
Research

From the Horse's Mouth: Two Old Men Talk About Their Aging Experience in Kenya

Charles Odhiambo Gundo^{1*}, Wilson Obong'o¹, Walter Kiboi¹

¹Maseno University, Kenya, Department of Political Science, Kenya.

Correspondence should be addressed to: cogmaryesu@gmail.com

Abstract: The aim of this study was to gain gerontological insight into the world of the old from the four perspectives of chronological aging, biological aging, psychological aging and social aging at a micro-level. This is intended to be used to enrich gerontological care policy in Kenya. The issue of the older population has generally been characterized as a problem. Pervasive ageist stereotypes of older people as uniformly frail, burdensome, and dependent are not supported by evidence and therefore limit society's ability to appreciate and express inherent human potential and social capital. The methodology will be purely qualitative and descriptive. Narrative interviewing/In-depth interviews method will be used in collecting data from two elderly males living in Kisumu County, Kenya. While findings from this research may not be generalized due to the limited sample size, it will enrich the field of gerontological care in Kenya as gerontology becomes increasingly important. Results support the literature that contends that old people are not a homogeneous lot and that each is unique. The need for choice and preference in service provision for the old is underscored. Policy should therefore be cognizant of the importance of choice in gerontological care.

Keywords: Aging, Gerontological Care, Narrative Interviewing.

1.0 Introduction

“A society that does not value its older people denies its roots and endangers its future. Let us strive to enhance their capacity to support themselves for as long as possible and, when they can no longer do so, to care for them” – Nelson Mandela (in Gifty et al., 2021).

According to Margaret et al. (2022), most of the global population growth in the next few decades will occur in Sub-Saharan Africa, and while Africa is known as the most youthful continent, population ageing as a global phenomenon is significantly impacting

African nations. They further observe 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). Gifty et al. (2021) have written that most developing nations are facing rapid population ageing with limited economic and social resources. The United Nations (2017) projects 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 ageing (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). Ol'ga Krasnova, in her article "Developing Delusions: Elderly People and Aging," emphasises that "the elderly are not a homogeneous grouping, and in any group of elderly people one can find the most varied subgroups" (Jane, 2020). As Randall (2007) puts it in Phoenix, Smith, and Sparks (2010), ageing is a process exemplified by complexity. For him, we become more unique and more distinctive with age, not less, and with this in mind, it is perhaps unsurprising that narrative forms of inquiry have burgeoned within ageing studies to the extent that narrative gerontology is now a recognised discipline in itself (Kenyon, Clark, & de Vries, 2001; Randall, 2007). This proposal will be based on narrative gerontology, using in-depth interviewing/narrative interviewing.

1.1 Statement of the Problem

The issue of the older population has generally been characterised as a problem. Pervasive ageist stereotypes of older people as uniformly frail, burdensome, and dependent are not supported by evidence and therefore limit society's ability to appreciate and express inherent human potential and social capital. Such negative attitudes toward older populations also affect decision-making, influencing choices pertinent to public policy, public attitudes, and behaviours (Jane, 2020). Margaret et al. (2022) write: "As traditional values of respect and care for older adults erode over time in African nations (Bohman et al., 2009), more negative and discriminatory views of older adults are surfacing (Mair et al., 2016)." From Katie et al. (2021), Aboderin (2012: 72) argues that in Africa, older persons are, implicitly or explicitly, assumed to be unproductive or marginally productive, thereby rendering input into their physical or cognitive capacity redundant. However, such assumptions, as well as the use of old-age dependency notions, are fallacious. Labour statistics for most sub-Saharan African countries show that large or even majority percentages of older adults remain economically active. Most studies have not focused on

the perspectives of the elderly themselves and how they handle old age and the challenges therein.

The perspective in this study, therefore, is that older people are not properly understood and their views are not adequately considered at a micro level. As stated earlier, the elderly are not a homogeneous group, but unique and distinctive individuals. This study will attempt to shed light on how two older individuals living in the same locality view old age and socialise themselves to deal with the realities of their life course in the context of a typical Kenyan community.

1.2 Purpose of the Study

The aim of this study was to gain gerontological insight into the world of the elderly from the four perspectives of chronological ageing, biological ageing, psychological ageing, and social ageing at a micro level.

The specific objectives of the study were as follows:

- To describe the experiences of older people in the area of health and health services.
- To describe the economic situation and sources of income for elderly individuals.
- To describe their social engagements with family and society at large.
- To explore preferable gerontological policy alternatives suggested by the elderly themselves.

The study is based on a micro-level approach to ageing, where prominence is given to narratives and perspectives from individuals rather than blanket assumptions and generalisations about the elderly. Two elderly men from the same sub-location in Kisumu County are interviewed in depth to gain insights into their experiences; one is a seventy-three-year-old retired marine and mechanical technician, and the other a ninety-two-year-old retired printer, both of whom worked in Nairobi for over 40 years before relocating back to their ancestral home in Kisumu County, Kenya.

2.0 Literature Review

Gerontology, the study of the ageing process, incorporates the social, psychological, and biological variations associated with advancing age. It is a multidisciplinary field that examines the impact of ageing on both the individual and society. Gerontology can be viewed in terms of four distinct processes: chronological ageing, biological ageing, psychological ageing, and social ageing. Chronological ageing is defined based on the number of years a person has lived since birth. Biological ageing refers to the changes that reduce 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 (Hooyman and Kiyak, 2011, in Paltasingh and Tyagi, 2015). Martha and Meredith (2003) observed that one of gerontology's great strengths has been its multidisciplinary perspective. To date, biology and the social sciences have provided the primary filters through which gerontologists have studied ageing and old age. These disciplines have deepened our understanding of the processes of ageing, contributed to policy and programme development, and influenced new generations of gerontologists. The "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. This view seeks to counteract and replace the old "decline and loss" paradigm (Unger & Seeman, 1999), which views ageing as a series of individual decrements or losses to which both elders and society need to adapt or adjust (Phillipson, 1998). In contrast, the new gerontology adopts a prevention model modifying individual behaviours throughout life to avoid these decrements and losses (Martha & Meredith, 2003).

There is, however, a dearth of theoretical understanding of gerontology in India as well as in the global context (Paltasingh & Tyagi, 2015). Jane (2020) portends that literary gerontology, a relatively new field of scholarship, endeavours to contemplate, analyse, and examine social, cultural, and biological expectations and ageist stereotypes, as well as query perceptions, representations, and misrepresentations of aging and old age, frailty and dementia, forms of victimisation, family relationships, and the experience of daily life. Research requires the examination of both external and internal perspectives of social gerontology and its expression in literary and linguistic forms. It has been noted that work on our narrative identity continues throughout life, aging being no exception. Indeed, the changes and challenges that come with later life retirement, bereavement, disability, relocation, and loss can constitute challenges to our very sense of self (William et al., 2015, p. 156). That generative integration, which combines the Eriksonian concepts of "generativity" and "ego integrity," means that our self-story reaches beyond the boundaries of our own unique self and connects with, or gives back to, the evolving stories of others, our community, and our world. Gerontology itself is seen as having been founded by Elie Metchnikoff (1845–1916), a Russian microbiologist and zoologist. In Kate de Medeiros (2014), we read that James Birren, Hans Schroots, Gary Kenyon, and Jan-Eric Ruth are among the scholars in gerontology credited with the development of narrative gerontology

in the 1990s. Jan-Eric Ruth (1994) is cited as the person who coined the term. Kenyon and Ruth (1996) continued developing the concept, drawing from scholars in narrative psychology such as Jerome Bruner (1991). Kenyon and Randall (1999) describe narrative gerontology as a type of heuristic rather than a particular theory or method. Instead, it is a lens through which aging can be viewed, specifically through how experience is put into story form and what those stories say. Two competing discourses, those of critical gerontology (CG) and the anti-aging industry (AAI) that it opposes, offer to empower the old. Each responds to twentieth-century forms of ageism, including the depictions of the old as passive dependents whose demands upon our economy and time comprise social problems. Where the AAI offers to erase the fact of old age, CG rejects both the notion of the old as an undue social burden and the capitalist ideals of "productivity" that exclude them. It prefers their emphasis on political economy and collective responsibility to the age-phobic medicine of the anti-aging industry. Critical gerontology (CG) rejects capitalism and individualist approaches and refuses to equate aging with disease. It also provides a mirror image of anti-aging, with its focus on empowering the old to become active on their own behalf (King & Casalanti, n.d.). Social gerontologists influenced a strand of gerontology that takes a political-economic approach to the impoverishment of the old (Katz, 2003, pp. 17-18 in King and Casalanti, n.d.). By the late 1980s, CG coalesced by building upon neo-Marxist and feminist frameworks and focusing on a variety of forms of inequality and the corporate and government policies that perpetuate it. As a primarily academic field, CG often does not make its pitch directly to the old, but instead targets policymakers and practitioners. Critical perspectives question the ways in which old age has been constructed and the conditions of aging at both micro and macro levels; "the association of age with disease and inevitable decline is better reframed so that aging is seen as a social rather than biological process." This alternative view of aging is central to the critical perspective. They do not urge that we avoid old age. They do not stigmatise those who "grow old," or posit individual responsibility (King & Casalanti, n.d.). The term 'active ageing' was developed during the United Nations' Year of Older People in 1999 (Walker, 2008), before being adopted by the European Union (EU) and the World Health Organization (WHO). It refers to the idea that older people should be able to participate in social, cultural, spiritual, economic, and civic matters (Buffel et al., 2012), and encourages their inclusive and participatory citizenship as a crucial dimension of sustainable urban development (Katie et al., 2021).

In Brazil, according to Otavio, Vicente and Jose (2009), legal hallmarks that substantially shifted public practices towards the elderly segment from a philanthropic status to a legitimate right for care and assistance have been adopted. The demographic transition that took place provides an opportunity for innovative solutions in public policies for older adults in a developing economic environment. It is important to consider that most of the Brazilian efforts to improve the socioeconomic conditions of older adults are essentially related to governmental goals for implementing an operational Social Security apparatus. For now, this apparatus is mostly represented by the nation's public health system (SUS) and public welfare system (SUAS), from which most of the benefits for the poorest aged individuals are derived. Despite much improvement in elderly care, the inequities of the Brazilian scenario, inherent in all aspects of the country, prevent those systems from being available and effective nationwide, and this tends to burden the elderly in the poorest regions and in the frailest conditions.

In 2008, policymakers in Ghana introduced a three-tier pension system to provide income security in old age and a cash transfer programme 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. Notwithstanding these interventions, 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 insecurity, and healthcare for the elderly cohort (Michael & Kafui, 2020)? 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, Côte d'Ivoire, Gabon, Gambia, Ghana, Guinea, Lesotho, Madagascar, Senegal, Seychelles, Tanzania, and Zimbabwe) have reported national programmes 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 an age-friendly cities and communities approach (WHO, 2018)” (Katie et al., 2021). This fact indicates that 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 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 programmes’. Given the foregoing, the inclusion of the elderly in the policy forum is another area worth examining in the policy process. South Africa, in contrast to most other African countries, has a substantial and well-established pension programme 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 & Lloyd-Sherlock, 2011).

Prof. Chris Willen (2007) has averred as follows: Understanding the meanings and constraints of social roles and transitions, as they are shaped by class, race, and gender, is, for Ferraro (1990), central to making the “micro-macro linkage” in social gerontology. More recently, George (2006) has argued that the life course perspective requires that we investigate how human agency is perceived and exercised over “real time” within social structural constraints; revealing this intra-subjective process requires the first-person, reflective voice, which is nurtured and manifested in the interview process. As shown in William et al. (2015, p. 156), “two recent collections (Fry & Keyes, 2010; Resnick, Gwyther, & Roberto, 2011) outline several factors that feed resilience in later life. These range from physical health to emotional regulation, from educational level and overall

mental fitness to personality traits, social networks, and cultural or spiritual resources. Little attention has been paid so far, however, to the narrative factors that may also feed resilience. Staudinger, Marsiske, and Baltes (1995) have argued that people who are especially resilient in later life have access to a range of ‘identity projects’ and ‘possible selves’ (p. 818).” Evidence indicates that physical activity has been linked to improved mental and physical functioning (WHO, 2010). The World Health Organization recommends that older adults aged 65 and up engage in moderate to vigorous intensity workouts, depending on their health conditions. Training older people for physical and mental fitness can be beneficial to them. 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). 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. The government needs to prioritise the welfare of older adults. Public policy goals should prioritise nursing homes, as well as civic and local government-based support programmes for community-dwelling older adults, to ensure that the risk of infection is mitigated while promoting wellness during a period of stress and uncertainty (Mills et al., 2020). Ehni and Wahl (2020) further stressed that the voluntary participation of the ageing society in numerous gerontological studies provides a basis that they support the investigations and testing conducted on them, so long as researchers, medical professionals, and social workers uphold ethical standards for the conduct of the studies.

3.0 Methodology

This will be qualitative research within the interpretative paradigm, based on the narrative interviewing method in narrative research and analysis, with a focus on public policy issues surrounding ageing and the aged. 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 a typically sequential format: choosing an informant, defining a topical

focus, crafting a list of questions, scheduling and then conducting the interview, transcribing the audio recording, reading for and coding themes in the transcript, clarifying core findings, and drafting the paper (Chris Wellin, 2007). This procedure will be followed in this research.

4.0 Results and Findings

Area/Issue	Respondent	Activity	Remarks
Demographics	Respondent 1	A 70-year-old male has been retired since 1996. Former mechanical and marine technician, separated from first wife and lives with current wife. Gets support from some of her children with her first wife. One brother is still alive	Both respondents are in the same locality, but the older one seems to have a different focus from the younger one There seems to be a difference in perspective along the age line within the 'old' bracket.
	Respondent 2	93-year-old male married to one wife since 1954; had 7 children, 4 passed on, and 3 are alive; Supported by his eldest son, who is working. All three of his siblings are dead.	
Economics/Income Generation	Respondent 1	Active farmer who grows vegetables for sale and earns KSh. 30,000.00 per month on average from that. Gets a government stipend for the old, but the KSh. 2,000.00 is too little. Also gets some support	Again, there is a difference between the 70-year-old and the 92-year-old. The 92-year-old wishes he had not retired at 60, thinking in retrospect he should have worked longer then. Does not

		<p>from his grown children, but this too is irregular and unreliable. Covid 19 seriously hurt his business. He also had chickens (200 birds), but sold these to help finance his health treatment)</p> <p>Claims he is still capable of working if given a chance</p>	<p>feel he can do much now in terms of work. The 70-year-old wants to be able to work and enjoys being his own boss, and does not therefore vouch for employment.</p>
	Respondent 2	<p>Used to do farming but is no longer able due to health. Depends on son, well-wishers and God for survival</p> <p>Claims he is no longer able to work. Does not see what he can do to earn a living. Does not see fielding questions about the past as a possible income earner.</p>	
Health	Respondent 1	<p>Has had 2 surgeries, a hernia which cost him Ksh90, 000.00 (Year 2018, June) and a prostate operation which cost Ksh180,000.00(Year 2017); did not go to a public health facility because of congestion and poor quality of</p>	<p>Both seem to prefer private health services to public health services</p> <p>They say the public health service is of poor quality</p> <p>One says there is no special regard given to the aged in public health facilities, while</p>

		<p>service. For small ailments, he attends the local public health facility and does not get any special treatment because of his age.</p> <p>Has active health insurance, remitting Ksh500.00 monthly</p> <p>Respondent is happy with his life and says it is the attitude that determines if one is happy or not.</p> <p>Knows mental acuity has significantly gone down.</p>	<p>the other says health personnel in the public health facilities feel the old do not deserve the service, and that society is better served if the younger ones are treated instead</p>
	<p>Respondent 2</p>	<p>Has attended both private and public health facilities and prefers private ones for the better service offered. Public hospitals do not want to bother with the old people, in the respondent's opinion. Has no health insurance, and his son had to pay for services at the health facility.</p> <p>Respondent is tired of life and does not feel happy at all. Just thinks of death.</p> <p>Knows mental acuity is</p>	

		way too low compared to the past, says he cannot teach anything except answering questions put to him.	
Family and Social Networks	Respondent 1	<p>Old people are mostly excluded from decision-making today. He feels it is because they have no financial muscle.</p> <p>Separated from his first wife, he lives with another wife he met</p> <p>Has very few friends, though, but sometimes seeks out old workmates and peers, most of whom are dead now</p> <p>Goes to church</p>	<p>Both seem to have some level of trouble in their marriages. A 92-year-old says they live like enemies in the same house with his wife.</p> <p>A 73-year-old separated from his wife and now lives with another wife</p> <p>Both say they have few friends but agree that visits between the friends are not frequent</p> <p>Both would like more</p>
	Respondent 2	<p>Says he is totally unhappy with his life, but agrees he sees some joy in being visited and asked questions. He smiles at this (the only time he smiles)</p> <p>Has very few friends, and they rarely visit</p> <p>Says there is now only hatred (sic) between him and his wife, no love</p> <p>Goes to church but says</p>	<p>robust engagement with others</p> <p>A 92-year-old says the church does not meet his social needs as it breaks up by the end of the service, and they all part ways</p>

		that it does not help him; the church only does worship, then people disperse	
Policy Recommendations	Respondent 1	The government should ensure essential services are available so farmers can farm comfortably and profit. Likes to be enabled to be self-sufficient Says the government should explore things old people can still do and get paid for, to keep them active	Respondent 1 wants facilitation of government for the old to self-employ and remain their own bosses rather than being engaged for stipends or wages, but agrees that there are many things he can still do for pay.
	Respondent 2	Proposes a food bank for old people and a recreation and social center for the old Does not see what he can do that one would pay for Wants more money in his pockets to be happy	Respondent 2 (92-year-old) wants the government to set up a food bank for the aged and to open a social meeting place for them, too, where they can exercise and interact.

Results show that in the continuum of age within the elderly population, needs and preferences may change with age, and policy options ought to be made available to avoid using one approach and forcing all elderly persons to fit into it.

5.0 Conclusions and Recommendations

From the foregoing, we conclude that indeed, older people are unique and each has preferences in terms of what suits their circumstances. The blanket consideration of the elderly as a homogeneous group is challenged by findings in this research, although it does not qualify to be applied across the board. We also find that as age further progresses within the already aged bracket, preferences, priorities, and perspectives vary. Differences between our 73-year-old respondent and our 92-year-old living in the same locality point to this

scenario. We conclude that gerontological care must be seen as fairly complex and requires further inquiry at the micro level to build on the already existing knowledge and allow for more informed policy decisions. We find that there may be differences in need for the different ages within the bracket of the elderly, and policy ought to address these variations.

We recommend further studies along these lines involving a much wider and more varied sample to enrich this literature. There is a case to be made that, in terms of policy, the one-size-fits-all approach needs to be abandoned and a more comprehensive look at policy options adopted, with a view to allowing older people choice in the services they may enjoy. Many might be happy to have opportunities to engage in constructive work for small stipends, thereby giving more meaning to their lives and creating a sense of usefulness. At the same time, there are those who may prefer not to retire at the mandatory retirement ages and instead extend their working lives, allowing them to rest completely when they reach a certain senior age. Preparedness for old age is an education that seems necessary and should involve married couples or long-term partners. Further recommendations are 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 expresses dissatisfaction. A comparative study through a gender lens is also recommended in order to identify factors contributing to the different levels of happiness for partners in the same marriage in old age.

References

1. Amanda, P. (ed.) (2020). *Advances in Elder Abuse Research, Practice, Legislation and Policy. International Perspectives on Aging 24* Springer Switzerland
2. Cecilia Flores-Sandoval & Elizabeth Anne Kinsella (2020). Overcoming ageism: critical reflexivity for gerontology practice, *Educational Gerontology*, 46:4, 223–234, DOI: 10.1080/03601277.2020.1726643
3. Chris, W. (2007) Narrative Interviewing, *Gerontology & Geriatrics Education*, 28:1, 79-99, DOI:10.1300/J021v28n01_06
4. Claire, M. & Anelle, Y. (2022). Development of skills and attitudes through telling life stories: Reflections on work integrated learning, *Gerontology & Geriatrics Education*, 43:2, 257–268, DOI: 10.1080/02701960.2020.1835656
5. David Reher & Miguel Requena (2018). Living Alone in Later Life: A Global Perspective *Population AND Development Review* 44(3): 427–454
6. Dena, S. Boyd, D. & Louise, M. (2008). In Their Own Words: Using Narratives to Teach Gerontology, *Gerontology & Geriatrics Education*, 29:3, 239–247, DOI: 10.1080/02701960802359474

7. Frank J. Whittington (2013). Intergenerational Co-construction of Narrative Gerontology in Theory and in Practice: *The Gerontologist* Vol. 53, No. 3, 520–525
8. Gary, M. K. & William, M. R. (1999). Introduction: Narrative gerontology. *Journal of Aging Studies* Vol. 13, No. 1, pp. 1-5
9. Gifty, D. A. et al (2021). Prioritizing the National Aging Policy in Ghana: Critical Next Steps, *Journal of Aging & Social Policy*, DOI: 10.1080/08959420.2021.1927621
10. Hannah, Z. (2011). The critical use of narrative and literature in gerontology. *International Journal of Ageing and Later Life*, 2011 6(2): 7–37.
11. Jan, B. et al (eds), (2013) *Ageing, Meaning and Social Structure: Connecting Critical and Humanistic Gerontology*, Policy Press, Bristol, UK. Pp.216
12. Jane, G. H. (2020). Confronting Ageism and the Dilemmas of Aging: Literary Gerontology and Poetic Imagination *Baranskaya to Marinina Russian Review of Social Research*. 2020. 12(2):146–168 DOI: 10.25285/2078-1938-2020-12-2-146-168
13. Juan P. Serrano, José M. Torre, & Margaret Gatz (2014). Spain: Promoting the Welfare of Older Adults in the Context of Population Aging. *The Gerontologist* Vol. 54, No. 5, 733–740 doi:10.1093/geront/gnu010
14. Kate de Medeiros (2014). *Narrative Gerontology in Research and Practice*, Springer, New York, USA. pp.256
Katie, M. et al. (2021) Navigating old age and the urban terrain: Geographies of ageing from Africa. *Progress in Human Geography* 2021, Vol. 45(4) 814–833
15. Larry, P. (2011). Neoliberalism and Postmodern Cultures of Aging. *Journal of Applied Gerontology* 30(2) 173–184
16. Margaret, E. A. et al (2022) Challenges and Assets of Older Adults in Sub-Saharan Africa: Perspectives of Gerontology Scholars, *Journal of Aging & Social Policy*, 34:1, 108–126, DOI: 10.1080/08959420.2021.1927614
17. Martha B. H. & Meredith, M. (2003). Self, Society, and the “New Gerontology. *The Gerontologist* Vol. 43 No.6, 787 – 796 The Gerontological Society of America
18. Monica, F. (ed) (1999). Building and advancing African gerontology. *Southern African Journal of Gerontology* (1999), 8(1): 1-3
19. Neal King and Toni Calasanti () Empowering the Old: Critical Gerontology and Anti-Aging in a Global Context *AGING, GLOBALIZATION, AND INEQUALITY*
20. Otávio, T. N. et al. (2009). Gerontology in the developing Brazil: Achievements and challenges in public policies, *Geriatric Gerontology Int* 2009; 9: 135–139
21. Paltasingh, T., & Tyagi, R. (2015). Issues in gerontology: An introduction. In Paltasingh, T., & Tyagi, R. (Eds.), *Caring for the elderly: Social gerontology in the Indian context* (pp.1–18). Sage
22. Phoenix, C., Smith, B., and Sparkes, AC (2010). Narrative analysis in aging studies: A typology for consideration. *Journal of Aging Studies*, 24 (1) pp. 1 - 11. ISSN 0890-4065 DOI: <https://doi.org/10.1016/j.jaging.2008.06.003>
23. Ronald J. Manheimer (1989). The narrative quest in qualitative gerontology *JOURNAL OF AGING STUDIES*, Volume 3, Number 3, pages 231-252

24. William Randall, Clive Baldwin, Sue McKenzie-Mohr, Elizabeth McKim, & Dolores Furlong (2015). Narrative and resilience: A comparative analysis of how older adults tell their lives. *Journal of Aging Studies* 34 (2015) 155–16
-



© 2026 by the authors. Submitted for possible open access publication under the terms and conditions of the Creative Commons Attribution (CC BY) license (<https://creativecommons.org/licenses/by-nc-sa/4.0/>).