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An interrogation of family-based care for the elderly in Kaloleni sub-location, Kisumu, Kenya

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Abstract

The aim of this study was to interrogate family based care services for the elderly within Kaloleni Sub-Location, Kisumu, Kenya. The population of the elderly (age 60 and above) is projected to outnumber children (0-9 years) by the year 2030, and by 2050, to exceed the population of adolescents and youth aged between 10 to 14 years. The Kenya government is exploring the development of a community care strategy and the roll-out of an Integrated Care of Older Persons (ICOPE) package. While family-based care has been the policy and cultural preference for offering long term elderly care, the state recognized growing demand for responsive changes to current realities. This research set the following three objectives: First, to establish the state of family based care in Kaloleni sub-location; second, to examine alternatives to family based care that exist in the sub-location, and, lastly, to interrogate policy options as suggested by respondents in the study. Using Krejcie and Morgan sample size determination table, a total of 120 elderly persons aged 70 and above were traced and 92 of them randomly sampled. The methodology deployed was mixed methods involving narrative interviewing and cross sectional survey. Descriptive data analysis and thematic analysis were deployed for quantitative and qualitative results respectively. Narrative interviewing/In depth interviews method was used in collecting data from Kaloleni sub-location. While findings from this research may not be generalizable due to study limitations and scope, the study strongly demonstrated the desperate state of gerontological care in informal settlements in urban centers in Kisumu, where over 90% of respondents sought improvement on care service provision for the elderly. The elderly persons mostly rely on care givers from the family but these care givers also tend to be dependent on the elderly respondents for general upkeep. Results support the literature that contends that older people are vulnerable to poverty. It was recommended that policy must shift to address factors that promote healthy aging and diminish suffering in old age as population aging continues. Further studies of a longitudinal nature are required to lend greater insight and inform policy.

Keywords: Aging; Gerontological Care; Narrative interviewing; “Aging in place”

1. Introduction

The relationship between population ageing and urban change is a critical one for policy makers today (Tine et al., 2019). Still, issues of elderly tend to get marginal attention or to be disregarded due to the youth bulge population structure that obtains today in Kenya and the rest of sub-Saharan Africa (Aboderin, 2012; 9). In the past, “return migration” was a common feature of population movements; elderly persons moved out of urban centers and back to their rural homes when they aged. Today however, more and more elderly persons are “ageing in place”, not having a second home to return to other than the one in town (McQuaid et al., 2021). Risk of poverty was found to increase with age (UNDESA, n.d), yet those elderly persons who remain in urban centers also have to deal with the loss of traditional safety nets in traditional African societies. From the Kenya National Bureau of Statistics, records indicate Kisumu city, the site of this study happens to be the city with the highest poverty gap and the severest poverty of all the Kenyan

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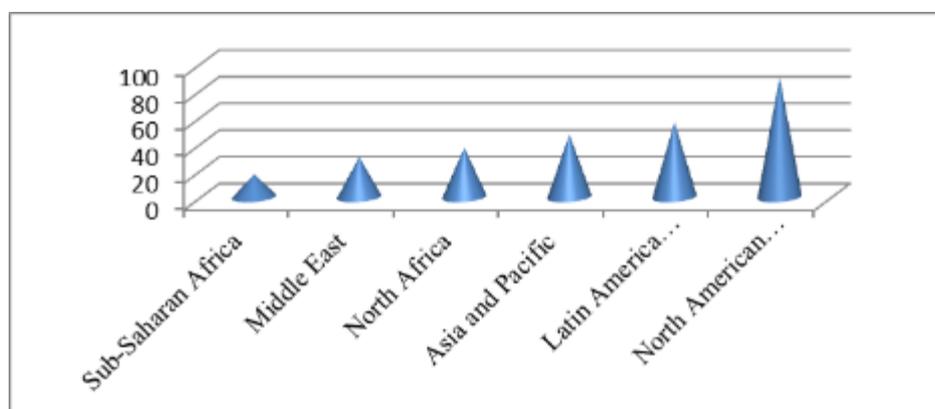
cities. This was part of the reason Kaloleni, an informal settlement at the core of Kisumu Central sub-County, was chosen as the study site. Kisumu Central sub-County is the most urban of Kisumu Counties' sub-Counties, and also the most densely populated (KNBS, 2023). Table 1 shows a comparative look at poverty gap and severity of poverty between the major cities of Kenya. Kisumu happens to be the worst in terms of levels and severity of poverty in Kenyan cities.

Table 1 Poverty Gap - Source KNBS, 2023

Entity	Poverty Gap (%)	Severity of Poverty (%)
National Average	9.8	3.7
Nairobi	3.0	0.8
Mombasa	7.9	2.9
Nakuru	7.2	1.8
Kisumu	9.1	3.1

As indicated in the chart below, a very small percentage of the elderly in sub-Saharan Africa receive pensions. While Sustainable Development Goal 1 is ending poverty in all its forms everywhere, poverty in old age remains a very clear challenge. This also obtains in Kisumu as shown among respondents in Kaloleni sub-location, Kisumu County.

Number of Elderly Persons in Receipt of Pensions across the Globe



Source: International Labour Organization (2014/2015) Report

Figure 1 Elderly Persons in Receipt of Pensions across the Globe

Considering that 75% of elderly persons live in developing nations and engage in informal income generation rather than formal employment, there's cause for concern (NUDES, n.d).

1.1. Statement of the Problem

The question of elderly care services, with the population ageing trend and the changing structures of the family today present a conundrum that policy makers need to confront urgently. Gifty et al (2021) have written that most developing nations are facing rapid population aging with limited economic and social resources. It is projected by the United Nations (2017) that by the year 2050, 80% of the world's older persons will live in developing nations. This demographic shift calls for serious attention in developing nations to prepare for population aging (Gifty et al, 2021). Such a changing demographic landscape not only requires but demands reform in how populations live, are cared for, and are responded to in society, confirms Amanda (2020). Perreira (1999) contends that the traditional family, as has been known, is changing in many different ways. These changes, according to Waite (2009) affect the environment in which people age. In one important statistic about these changes, McNeil and Hunter (2014) aver that the number of older people needing care was projected to outstrip the number of family members available to provide that care by the year 2017. Giving the example of England, Pickard (2013) observed that by 2032, an increase of 60% of elderly people in England would need care from their families while the number of family members in that country available to provide

that care would only increase by 20%. This results in a capacity gap to provide care for the elderly within the family structures.

1.2. Purpose of Study

- The aim of this study was to interrogate family based care for the elderly in Kaloleni sub-location, Kisumu County.
- The specific objectives of the study were:
- To establish the state of family based care in Kaloleni sub-location, Kisumu County, Kenya
- To examine alternatives to family-based care that exist in Kaloleni sub-location, Kisumu County, Kenya
- To interrogate policy options as suggested by respondents in Kaloleni sub-location, Kisumu County, Kenya

2. Literature Review

Gerontology is defined as the study of ageing process. It incorporates the social, psychological and biological variations with advancing age; a multi-disciplinary field and that examines the impact of ageing on both the individual and the society. Gerontology can be viewed in terms of four distinct processes: chronological ageing, biological ageing, psychological ageing and social ageing. Chronological ageing is a reference to the longevity of one's years alive. The biological ageing refers to the changes that reduce the physical health. Psychological ageing is determined by the changes that occur in sensory and perceptual processes, cognitive abilities, adaptive capacity and personality. Social ageing refers to an individual's changing roles and relationships with family, friends and society (Hooymann and Kiyak, 2011 in Paltasingh and Tyagi, 2015). "New gerontology." is part of a larger movement in gerontology and geriatrics—a vigorous emphasis on the potential for and indeed the likelihood of a healthy and engaged old age. In contrast to the old "decline and loss" paradigm (Unger & Seeman, 1999) that views aging as a series of individual decrements or losses to which both elders and society needed to adjust (Phillipson, 1998), new gerontology adopts a prevention model—modify individual behaviors throughout life and avoid the decrements and losses (Martha and Meredith, 2003). According to Margaret et al (2022), most of the population growth globally in the next few decades will occur in Sub-Saharan Africa and that while Africa is known as the most youthful continent, population ageing as a global phenomenon is significantly impacting African nations. They observe further that African nations are set to experience a 218% rise in the number of adults aged 65 and above, moving from 32 million in 2019 to 101 million by 2050 (UN, 2019b).

2.1. State of Family Based Elderly Care Services

According to Blasinsky (1998) research has highlighted the diversity of family care giving and the corresponding impact of such care. Linda Waite (2009) speculates on the ways in which changes in family structures affect the context of ageing. Cynthia and Deborah (2020) suggest a reframing of the understanding of family care from the perspective of "ageing in place" to one of "ageing across geographical locations". They vouch for a re-imagination of what family based elderly care should entail today; that policies and practices that accommodate different ways of providing family based care must be explored. Ordinarily, as noted in CPAR (2014) most informal care that older people get comes from partners and adult children. The changes that have happened in families, continues CPAR (2014), such as decreasing family sizes, young adults starting families later than usual, more complex family relationships and increased rates of disruptions to the family as it has been traditionally known, and greater geographical separation of members of the same family have all created a new reality for elderly care in the current and future generations.

Knight and Sayegh (2010) cited in Francesca et al (2022) discussed the construct of familism; a cultural value that is based around collectivism and family attachment, three factors of which form the ingredients; familial obligations, perceived support and family as referents. The notion of 'flow' rather than 'fixed' or 'static' arrangement on the understanding of family care is becoming dominant. It is replacing the traditional conceptualization of family care practice as 'one local family care giver, often female, with the help of other family members (Andruske and O'Conor, 2019). Reher and Requena (2018) recognize the importance of family systems due to the willingness of family members to provide care to ageing members. This care manifests itself in many forms: In Ghana, for instance, Aning (2012) cited in Grifty et al (2021) reported that 62% of older adults in Ghana relied on financial support from adult children. Care giving in the African context is perceived as an expected societal norm acquired through socialization and not necessarily from human feelings or marital relationships (Okoye, 2012 in Ebimbo et al., 2022).

Under Chinese Confucian culture, as stated by Evandro et al (2019), it was always the natural expectation that older children take care of their parents when the need for care arose. Confucianism emphasizes loyalty to relationships, pursuit of noble causes, empathy and treating family members well (Li and Tsui, 2015). India, Sumita and Samrita (2019) observed the changing roles of the elderly in Indian society where increasingly, these elderly persons were no

longer being recognized automatically as the heads of the household or as the major decision makers in those households.

Old age comes with multiple challenges. When basic motor and cognitive functional skills are not used, the long-term negative effects can lead to total deterioration (Ehni and Wahl, 2020 in Toquero, 2021). Of utmost importance for older people is the family support and encouragement to do physical exercises by being with them personally or virtually and giving them emotional support and value (Roschel et al., 2020 in Toquero, 2021). The older adults are also making use of online social relations to communicate with their friends and families. However, family members may need to assist the elderly as some of them may have difficulty with the complexities of modern technology.

2.2. Alternatives to family based Care of the Elderly

Some scholars such as Aboderin (2006), McQuaid et al (2021) argue that family care is in crisis due to rapid urbanization and accompanying socio-economic challenges. Reher and Requena (2018) have averred that the family is not endowed with the capacity to contain the challenges of care demands of the elderly in light of changing demographic structures/trends and urbanization. According to Katie et al (2021), Africa's urban population is expected to nearly triple between 2018 and 2050, reaching 1.5 billion urban dwellers, representing 22 per cent of the world's urban population (United Nations, 2019). These trends are reflected in the emergence of a significant global urban policy discourse concerned with ageing and city life that revolves around two key concepts: 'active ageing' and 'age-friendly cities'. Emerging literature on ageing in urban Africa brings to light the themes of social and spatial (im)mobilities, intergenerational relations, and (inter)dependencies that older people manifest as their lives shape and are shaped by urban dynamics, continue Katie et al (2021). "By September 2018, the Global Network of Age-friendly Cities and Communities membership had grown to 760. Although 15 African countries (Benin, Burkina Faso, Cape Verde, Congo, Cote d'Ivoire, Gabon, Gambia, Ghana, Guinea, Lesotho, Madagascar, Senegal, Seychelles, Tanzania and Zimbabwe) have reported national programs on age-friendly environments, Africa is the only global region with no registered cities/communities in the network. Consequently, African countries are unable to access the considerable resources, partnership opportunities and coordinated policy focus that membership offers (WHO, 2018), and have yet to contribute substantively to 'age-friendly' approaches or be included in (and inform) such global initiatives (Aboderin et al., 2017). This is despite recent research with older people, caregivers and service providers in Bamenda (Cameroon), Conakry (Guinea) and Kampala (Uganda), suggesting the relevance and need for age-friendly cities and communities' approach (WHO, 2018)" (Katie et al, 2021). Perreira (1999) advised that African gerontologists ought to work out new theoretical anchors for the experiences of aging in Africa in which the family is redefined within the realities of today rather than loosely talking about the "traditional African family" or the "modern African family". There are new realities to be studied and understood. For instance, a political economy orientation would look at it in terms of how political and economic forces influence how resources are allocated.

The major alternative to family based care of the elderly is state based care. Historically, the welfare state was an innovation of the late nineteenth and the twentieth century as an attempted displacement of care from the sphere of 'family' to that of the public domain (Reher and Requena, 2018). Home and Community Based Services as explained by Caro in Mariano et al (2022) is one of the approaches that have been used in other countries.

2.3. Elderly Care Policy Options

There is a lot more that can be done in terms of policy in the area of gerontological care in local African contexts. Despite the enshrining of older populations' rights in the African Charter on Human and Peoples' Rights, in which they should have 'the right to special measures of protection in keeping with their physical or moral needs' (OAU, 1982: 6), policy interventions vary widely across Africa, Katie et al (2021) continue to write.

In the Brazilian society scenario as well, features of urbanization such as reduced family sizes, greater involvement of women in the labor market, a rise in single parent homes and a general upsurge of longevity all challenged the traditional care systems for the elderly in Brazilian society (Luciana and Santos, 2011). Otavio, Vicente and Jose (2009) noted that legal instruments were introduced to substantially shift care of the elderly from being philanthropic to a matter of right of the elderly. Most of these measures in Brazil, continue Otavio, Vicente and Jose (2009), were concentrated in the Brazilian public health system (SUS) and the public welfare system (SUAS), both aimed at improving socio-economic status of the elderly. Despite such efforts, inequities in Brazil persist. In 2008, policy makers in Ghana introduced a three-tier pension system to provide income security in old age and a cash transfer program to lift the poorest among the elderly out of poverty. In addition, the country's health insurance scheme grants exemption from payments of premiums to the elderly population. These interventions notwithstanding, evidence suggests that the elderly population continues to face several challenges. How effective and efficient are Ghana's ageing related policies in mitigating the challenges associated with poverty, income (in) security, and healthcare of the elderly cohort? In

Uganda, they aver, 93 per cent of people aged over 60 have no savings, pension or social security, with the majority engaged in agriculture to meet their basic needs (MGLSD, 2015). While older people in Uganda are customarily lauded in society (Seeley et al., 2009), Nyanzi (2009: 467) points to 'their absence in national policies and public programs'. Given the foregoing, inclusion of the old on the policy forum is another area worth looking at in the policy process. South Africa, in contrast to most other African countries, has a substantial and well-established pension program that ensures extensive coverage, mostly through non-contributory social pensions provided to older people (men over 65 and women over 60) lacking other forms of pension support (Barrientos and Lloyd-Sherlock, 2012).

The literature notes that there were three options to elderly care approaches that could be adopted: "crowding out", "crowding in" and a mix of both (Evandro et al., 2020). Crowding out is where the state attempts the welfare state, largely drowning out family-based care. Crowding in is where family based care is the main stay of elderly care and is actively promoted by the state. The mix is the more pragmatic approach where both crowding out and crowding in are used depending on the prevailing circumstances, environment and community factors.

3. Methodology

Using cross sectional survey and narrative interviewing, the research sought to collect data from persons seventy years and above living in Kaloleni sub-location of Kisumu County, Kenya. Prof. Chris Wellin (2007) notes that narrative interviewing (also termed qualitative interviewing) is a valid and vivid way to apply perspectives and concepts in gerontology to individual lives. As such it is widely used as a research method. He further reiterates that Gerontology teachers have typically defined interviewing more narrowly, as a research method. The steps in narrative interviewing are, in typically sequential format; choosing an informant, defining a topical focus, crafting a list of questions, scheduling and then conducting the interview, transcribing the audio-tape recording, reading for and coding themes in the transcript, clarifying core findings, and drafting the paper (Chris Wellin, 2007). This procedure was followed in this research. Cross sectional survey helped to mine data on the state of elderly care in the one instance of research between the months of June and early August 2024. Multi stage sampling which involved tracing respondents through the local village administration and then randomly picking sample using Krejcie and Morgan sample table was used. Out of the selected sample, another sub-set was picked through stratified random sampling to create two gendered focus groups of male and female for triangulation and to enrich findings. This research was limited to responses from the elders and policy makers in government. Other categories affected by elderly care were not included. In terms of scope, the research was cross sectional and could be enriched through further research with longitudinal studies. Semi-structured questionnaire and interview guides were used to collect data and both narrative and thematic analyses deployed on the qualitative side. On the quantitative side, descriptive analysis was used to come up with means, averages and trends in care.

4. Results and Findings

The results and findings in this research were documented in line with the research objectives and listed in the following sub-sections

4.1. State of Family Based Elderly Care Services

Over 90% of the respondents expressed a desperate desire to see some positive intervention to improve the state of care of the elderly in Kaloleni sub-location, Kisumu County, Kenya. An equal percentage of respondents had health complaints of one kind or another, many of which they indicated were not being properly addressed by the system in place. Over 88% expressed the reality of inadequate resources and means to take care of daily needs, including health. Most female respondents (67%) only had either primary education or no education at all and only a measly 12% had been in pensionable work before retirement. The rest had either been housewives or in informal sector engagements without retirement benefits. The males expressed less desperation in terms of loneliness in old age. Up to 81% of the males indicated that they still had friends and people to socialize with, while over 60% of the females bemoaned how lonely they were. This was especially so for those who were sick at home and unable to take care of their daily living activities on their own.

Family based care had changed significantly. Of all those who had family members living with them and taking care of them, 86% of the respondents were also depended on by that family member for food and shelter and other basic needs of life. Many of the care givers were children, grandchildren, and grown/adult children who had also had challenges in their own lives. Widowed daughters of elderly persons returned to their homes and became care givers of their parents, but also benefitted from the provisions of basic needs under their old parents' resources. Children of the elderly

respondents who were still not independent also lived with their elderly parents and became care givers while also continuing to be dependents on the elderly parents.

In the next section, the research indicates the alternatives to family based care types that were most common in the study site.

4.2. Alternatives to Family Based Care of the Elderly

There were few alternatives to family based care recorded in Kaloleni sub-location. The most common alternative was paid care, which was recorded in fewer than 5% of the cases. These were most often paid for by other relatives of the respondents such as their grown/adult children or siblings.

Below 9% of the respondents had care givers who were paid to do the work. In all but two of the cases recorded, children of the elderly respondents paid for these care givers. The two outliers were care givers paid by elderly persons who were still recipients of some form of reliable income. While the literature records different types of care available in the market, this research established that respondents mostly interacted only with the village elders who popped in from time to time to communicate some message from the offices of the local Chief and inquired of their welfare during the visits.

4.3. Elderly Care Policy Options

The research observed that old age issues needed a wholesome relooking at the question of elderly care provision. In the minds of the respondents, over 96% of respondents felt need to improve care options for the elderly. The sick and bedridden who did not have anyone to care for them called for homes for the aged. However, respondents who did not have debilitating health conditions preferred to spend their old age around family, but wanted more support to be able to do that. Six in ten respondents strongly advocated for being engaged in some way for an honorarium as a way of keeping them busy and supported. A lower percentage, four in ten were willing to volunteer for free as long as they could be of use to the community.

5. Conclusions and Recommendations

In the subsequent subsections, this research narrates the conclusions reached and the recommendations made based on the findings in this research.

5.1. State of Family Based Elderly Care Services

Family based care is changing in urban areas, and experiencing serious strains in the informal settlement of Kaloleni in Kisumu County, Kenya. Family members who have not moved out to independent life of their own are the main providers of care in a symbiotic relationship that is over 80% common. Female children who are divorced, separated or single and do not have engaging occupations are the most common providers of care for their elderly parents or relatives.

Preparedness for old age is an education that seems needed, and should involve married couples or long term living partners in order to capture the gender nuances of elderly care. Further recommendation is made for a study of how couples cope with old age. In this study, it was found that one partner expresses satisfaction with life while the other dissatisfaction. A comparative study through the gender lens is recommended in order to find factors contributing to the different levels of happiness for partners in the same marriage at old age, and with elderly care.

It is recommended that the state intervenes to train and compensate available family members on a first priority basis when it comes to provision of care to the elderly relatives. Further research is needed to establish the best motivation for care givers among family members in elderly care provision.

5.2. Alternatives to Family Based Care for the Elderly

There appeared to be no dependably practical options available for elderly care services other than a reworking of the mixed approach in which the care givers are offered some kind of compensation or the households with the elderly supported according to level of need.

This research recommended the life course approach to elderly care issues. This would involve mainstreaming of elderly care in all policy areas and placing an active and healthy old age as the goal for every individual citizen, localizing elderly

care through devolution of management from national to county governments in Kenya. Further research of a longitudinal nature is necessary to cover different age cohorts within old age and to give the study a gendered perspective as well.

5.3. Elderly Care Options

From the foregoing, it is our conclusion that indeed, old people are unique and each has preferences in terms of what suits their circumstances. The blanket consideration of the old as a homogeneous lot is challenged by findings in this research, although it does not qualify to apply across board. This study also found that as age further progresses within the already aged bracket, preferences, priorities and perspectives vary. Differences between the 70 year old respondents and our 90 year old living in the same locality point to this scenario. It is concluded that gerontological care is complex and requiring further research at the micro-level to build into the already existing knowledge and allow for more informed policy decisions. A holistic life course approach to gerontological care policy is called for urgently.

Compliance with ethical standards

Disclosure of conflict of interest

There is no conflict of interest to be disclosed.

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