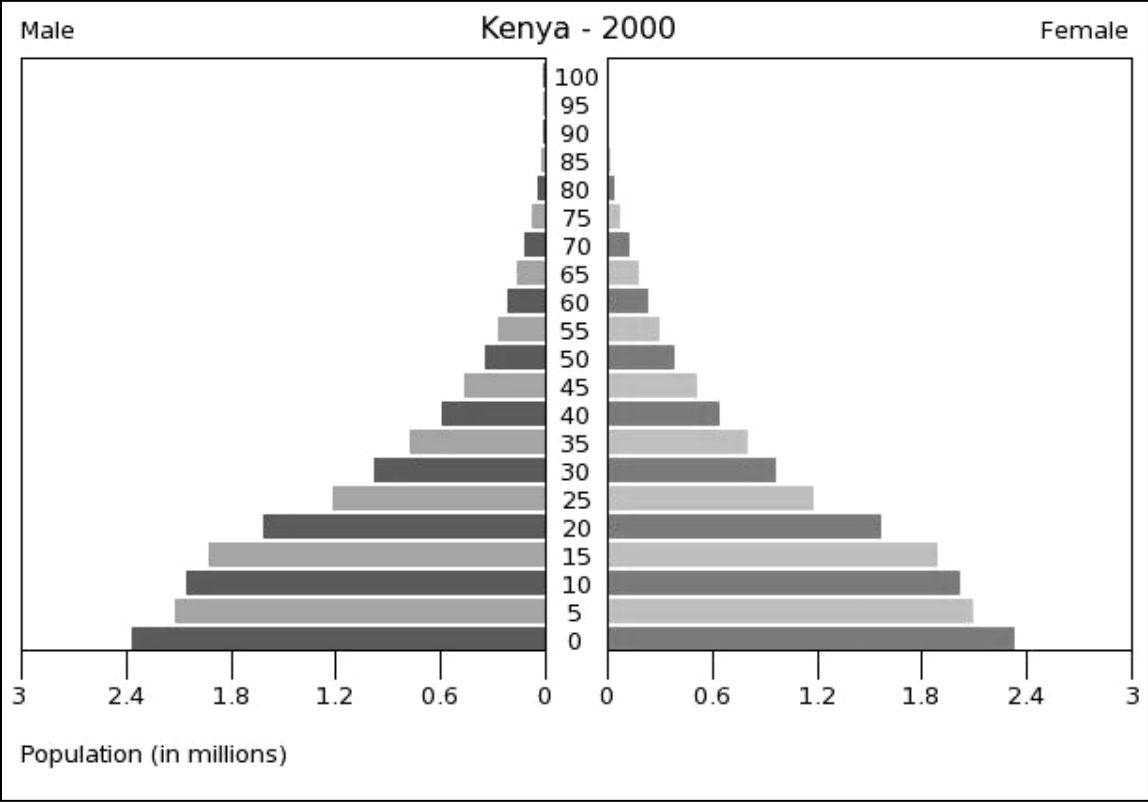
Source: Maps of the World 2010b.

FIGURE 3: MAP OF THE MARICH PASS AREA



Source: Maps of the World 2010a.

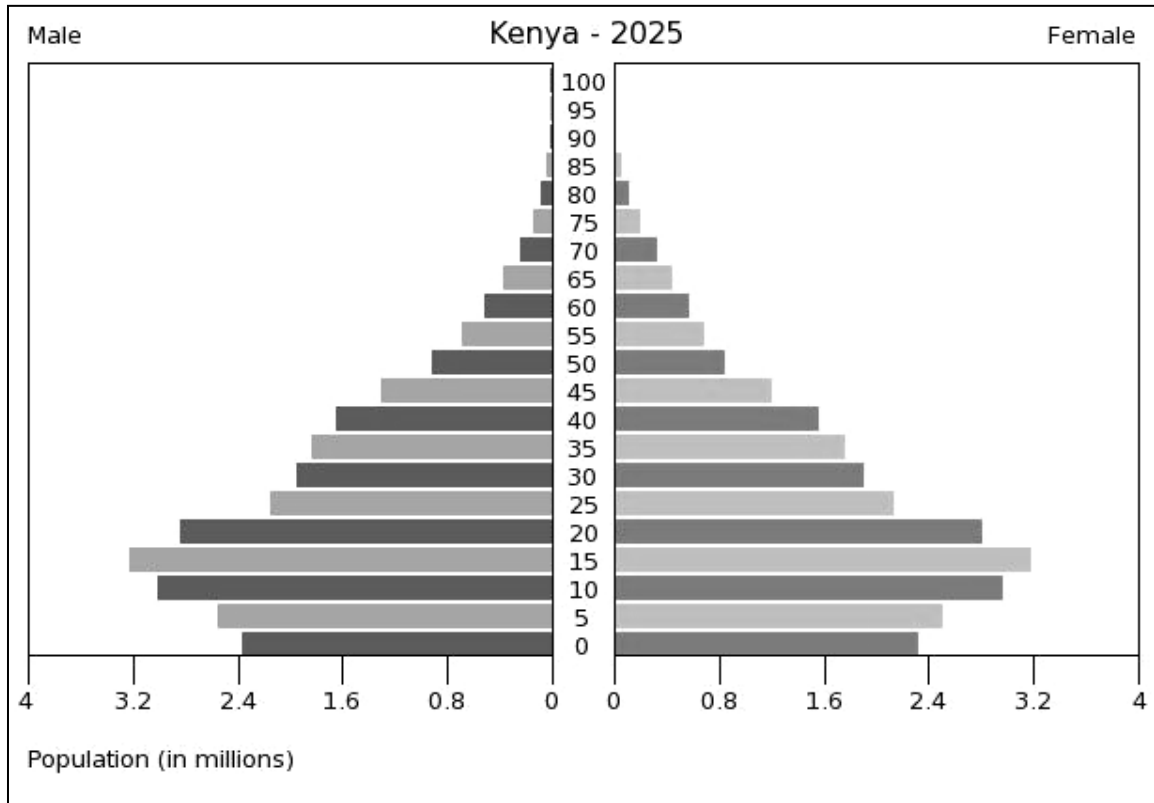
FIGURE 4: DISTRIBUTION OF KENYAN POPULATION BY AGE & GENDER, 2000



Population aged 60+ = 1,231,685 (4% of total)

Source: US Census Bureau 2010.

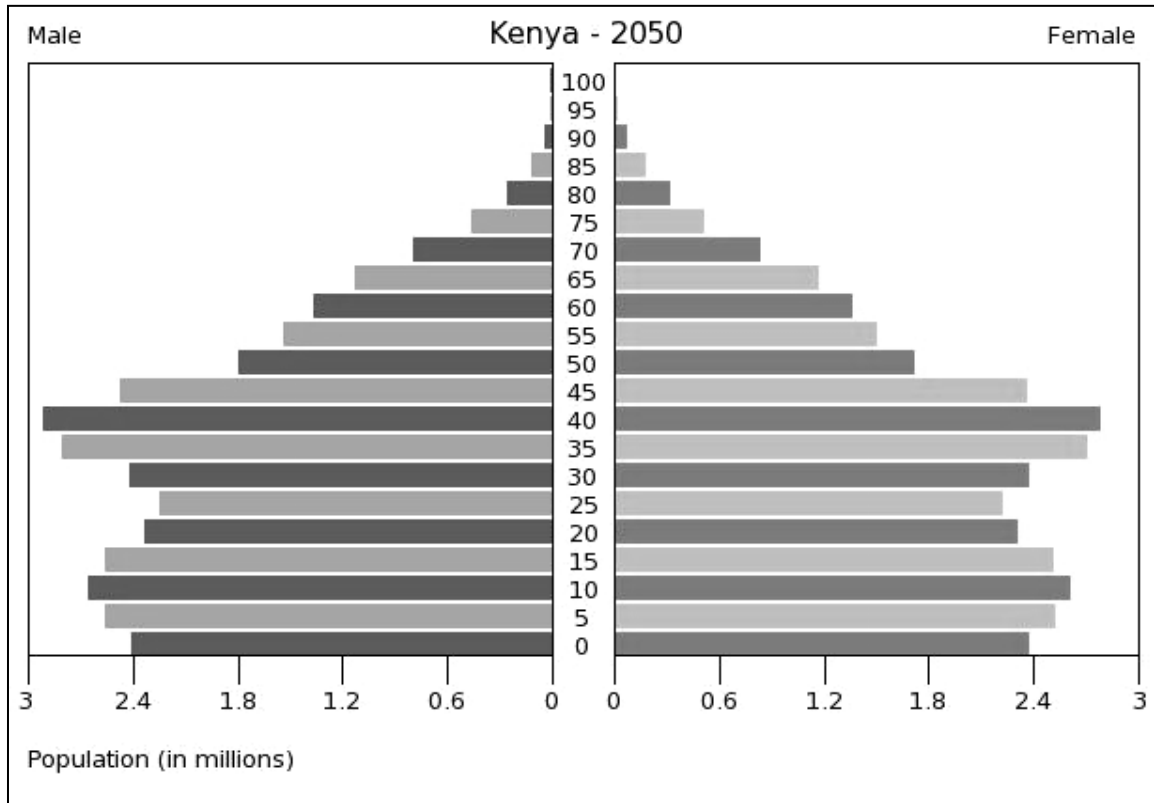
FIGURE 5: DISTRIBUTION OF KENYAN POPULATION BY AGE & GENDER, 2025 (PROJECTED)



Population aged 60+ = 3,052,927 (6% of total)

Source: US Census Bureau 2010.

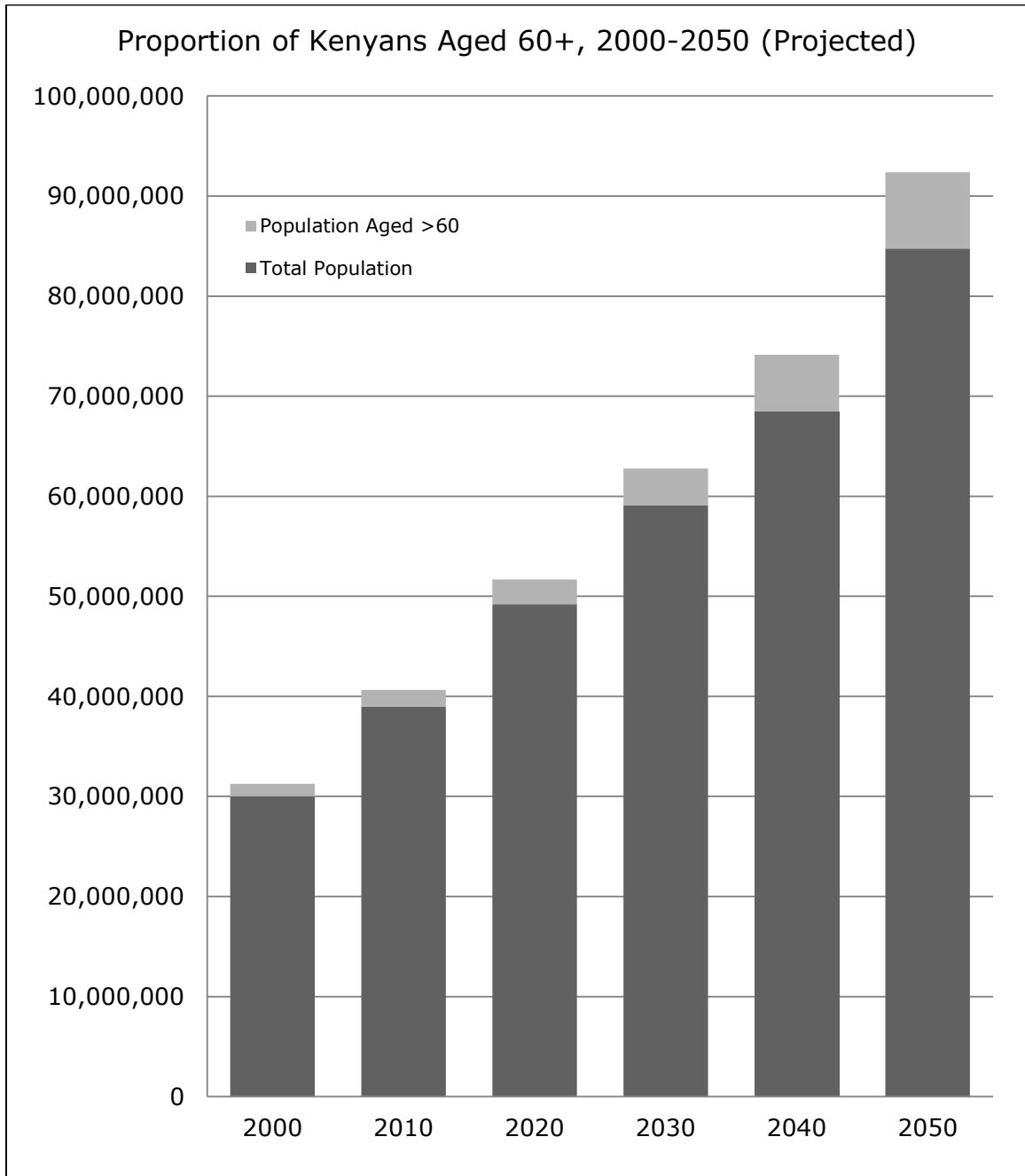
FIGURE 6: DISTRIBUTION OF KENYAN POPULATION BY AGE & GENDER, 2050 (PROJECTED)



Population aged 60+ = 8,585,633 (12.5% of total)

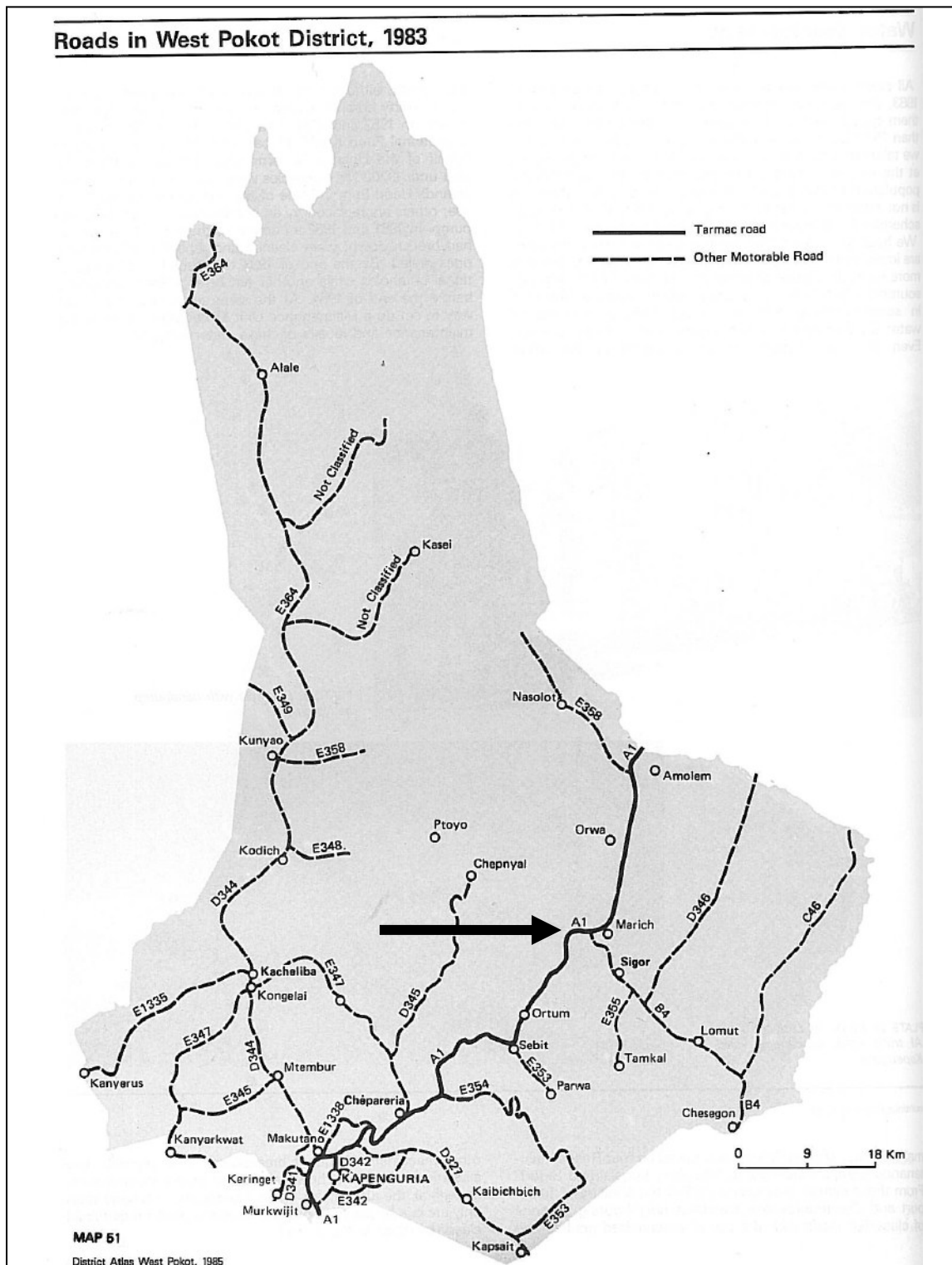
Source: US Census Bureau 2010.

FIGURE 7: KENYAN POPULATION AGED 60+ BY YEAR



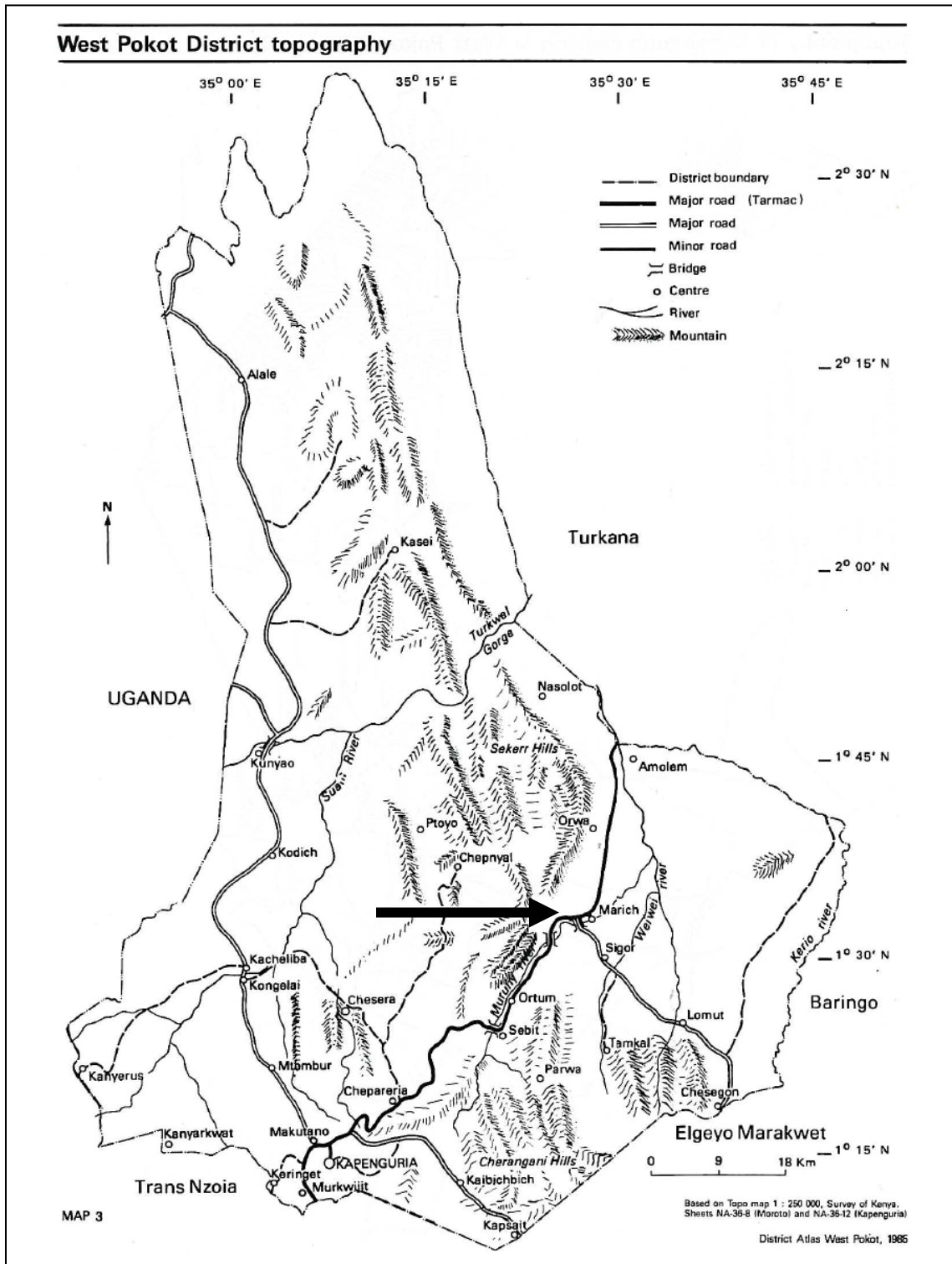
Sources: US Census Bureau 2010; WRI 2010.

FIGURE 8: WEST POKOT DISTRICT ROAD NETWORK



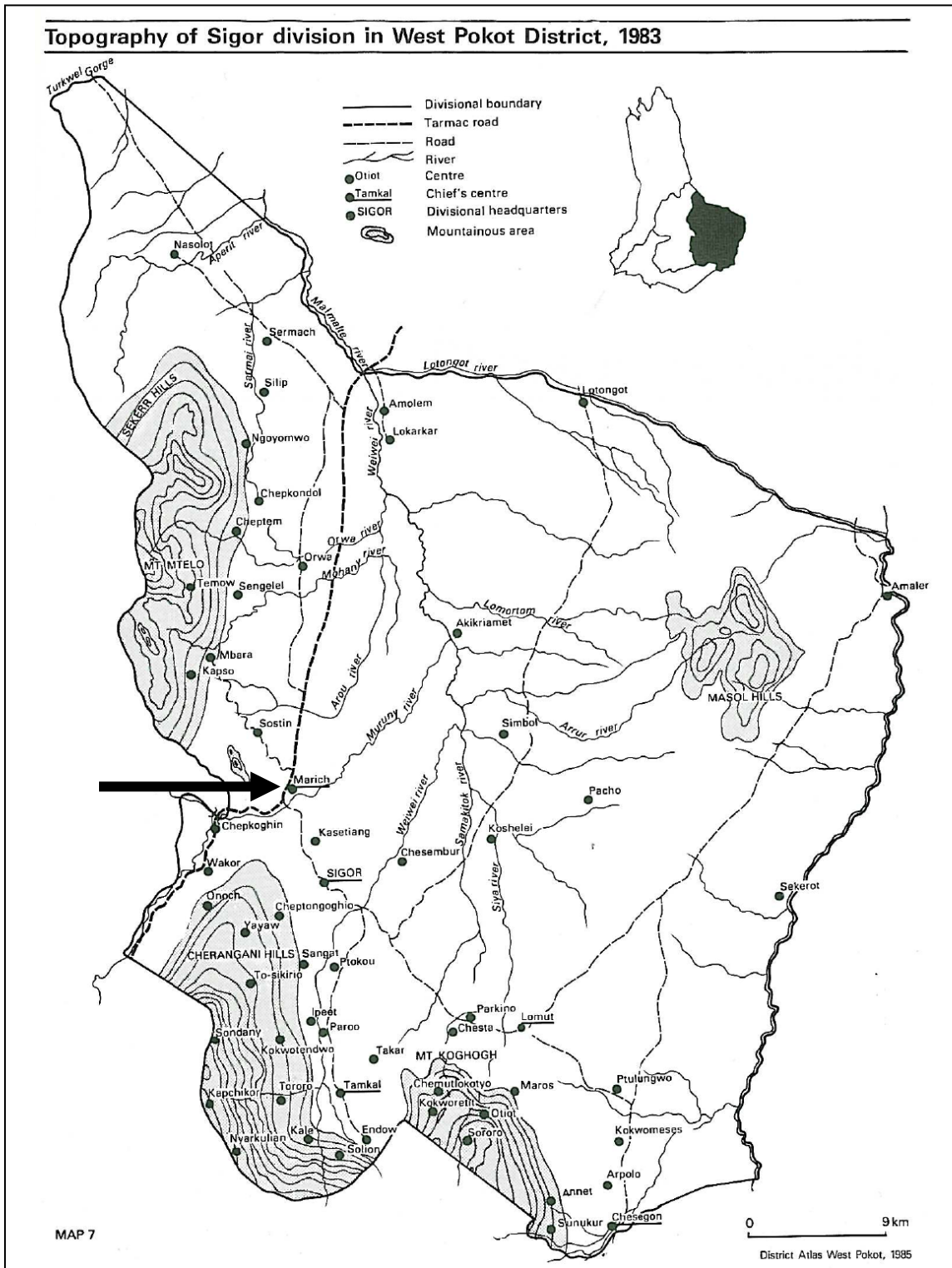
Source: Hendrix et al. 1985: 88.

FIGURE 9: WEST POKOT DISTRICT TOPOGRAPHY



Source: Hendrix et al. 1985: 7.

FIGURE 10: SIGOR DIVISION TOPOGRAPHY



Source: Hendrix et al. 1985: 11.

FIGURE 11: MARICH PASS TOWNSITE, 1994 & 2009



Sources: Pomfret 1994; Van De Keere 2009.

TABLE 1: RESPONDENT DEMOGRAPHIC PROFILE & BASIC INFORMATION

Respondent	Pseudonym	Gender	Age	Religious Affiliation
1	Kichwala	F	51	FPFC
2	Agnes	F	55	FPFC
3	Teresa	F	65	FPFC
4	Fatmah	F	61	RCEA
5	Irine	F	56	ACK
6	Josephine	F	60	RCEA
7	Nancy	F	68	FPFC
8	Eve	F	65	RCEA
9	Joy	F	58	ACK
10	Losiwa	M	62	Traditional
11	Longuriatum	M	71	Traditional
12	Soprin	M	67	None
13	Limareng	M	70	Traditional
14	Werokariol	M	96	Traditional
15	Lemtukei	M	95	Traditional
16	Loterok	M	61	Traditional
17	Doris	F	60	RCC
18	Longolekechen	M	76	Traditional
19	Chesongol	F	74	Traditional
20	Lomantile	M	78	Traditional
21	Lemukwang	M	70	Traditional
22	Jacinta	F	60	Traditional & Christian (unsp.)
23	Chepatindar	F	59	Traditional
24	Limatiang	M	71	Traditional
25	Lomuke	M	72	ACK

TABLE 2: RESPONDENT OCCUPATIONS

Do you or did you have a job?	
Rancher/herder	15
Farmer	14
Collier	10
Shopkeeper/hospitality	7
Gold panner	4
Artisan	3
Labourer	3
Councillor/chief	2
Delivery person	2
Beekeeper	1
Blacksmith	1
Butcher	1
	n=25

TABLE 3: RESPONDENT RESIDENCE & MIGRATION INFORMATION

Respondent	Community	Length of Residency	Migrated From	Intent to Stay in Area
1	Marich Pass	10	Orwa	Yes
2	Marich Pass	10	Orwa	No
3	Marich Pass	11	Orwa	Yes
4	Marich Pass	9	Masol → Orwa → Amolem	Yes
5	Marich Pass	20	Orwa	Yes
6	Marich Pass	5	Lokalalei → Orwa	Yes
7	Marich Pass	50	Masol	Yes
8	Marich Pass	5	Seker → Orwa → Amolem	Yes
9	Marich Pass	58	N/A	No
10	Marich Pass	22	N/A	Yes
11	Marich Pass	9	Orwa	Unsure
12	Marich Pass	10	N/A	Unsure
13	Marich Pass	70	N/A	Yes
14	Cheptulel	5	Masol → Marich Pass	No
15	Marich Pass	10	Poi → Orwa	Unsure
16	Sikorot	10	Moruita → Orwa	Unsure
17	Sikorot	60	Marich Pass	Yes
18	Sikorot	76	Marich Pass	Yes
19	Marich Pass	28	Baringo → Masol	Yes
20	Sikorot	31	Mwino	Unsure
21	Marich Pass	31	Lake Baringo → Lomut	Yes
22	Marich Pass	31	Amoler → Lomut	Yes
23	Marich Pass	10	Moruita → Poi → Orwa	Unsure
24	Marich Pass	71	N/A	Yes
25	Marich Pass	10	Kaptakau → Moruita → Orwa	Yes

TABLE 4: RESPONDENT FAMILY STRUCTURE

Respondent	Number of Spouses	Number of Children	Number of Grandchildren	Number of Great-grandchildren	Number of Great-great-grandchildren
1	1 H (D); 2 CW	5	12		
2	1 H (D); 1 H	5; 2 (D)	0		
3	1 H (D); 2 CW	10	6		
4	1 H; 3 CW	6	8		
5	1 H (D)	5	6		
6	1 H; 3 CW	10	20		
7	1 H (D); 3 CW	5	20		
8	1 H; 1 CW (D); 1 CW	0	0		
9	1 H; 3 CW	5	8		
10	2 W	9	10		
11	1 W (D); 1 W (S)	5; 2 (D)	19	4	
12	1 W	4	20	1	
13	1 W	4	8		
14	2 W	7; 8 (D)	2		
15	1 W (D); 3 W (S)	6	21	2	5
16	2 W	13	2		
17	1 H; 1 CW	10	50		
18	1 W; 1 W (S)	7; 3 (D)	20		
19	1 H (D); 4 CW	5	12		
20	1 W (S)	0	0		
21	1 W; 1 W (S)	7; 6 (D)	8		
22	1 H	7; 6 (D)	8		
23	1 H (D); 2 CW	4	1		
24	1 W	2	6		
25	1 W (D); 3 W (S)	15	20		

CW = Co-wife/wives

H = Husband

W=Wife

(D) = Deceased

(S) = Separated/divorced

TABLE 5: RESPONDENT LIVING ARRANGEMENTS

Who do you live with?	
Child(ren)	12
Spouse(s)	10
Nobody	7
Grandchild(ren)	3
	n=24

TABLE 6: ADVANTAGES OF LIVING IN THE AREA

What do you like about living in the area?	
Security (human)	12
Sufficient/free land	12
Employment	10
Schools	7
Medical facilities/services	5
Shops	5
Availability of animals	2
Family	2
Security (animal)	2
Sense of community	2
Transportation networks	2
Proximity to Moruny River	1
Churches	1
Climate	1
Health (human)	1
Relief food	1
Visiting charity groups	1
None	1
	n=25

TABLE 7: DISADVANTAGES OF LIVING IN THE AREA

What do you dislike about living in the area?	
Hunger	13
Lack of arable land	12
Drought	6
Diseases (human)	5
Diseases (animal)	3
Few clean water sources	3
Inadequate employment	3
Insecurity (animal)	3
Alcoholism	2
Inadequate medical facilities/services	2
Insecurity (human)	2
Lack of furrow irrigation	2
Deforestation	1
Lack of electricity	1
None	1
	n=25

TABLE 8: CHANGES WITNESSED THROUGHOUT RESPONDENTS' LIFETIME

How does life in the area compare to the past?	
More schools/education	17
Loss of traditional culture	16
Climate change/less rain	12
Lower crop yields/more hunger	12
Increasing in-migration	9
More diseases (human)	9
More services/amenities	9
Proliferation of Christianity	9
Fewer animals	8
Increasing ecological degradation	6
More conflict/crime	5
Higher cost of living	4
Increasing out-migration	4
More alcoholism	4
Higher standard of hygiene	3
More monocultural farming	2
Worsening behaviour of youth	2
Increasing life expectancies	1
Less alcoholism	1
Less conflict/crime	1
More job opportunities	1
	n=25

TABLE 9: DISTINGUISHING CHARACTERISTICS OF ELDERERS

How do you know whether someone is an elder?	
Aged 50-60+	18
Elderly appearance	16
Intelligent	6
Physically weak	6
Large family	5
Disciplined/well-behaved	4
Spiritual strength/connection	4
Conflict management abilities	3
Wealthy	3
Circumcised/married	2
Generous	2
Infertile/decreased sex drive	2
Responsible	2
Respected	1
Respectful	1
	n=25

TABLE 10: ATTITUDES TOWARDS ELDERERS

What do people of different ages think of elders?	
Respect	17
Disrespect	16
Aggression/violence	3
Indebtedness/servitude	3
Fear	2
	n=25

TABLE 11: CHANGES IN IN AND OUT-MIGRATION LEVELS

Are there more people coming to or leaving the area than in the past?	
More in-migration	18
Both	5
More out-migration	1
	n=24

TABLE 12: ATTITUDES TOWARDS CELL PHONES

Are cell phones good or bad? For which reasons?	
<i>Positive elements</i>	
Communication	25
Security	5
Information	3
M-PESA	1
<i>Negative elements</i>	
Pranks/crime	12
	n=25

TABLE 13: PREFERRED COMMUNICATION METHODS

How do you communicate over long distances?	
Cell phone	18
Word of mouth	11
Posted letters	7
Internet	1
Don't communicate over long distances	1
	n=23

TABLE 14: CHANGES IN POKOT CULTURE

In which ways is Pokot culture changing?	
Declining practice of female circumcision	9
Declining elder-to-youth knowledge transmission	8
Declining dress in traditional clothing	7
Increasing respect towards females	7
Declining faith in traditional religion	5
Declining practice of traditional ceremonies/dances	4
Declining use of Pokot language	2
Declining use of traditional medicines	2
	n=23

TABLE 15: CHANGES IN RELIGIOUS VIEWS

How have religious views changed since the past?	
More Christianity/less traditional beliefs	21
Fusion of Christianity/traditional beliefs	7
	n=21

TABLE 16: CHANGES IN FAMILY STRUCTURE

How are Pokot families changing?	
Fewer wives per husband	21
Fewer children per family	17
Fewer divorces	1
Less domestic abuse	1
	n=25

TABLE 17: REQUIREMENTS FOR AGING WELL

What things do you need to be happy & healthy as you age?	
Adequate nutritious food	24
Family	15
Good hygiene	4
Employment/hobbies	3
Friends	3
Health facilities	3
Security (human)	3
Animals	2
Housing	2
Local/traditional medicines	2
'Western' medicines	2
Education facilities	1
Money	1
Respect	1
	n=24

TABLE 18: CHALLENGES FACING ELDERS IN THE AREA

What are some of the challenges facing elders in the area?	
Hunger/malnutrition	18
Diseases	12
Poverty/lack of money	6
Physical limitations	4
Conflict	2
Drought/weather	2
Lack of housing	1
Unemployment	1
	n=24

TABLE 19: CONCERNS ABOUT PERSONAL FUTURE

What are you scared about in your own future?	
Hunger/malnutrition	15
Diseases	5
Conflict	4
Drought/weather	3
Poverty/lack of money	3
Physical limitations	3
Lack of animals	1
Nothing	2
	n=22

TABLE 20: PREFERRED SOURCES OF SUPPORT

Who could you turn to for help?	
Children	18
Relatives	11
Friends/neighbours	8
Animals	4
MPFSC	4
Nobody	3
God/church	2
	n=24

TABLE 21: PREVALENCE OF MONEY TRANSFER SERVICES

Do people in the area use money transfer services?	
Others in the area have received money	13
Does not happen in the area	7
I have not heard of this	4
I have received money	1
	n=25

TABLE 22: AVAILABLE SERVICES & SUPPORTS

Are there any services or supports for elders in the area?	
None	13
Relief food	9
Church	1
Medical services	1
MPFSC	1
	n=24

TABLE 23: NECESSARY SERVICES & SUPPORTS

Which services and supports are needed for elders in the area?	
Money/pensions	19
Food	18
Household goods	8
Furrow irrigation systems	6
Healthcare/medication	6
Assisted living facility	3
Information	3
Animals	2
Borehole	1
Household help	1
	n=25

APPENDIX A: Interview Guide



**Aging in an Era of Change:
Contextualizing the Upcoming Demographic Shift in Marich Pass,
North Western Kenya**

Interview Guide

Interviewee Name: _____

Contact Information: _____

Date: _____ Place: _____

Interview Time - Start: _____ Finish: _____

Comments on the Interview:

Section A: Background Information

- A1. Tell me a bit about yourself.
- A2. What is a typical day like for you?
- A3. How old are you?
- A4. Do you or did you have a job?
If yes → What *[do/did]* you do?
- A5. Do you think of yourself as spiritual or religious?

Section B: Residence in the Marich Pass Area

- B1. Where do you currently live?
- B2. How long have you lived in *[community]*?
- B3. Does anybody else live in your compound?
If yes → Who?
→ Do they live with your all of the time? Seasonally? Other?
- B4. Are you planning on staying in *[community]*?
If yes → Why?
If no → Where might you move to? Why?
- B5. What do you like about living in *[community]*?
- B6. What do you dislike about living in *[community]*?

Section C: Family Structure

- C1. Can you tell me about your parents?
If alive → How old *[is he/is she/are they]*?
→ Where *[does he/does she/do they]* live?
→ Do you think *[he/she/they]* are planning on staying in *[community]*?
Why or why not?
→ *[Is he/is she/are they]* religious or spiritual?
If dead → How old were they when they died?
→ Where did they live?
→ Were they religious or spiritual?
- C2. *[Are you/were you]* married?
If yes → How old is your *[wife/husband/co-wife/co-wives]*?
→ Where does *[he/she/they]* live?
→ Do you think *[he/she/they]* is planning on staying in *[community]*?
Why or why not?
→ *[Is he/is she/are they]* religious or spiritual?

C3. Do you have children?

- If yes* → How old [*is he/is she/are they*]?
→ Where [*does he/does she/do they*] they live?
→ Do you think [*he/she/they*] are planning on staying in [*community*]?
Why or why not?
→ [*Is he/is she/are they*] religious or spiritual?

C4. Do you have grandchildren (& great-grandchildren, great-great-grandchildren, etc.)?

- If yes* → How old [*is he/is she/are they*]?
→ Where [*does he/does she/do they*] they live?
→ Do you think [*he/she/they*] are planning on staying in [*community*]?
Why or why not?
→ [*Is he/is she/are they*] religious or spiritual?

Section D: Elders & Change

D1. How do you think life in [*community*] today compares to the past?

(e.g., Everyday activities, culture, medicine, lifestyle, other)

- Compared to 20 years ago?
(i.e., When your parents were your age)
→ Compared to 40 years ago?
(i.e., When your grandparents were your age)
→ What do you think it will be like 10 years in the future?

D2. How do you know whether someone is an elder?

- Age?
→ Other distinguishing characteristics?

D3. What do people of different ages think of elders?

(i.e., Are seniors respected? Seen as a burden? Sought for advice?)

- How do you think this compares to 20 years ago?
→ How do you think this compares to 40 years ago?
→ What do you think it will be like 10 years in the future?

D4. Do you think there are more or less people moving to the Marich Pass area than in the past? Or is it the same?

D5. What do you think about cell phones: are they good, bad, or both? Why?

D6. Do you think Pokot tradition/culture is changing or being lost?

- If yes* → In which ways?

D7. Do you think Pokot people are becoming more or less religious/spiritual than in the past?

D8. Are the sizes or shapes of Pokot families changing?

- If yes* → In which ways?
→ Is this a good thing or a bad thing?

Section E: Quality of Life & Support Networks

- E1. What things do you need to be healthy and happy as you age?
- E2. What are some of the challenges facing elders in *[community]*?
(Possible prompts: Sickness, money, security, housing/shelter, access to information, transportation, loneliness, other)
- E3. Is there anything that you are scared about in your future?
If yes → What are they?
- E4. Who could you ask if you needed help?
(Possible prompts: Family member, neighbour, doctor, government, service provider, friend, religious leader, other)
- E5. How do you communicate with family and friends in other parts of Kenya or the world?
(Possible prompts: Telephone, internet, post mail, other)
- E6. Sometimes people have family or friends who send them money. Is this something that happens in *[community]*?
- E7. Are there services available for elders in *[community]*?
If yes → What are they?
- E8. If you were working with the Kenyan government, what would you tell Kibaki and Odinga³¹ that elders in *[community]* needed?

Section F: Concluding Questions

- F1. Is there anything else that we have not talked about that you would like to comment on?
- F2. Can you suggest any other elders who may be interested in sharing their story and opinions with me?

³¹ Mwai Kibaki and Raila Odinga were the President and Prime Minister of Kenya, respectively, at the time that interviews were conducted.

APPENDIX B: Dalhousie Research Ethics Approval



Social Sciences and Humanities Research Ethics Board Letter of Approval

Date: March 31, 2009.

To: Laurel Van De Keere, International Development Studies
Dr. Robin Oakley, Department of Sociology and Social Anthropology

The Social Sciences Research Ethics Board has examined the following application for research involving human subjects:

Project # 2009-1957 (version 2)

Title: Aging in an Era of Change: Contextualizing Kenya's Upcoming Demographic Shift

and found the proposed research involving human subjects to be in accordance with Dalhousie Guidelines and the Tricouncil Policy Statement on *Ethical Conduct in Research Using Human Subjects*. This approval will be in effect for 12 months from the date indicated below and is subject to the following conditions:

1. Prior to the expiry date of this approval an annual report must be submitted and approved.
2. Any significant changes to either the research methodology, or the consent form used, must be submitted for ethics review and approval *prior to their implementation*.
3. You must also notify the Office of Research Ethics Administration when the project is completed or terminated, at which time a final report should be completed.
4. Any adverse events involving study participants are reported immediately to the REB

Effective Date: March 27, 2009.
Expiry Date: March 27, 2010.

signed: Fay Cohen
Fay Cohen (Chair SSHREB)

IMPORTANT FUNDING INFORMATION - Do not ignore

To ensure that funding for this project is available for use, you **must** provide the following information and **FAX** this page to **RESEARCH SERVICES at 494-1595**

Name of grant /contract holder _____ Dept. _____
Signature of grant / contract holder _____
Funding agency _____
Award Number _____ Dal Account # (if known) _____

Research Services • Research Ethics Admin Office • 5248 Morris Street • Halifax, NS, Canada • B3J 1B4
Tel: 902-494-1462 • Fax: 902-494-1595 • Email: Patricia.Lindley@dal.ca • www.dal.ca/~research

APPENDIX C: Information Sheet



Aging in an Era of Change: Contextualizing the Upcoming Demographic Shift in Marich Pass, North Western Kenya

Information Sheet

Introduction – I invite you to take part in my research study. I am a graduate student studying International Development Studies at Dalhousie University in Canada. My research is in no way connected to any other governmental, institutional, or educational research studies, past or present. Participation in this research study is voluntary and you can withdraw at any time. If you decide to participate, you will be one of approximately 25 participants who will be interviewed. You will not be compensated for participating.

Purpose of the Study – The purpose of this research study is to examine the experiences and needs of Kenyan populations aged 60 and above in face of different forms of change. This interview should take approximately 1.5 to 2 hours at a place and time that are convenient for you. Handwritten notes will be taken during the interview. The interview will also be audio-taped if you are comfortable and give consent. After the interview, you will have the opportunity—but will not be required—to review a transcript of your interview and provide corrections or clarification if you think it is needed.

How Respondents Were Selected – You were chosen to participate because you are a woman or man aged 60 or above that is currently living in Kenya. As such, you are in a position to comment on a) your personal aging experiences in face of change, and b) the services and supports (formal and informal) you currently use in your community.

Anonymity & Confidentiality – All information you share during this interview will be anonymous and will be kept confidential. Your name and other personal information will not be used in the final report. Only the principal investigator (Laurel Van De Keere) will have access to the information you provide. The information will be kept in a locked research office at Dalhousie University for five years following the completion of the study. After this time, all audio files and documents with identifiable personal information will be destroyed.

Potential Risks & Benefits – This study has been reviewed by the Dalhousie University Office of Research Ethics Administration. I feel that the study presents no risk to participants. I hope that by participating you will have a chance to contribute to knowledge on the characteristics and needs of Kenya's aging population. I believe the information you share may be of use to service providers and policymakers who might

consider your experiences in making changes to future programs and services for aging populations.

Voluntary Participation – Your participation in the research study is voluntary. If you agree to participate, you are free not to answer any questions and to withdraw at any time without any penalty. If you choose to withdraw, any information you have given will be destroyed.

Consent – You may wish to give me your oral consent rather than signing the *Consent Form*. Either way, you are asked to retain a copy of this *Information Sheet* and the *Consent Form*, signed by me as the principal investigator, for your information.

Research Results – I will share the draft and final results of this research with you, and will welcome any feedback you would like to share during the research process. The final report will be made available at the Marich Pass Field Studies Centre. If you have any questions, please feel free to contact Laurel Van De Keere in the Department of International Development Studies (###-#####³² (Kenya), 000-1-902-802-0852 (Canada), or vandekeere@dal.ca) or Dr. Robin Oakley in the Department of Sociology & Social Anthropology (000-1-902-494-6807 or oakleyr@dal.ca) at Dalhousie University.

Problems or Concerns – If you have any difficulties with, or wish to voice concern about, any aspect of your participation in this research study, you may contact Patricia Lindley, Director of Dalhousie University's Office of Human Research Ethics Administration, for assistance at 0-1-902-494-1462 or patricia.lindley@dal.ca.

I am very grateful for your time and consideration, and thank you in advance for participating in this important study.

Sincerely,

Laurel Van De Keere, Principal Investigator
Dept. of International Development Studies
Dalhousie University
Room 339 - 6299 South Street
Halifax, Nova Scotia, Canada, B3H 4H6
Phone: ###-##### (Kenya)
Phone: 000-1-###-###-##### (Canada)
Email: vandekeere@dal.ca

Dr. Robin Oakley, Research Supervisor
Dept. of Sociology & Social Anthropology
Dalhousie University
Room 3107 - 6135 University Avenue
Halifax, Nova Scotia, Canada, B3H 4P9
Phone: 000-1-###-###-#####
Email: oakleyr@dal.ca

³²A private local cell phone number was used while in the field.

APPENDIX D: Consent Form



Aging in an Era of Change: Contextualizing the Upcoming Demographic Shift in Marich Pass, North Western Kenya

Consent Form

My oral or signed consent indicates that I agree to participate in this research study. The study has been explained to me, the Information Sheet and Consent Form have been read out loud to me, I have been given a copy of both of these documents to keep, and the principal investigator has answered all of my questions. I understand that I will be interviewed, that the interviewer will take notes during the interview, and that the interview will be audio-taped only if I have agreed. I also understand that I am free not to answer any questions, and am free to withdraw at any time from this research without any penalty. I understand that should I choose to withdraw from the research study, any information I have given will be destroyed. I understand that my responses will be kept confidential. Only the principal investigator (Laurel Van De Keere) will have access to the information I am providing. I understand that any information I provide that is included in research reports will be presented in a non-identifying manner, using a pseudonym. I understand that my contributions may form direct quotations in the final report, providing that all potentially identifying information is omitted. I will have the opportunity to review what is to be reported from my interview and to provide corrections or further interpretations as needed, should I desire to do so.

I agree to be audio-taped: Yes No

Participant: _____ Date: _____
Signature

Researcher: _____ Date: _____
Signature

APPENDIX E: Copyright Permission Letter (Hendrix 1985)



Aging in an Era of Change: Contextualizing the Upcoming Demographic Shift in Marich Pass, North Western Kenya

Copyright Permission Letter

October 2010

Hendrix, Hubert, Michael Mwangi, and Neils de Vos. 1985. *District Atlas: West Pokot*. Kapenguria, Kenya: Ministry of Planning and National Development.

I am preparing my Master of Arts thesis for submission to the Faculty of Graduate Studies at Dalhousie University, Halifax, Nova Scotia, Canada. I am seeking your permission to include one of your photographs from your publication in my thesis:

Roads in the West Pokot District, 1983
West Pokot District topography
Topography of Sigor division in West Pokot District, 1983

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Full publication details and a copy of this permission letter will be included in the thesis.

Yours sincerely,

Laurel Van De Keere

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APPENDIX F: Copyright Permission Letter (Pomfret 1994)



Aging in an Era of Change: Contextualizing the Upcoming Demographic Shift in Marich Pass, North Western Kenya

Copyright Permission Letter

October 2010

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