

Research Article,

Determinants of abuse of elderly women in marakwet east sub-county in elgeiyo marakwet county, Kenya.**Njeru S. Kagoiyo*¹, Kimwetich J. Naomy², Sabinah W. Kagoiyo³, Mark W. Kilongosi⁴**

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Abstract:**Background:** Elder abuse is defined as a single repeated act or lack of appropriate actions, which causes harm, risk of harm or distress to an individual 65 years of age and over.**Objective:** To determine abuse of elder women in Marakwet East sub County, Elgeiyo Marakwet in Kenya.**Study Design:** Qualitative and qualitative analysis**Study Setting:** Marakwet East sub-County, Elgeiyo Marakwet County in Kenya**Study Subjects/Participants:** This study targeted ten (10) elderly women 65 years of age and above.**Results:** This study analyzed views on abuse of elder women in the community. Data were collected using open ended questionnaire and face to face interviews. Type, causes and consequences of elder abuse in women that were openly described in the questionnaire clearly reveal that elderly women are denied a variety of rights. There were a number of interventions in society but overall, they were deemed inadequate given the magnitude of the problem. The study included analysis of the magnitude and various dimensions of abuse of elder women, assessment of the effectiveness of existing interventions and the status of implementation of national policy in Kenya.**Conclusion:** There is need to establish special facilities for the elderly possibility of government of Kenya providing free or highly subsidized healthcare scheme for the needy elderly. Patients in immediate danger should be hospitalized or placed in emergency shelters. Suspected abuse should be reported directly to the appropriate state agency which is capable of providing a thorough long term assessment as part of management.**Introduction:**

Abuse of elder women is a recognized problem of uncertain, though probably increasing magnitude. Basing on the best available estimates between 1 and 2 million elders have been injured, exploited or otherwise neglected by someone on whom the depended for care or protection (Peril K et al, 2012). The number of cases of elder abuse is increasing day by day, yet little is known about its characteristics causes or consequences of about effective means of presentation or management. This study will assess the present state of

knowledge, identifies problems that must be addressed in the field to move forward and locate the problem of elder abuse in a larger set of challenges confronting an aging society. Maltreatment of older people worldwide, termed 'elder abuse' was first described in British scientific journals in 1975 (1). Later, in the 1980s in some countries, scientific research and government action emerged. In 1996, the Forty-Ninth World Health Assembly (WHA) adopted Resolution WHA49.25 (2), declaring abuse a

major and growing public health problem across the world. For a long time, the phenomenon of elder abuse was seen as a social and criminal justice problem, but following the 2002 World health report, it has been clearly identified as a public health problem (3). With WHA Resolution 56.24 (4), abuse was put on the international agenda as a leading worldwide public health problem. The WHA drew attention to the serious consequences of abuse – both in the short term and the long term – for individuals, families, communities and countries, stressed the damaging effects of abuse on health care services. Abuses of elderly women represent a widespread, largely undiagnosed problem in the current society. Factors contributing to misdiagnosis and underreporting include denial by victim and the perpetrator, clinician's reluctance to report victims, disbelief by medical providers, and clinicians lack of awareness of warning signs. Physical abuse is most recognizable, yet neglect most recognizable, yet neglect is most common. Psychological and financial abuse may be more easily missed. Elder neglect and abuse have clinical presentations, ranging from the appearance of bruises and fractures, to the subtle appearance of dehydration, depression and apathy. Risk factors are varied and may be categorized by victim or perpetrator. Dependency, on the part of the victim or perpetrator, and caregiver stress are frequent common denominators in abusive situations. Increasingly, institutionalization is recognized as a risk factor for neglect and abuse. Most states require primary care providers to report suspected elder abuse. Awareness of the risk factors and clinical manifestations allows primary care physicians to provide early detection and intervention for abuse of elderly women. Key (2016), sets out to appraise both international and national literature on assessment and referral procedures for responding to elder abuse. She concludes that there is a paucity of research on risk factors associated with a heightened risk of elder abuse, with a consequent lack of internationally accepted risk assessment tools. Of

particular note is a clear need to develop assessment and referral processes that acknowledge different cultural understandings of, and approaches to, elder abuse.

Materials and methods:

The study area:

The study will take place in Elgeiyo Marakwet, Marakwet East sub-County. Elder women face a lot of challenges in the world more so in Kenya. This study targets elder women of age 65 years and above.

Study population:

This study targets elder women of age 65 years and above. A sample of 10 respondents will be interviewed where data acquisition and analysis will be finally drawn from the data collected.

Study design

This is a mixed study where both qualitative and qualitative analysis of questionnaire

Data collection procedure:

A self-administered study questionnaire captured qualitative and quantitative data covering the objectives which were type of abuse, level of abuse and factors of abuse in Marakwet East sub County in Elgeiyo Marakwet.

Data processing and analysis:

Data were collected, cleared, processed, analyzed using SPSS version 20.0. Results of the data prepared in form of percentages, tables and Figures.

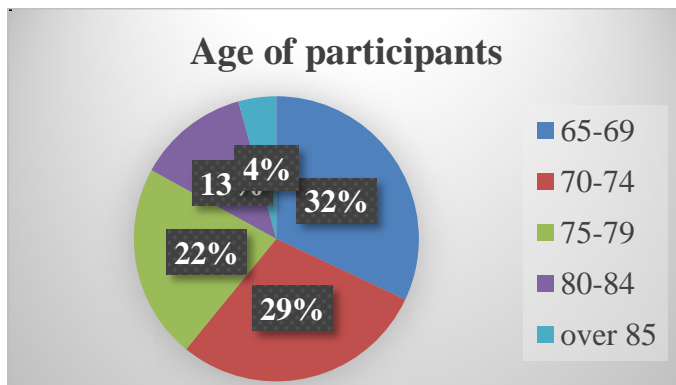
Ethical Consideration:

The Ethical approval was received from Kirinyaga University, Department of Medical sciences.

Results:

This section presents the independent variables described below.

Figure 1: Age of participants



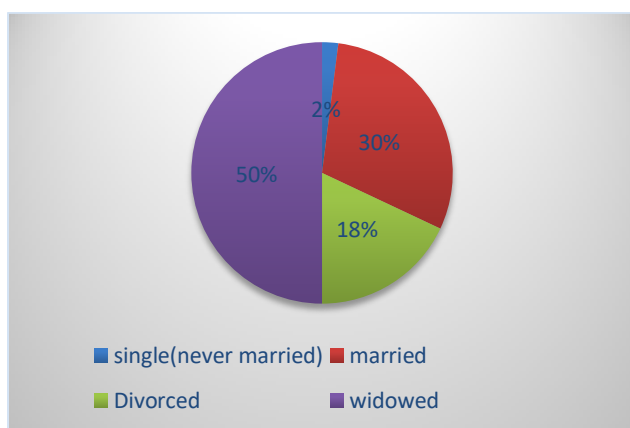
Most of the participants were (32.0%) in the age group of 65-69 and the smallest group of participants were (4.0%) aged over 85 years.

Table 1: Educational level of participants

Level of education	% of participants
No education	40.0
Did not complete primary school	35.0
Primary education	15.0
Secondary education	8.2
University/other higher education	1.8
Specialists, MA, PhD, Ms.	0.0
Total	100

The highest percentage of participants (40%) were not educated.

Figure 2: Marital status

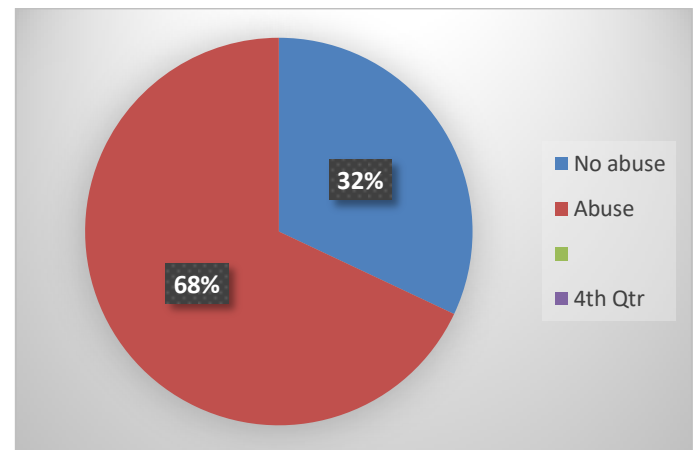


The percentage of participants living with a partner are a little bit higher (30%) than that for participants without a partner, though most of them (50%) were widowed.

The highest number of participants (40.8%) have no income, yet only 0.9% have a better wage at 30,000per month.

The highest number of participants (67%) had an average number of household facilities which included chairs, bed, cupboards, tables, kitchenware's, as opposed to (8.6%) who have fully equipped household facilities.

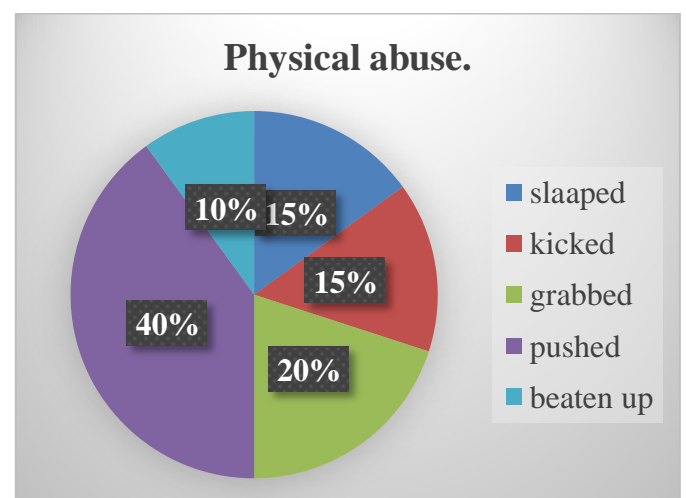
Figure 3: Prevalence of elder maltreatment and perpetrators of abuse



The total number of participants who reported a form of abuse having been carried out on them was 68%.

Psychological abuse was the most frequent (50%), followed by financial abuse, physical abuse, physical injury and sexual abuse. Data gathered from this research showed that psychological abuse was the most prevalent form of abuse directed towards them.

Figure 4: physical abuse.



The most frequent type of physical abuse was being pushed and the lowest was being beaten. Others were slapping, kicking and grabbing.

Table 2: Perpetrators of physical abuse

Perpetrator	Total%
Spouse	32
Daughter	6
Son	22
Daughter in law	28
Son in law	6
Sister	6

Spouses (32%) were most frequently reported as perpetrators of physical abuse, with daughters in law second (28%) and sons (22%) being the third.

Financial abuse

Financial abuse refers to illegal use of an older person's financial goods against their will. This type of actions refers to all actions where an older person's money or goods are taken from her by force.

Table3: Financial abuse

Types of financial abuse	Total
Try to make you give money	2.8
Try to take or keep power against will	2.7
Attempted to steal money	1.2
Stole money	1.2
Use fraud to take your money	1.1
Took power over you	0.2
Did something else to take your money	0.6
Overall financial abuse	6.0

The overall rate of financial abuse is 6.0. The data shows, the most frequent type financial abuse is try to make you give money against will. Sons were the most frequent leading the perpetrators of financial abuse (40%) followed by daughters in law (20%) while the partner or spouse was at (9.1%) in the above table.

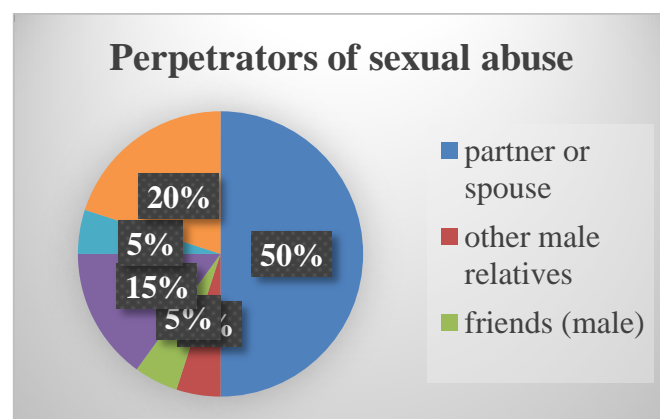
Sexual abuse.

Table 4: Sexual abuse.

Type of sexual abuse	Total %
Talked to you in a sexual way	10
Touched you	10
Tried to touch you	10
Made you watch pornography	0
Tried to have sexual intercourse against will	0
Forced you to have sexual intercourse against will	15
Other	15
Overall sexual abuse	40

The severest type of sexual abuse that was most frequent was overall sexual abuse (40%), followed by forced sexual intercourse (15%) against the persons will.

Figure 5: Perpetrators of sexual abuse.



The table shows that the leading perpetrator was partner or spouse (50%) with male acquaintance was the second most common, strikingly was information that male relatives (5%) were also perpetrators of sexual abuse.

Frequency and intensity of sexual abuse:

The analysis was carried out on 10 participants who reported sexual abuse. The table above illustrates that 5% of this small group of older women who had experience one type of sexual abuse, 50% had experience one type of sexual abuse. Neglect refers to unsatisfied need of dependent older person from their care givers. The neglect can be defined as insufficient support by care givers providing food, shelter, transport, health care or other type of activity necessary for daily living. The 14 indicators included are listed in table 4.4.1 above. Participants were asked to indicate if they needed help and whether they receive it or not. The majority of the participants did not report any need for help. Rates of neglect have been calculated in respect of those respondents who declared that they had been refused assistance in some type of care, while some went to purchase medications (18%), others went to the doctor for treatment (22%). The results indicate that in most cases that older women are neglected by their sons with the

highest percentage of (30%). Risk factors have been elaborated in line with ecological model: individual risk factors at relationship level and society risk factors. Risk factors for abuse and neglect of older women in particular, are variables that make someone vulnerable to violent behavior and attitude. This section examines the risk factors for elder abuse in women. This research investigated the following individual factors: socio economic (personal income, employment and educational level); socio demographic determinants (age, marital status); health status; lifestyle factors (alcohol used and smoking); Risk factors at the level of relationship were investigated: household size, household composition (cohabiting with partner, children, grandchildren) and household income.

Level of Education and abuse:

The percentage of those who had only finished primary school and had experienced abuse is significantly higher than those who had only completed primary school and had not experienced abuse. In contrast, the percentage of those who had finished secondary school and experienced abuse was significantly lower than those who had not experienced any type of abuse. It appears that the higher the level of education, the lower the risk of being a victim of abuse. Majority of the respondents went to school, majority (27.7%) completed secondary school. High levels of abuse were reported among respondents who lived with close relatives as compared to those who lived with partners. It is strikingly to note that (17.1%) respondents named were abused by children. The risk factors considered is household income, which is a summary income of all people living in the same household; salaries and wages.

Household income for the families.

Table 5: Household income for the families

Satisfaction	%No abuse	% abuse
Completely satisfied	19.2	12.7
Partially satisfied	49.5	49.5
Completely unsatisfied	31.3	37.8
Total	100.0	100.0

About (12.7%) respondents replied that the total family income did not completely satisfy their needs, while (37.8%) said they were exposed to abuse. Statistical analysis showed that satisfaction of personal needs by total family income is a risk factor for the elder abuse.

Another factor which was taken in to consideration is household facilities whose responses are as appear above. The highest percentage of respondents (66.5%) were found to be living in less equipped household but with no abuse while those abused but living in less equipped household were (69.2%).

Influence of the risk factors on different types of elder abuse.

The analysis conducted to compare the probability of having experience of abuse as a dependent categorical variable and all independent variables included in this research (marital, age, level of education, personal income, household income and cohabitation). Of all the risk behaviors, such as alcohol consumption and smoking, only smoking was detected as a risk factor analysis abuse. The older women living with a partner were at a greater risk of being abused compared to those living without a partner. The older women who do not own their house were more likely to be abused since much of their belongings have been taken away. Abuse has both short and long-term effects on a person's physical, mental, emotional and spiritual well-being. Those people affected first have to cope with the pain, stress and other direct impacts of the abuse. As such, elder abuse is a serious problem that needs to be

detected and remedied quickly and effectively and preferably prevented. Elder abuse can have several physical and emotional effects on elderly person. Many victims suffer physical injuries. Some are minor, like cuts, scratches, bruises and welts. Others are some serious and can cause lasting disability. This include head injuries, broken bones, constant physical pain and soreness. Physical injuries can also lead to premature death and make existing health problems worse. Elder maltreatment can have emotional effects as well. Victims are often fearful and anxious. They may have problems with trust and wary around others. Older people reported that had experienced abuse were asked about their reactions after the act of abuse they had experienced and also have physical effects of abuse.

Discussion:

Elder abuse is a phenomenon which provokes interest among social and health professionals in general, but it is also important for the academic community. Identification of the prevalence of abuse of elder women as well as the risk factors can help further focus efforts to improve preventive and response mechanisms. To plan effectively for later life, it is important to identify expectations and assumptions about growing older. Defining this phenomenon in the context of our country can facilitate support of abused older people and, most importantly, may help develop policy and programs targeting prevention and response. Coordination between scientists and practitioners can improve decision making in prevention and response to elder abuse. There have been many surveys focused on elder abuse. In prevalence studies on elder abuse, rates range between 1% and 35% depending on definitions in this study and sample methods. These figures, however, may represent only the tip of the iceberg, and some experts believe that elder abuse is underreported by as much as 80%. These low rates may be due to the isolation of older people, the lack of unified surveillance systems and the

general resistance of people – including professionals – to report suspected cases of elder abuse. This is followed by physical abuse. This confirms the findings of my study, where psychological abuse is the most frequent type of abuse, followed by financial abuse. According to this study, the following factors are relevant for elder abuse: gender (women are almost twice as often victims of abuse. Among the risk factors noted were isolation, poor health, mental competence, household living arrangements, and ongoing partner abuse. This study identified risk factors for elder maltreatment as gender, older women living with a partner were more likely to be abused compared to those who live without a partner (except in the case of neglect), physical diseases, depression (except in the case of financial abuse), smoking (only for physical injuries), and property ownership (except for neglect). Data obtained from other studies indicate that the most common victims of elder abuse are female over the age of 65, and reliant on others for help meeting their daily needs. In this study being female is a risk factor for elder maltreatment. The study findings were confirmed by the findings from this, where depression was identified as a risk factor for any type of abuse and neglect, except financial abuse. In this study it was found that lower levels of education and household income are relevant risk factors for older women being abused. Older people with only primary education are at higher risk of being abused. Also respondents who say that the total family income cannot completely satisfy their needs are more exposed to abuse than those who do not. Newer studies reveal that financial exploitation is one of the more common forms of elder maltreatment. The most common risk factors highlighted in exploration of the phenomenon of elderly abuse were age, gender, living arrangements, acute or chronic health conditions, mental health status, cognitive functions, social support and use of alcohol and cigarettes. The odds of maltreatment varied by demographic characteristic. Abuse often triggers illnesses such as depression,

hypertension, stroke, and heart attacks. Being in need of care often leads to mutual dependency of family members. This circumstance often changes the entire family system and can lead to a change of habits that affects the family's complete life situation. In these situations, parents undergo a loss of autonomy and both sides experience a change of roles. Another factor increasing the risk of abuse is shared long-term living arrangements between the perpetrator and victim. When caregiver and care receiver live in the same household, there are not many possibilities to keep a distance from each other. Similarly, in our study, statistical significance of reported abuse was found between respondents who live with another person. Older people living with a partner were at greater likelihood of being abused compared with those living without a partner, for every type of abuse. Those living with a partner were three times more likely to be physically abused, four times more likely to be physically injured and seven times more likely to be sexually abused. All types of abuse and neglect occurred in a domestic context. In our study, spouses and adult male offspring are the most frequent perpetrators for all types of abuse, except in the case of neglect, where a daughter-in-law was the most frequently reported perpetrator. This would be more in line with the female role of taking care of the elders in the family.

This study provides information on the prevalence rates of abuse among older women, covering the following types of elder abuse: psychological abuse, physical abuse and physical injuries, financial abuse, sexual abuse and neglect. It includes different patterns of abuse in relation to each type of abuse and it obtained data about the intensity/severity of abuse and the possible combination of different types of abuse. It also reports data about alleged perpetrators. In the questionnaire, possible perpetrators included family members, relatives, neighbors and friends. This report also includes information about the psychological and emotional consequences of abuse. Socio-demographic factors which were

included as possible risk factors were grouped according to the ecological model of abuse. Risk factors at the individual level were age, education, physical and mental health, level of sensory functioning. Risk factors at relationship level were household income, household facilities, with whom the older person lives and the owner of the household where they live. Elder abuse was addressed in a face-to-face household study December 2019. The study was conducted on a representative sample of inhabitant's women aged 65 years and over, and it included 10 respondents. Participants were asked to sign a letter of consent, if they agreed to take part in the study. Data were collected using an open ended- questionnaire. The prevalence rates obtained established that 90% of the total number of participants reported that they had been abused or neglected.

Findings indicated that psychological abuse was the most frequent type of abuse (25.7%), followed by financial abuse (12.0%), neglect (6.6%), physical abuse (5.7%), physical injuries (3.1%) and sexual abuse. Most of the studies conducted in other countries showed that psychological abuse (verbal or emotional, as it is named in different studies) is the most frequently reported type of elderly abuse. The overall prevalence rate and prevalence rate obtained for different types of abuse are higher than prevalence rates of abuse obtained in other countries. The differences in prevalence rates might result from differences in definition of the problem for research and the methodology. It could be hypothesized that older people may have been more exposed to different types of abuse and neglect partly owing to poverty and its social effects. Could also stress that in many cases the elder is the only breadwinner in the family, bearing in mind the very high rate of unemployment in the country, which could be a potential risk factor for being abused and neglected. Risk factors for elder abuse identified at the individual level were education (levels of significance occur at the two levels of primary and secondary school education, with those who only completed primary school being more exposed to

elder abuse than those who completed secondary school); some chronic diseases (cardiovascular diseases, rheumatism, psychological or mental health problems, stomach diseases, and diabetes); and sensory functioning (poorer vision and hearing). At the level of relationships, the following independent variables were identified as risk factors: cohabiting status, household income, house hold facilities. Relevant independent variables which can be assumed as predictors for elder abuse are education, physical and mental problems, smoking, living with partner and not having one's own house.

Conclusion:

This study provides information on the prevalence rates of abuse and neglect among older women, covering the following types of elder abuse: psychological abuse, physical abuse and physical injuries, financial abuse, sexual abuse and neglect. It includes different patterns of abuse in relation to each type of abuse and it obtained data about the intensity/severity of abuse and the possible combination of different types of abuse. It also reports data about alleged perpetrators. In the questionnaire, possible perpetrators included family members, relatives, neighbors and friends. The report also includes information about the psychological and emotional consequences of abuse. Socio-demographic factors which were included as possible risk factors were grouped according to the ecological model of abuse. Risk factors at the individual level were age, education, physical and mental health, level of sensory functioning. Risk factors at relationship level were household income, household facilities, with whom the older person lives and the owner of the household where they live. Elder abuse and neglect were addressed in a face-to-face household study. The study was conducted on a representative sample of women aged 65 years and over. The participants were asked to sign a letter of consent, if they agreed to take part in the study. Data were collected using an open ended questionnaire and face to face interviews. We

could also stress that in many cases the elder is the only breadwinner in the family, bearing in mind the very high rate of unemployment in the country, which could be a potential risk factor for being abused and neglected. Risk factors for elder abuse identified at the individual level were gender (females are more exposed to abuse and neglect than males); education (levels of significance occur at the two levels of primary and secondary school education, with those who only completed primary school being more exposed to elder abuse than those who completed secondary school); some chronic diseases (cardiovascular diseases, rheumatism, psychological or mental health problems, stomach diseases, and diabetes); and sensory functioning (poorer vision and hearing). Scientist are focusing more research attention on older women and abuse, and human rights experts are recognizing the special vulnerabilities of older women who are care-dependent and may lack the ability to protect themselves from undue harm without the special protection that goes beyond that needed by women of all ages who are not care-dependent. Population ageing is a global trend that is changing economies and societies around the world. The feminization of ageing, representing the intersection of age and gender, has important implications for policy as the world continues to age.

Recommendation:

Elder abuse has been the object of many studies, whereas the abuse of older women has had only modest attention in the gender-based literature. Older women have lacked status as battered women in domestic violence research and activism. Older women were often excluded in studies of violence against women and often completely absent, as though older women did not belong to the category of women. Women can be victims of violence across their lifespan, yet neither the women's domestic violence movement nor the aging empowerment movement has mobilized to end violence against older women.

Older women were often absent from discussions about shelters and hotlines, and there has lacked debate on the circumstances and special needs of older women victims of abuse that might affect help-seeking behavior. In general, gender analysis of violence against women and girls has focused on male dominance and subordination of women, whereas subordination seems especially relevant for older women. There is growing awareness of older women victims of family mistreatment, both in terms of prevalence and in terms of commonalities and differences when compared to younger battered women. Both quantitative and qualitative research studies should be done to identify salient factors in cultural differences, age-related needs, and service needs and gaps for older women victims. Clearly, definitional and measurement issues need to be addressed to obtain a clearer understanding of the prevalence of neglect, abuse and violence against older women. In addition, there needs to be more data on evidence-based practices for the prevention of, and intervention in, situations of neglect, abuse and violence against older women, and how they can be strengthened. Finally, a review of all laws related to neglect, abuse and violence against older women needs to be undertaken, including an analysis of their implementation and their impact on the reduction and elimination of abuse against older women. Gender-based studies should be done to examine the application of frameworks for working effectively with older women victims of abuse. Population ageing is a global trend that is changing economies and societies around the world. The feminization of ageing, representing the intersection of age and gender, has important implications for policy as the world continues to age. It is time for neglect, abuse of elderly women to end.

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