

FACTORS' CONTRIBUTING TO MEN'S HIGH DEATH RATE AND ITS EFFECTS: A CASE OF PCEA NGECHA PARISH, NGECHA PRESBYTERY, KIAMBU COUNTY, KENYA

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ABSTRACT

National statistics demonstrate that women outlive men in Kenya. The trend is no different in Kiambu County. Of particular interest to the present study is the alarming rate at which male residents have died in the last seven years within the PCEA church, Ngecha parish. The present study adopts Erick Erickson's psychosocial theory. The study assesses the factors contributing to high men's death rate and its effects, namely psychosocial and biological causes. The study also examines the social-economic effects as well as the role the church leadership can play to curb the high prevalence of male death. In the past, the church has been doing little in term of educating its members on health issues through its health committee. the Christian education committee as well lacks the capacity and needs to be empowered in order to be pro-active in the line with its motto." My people perish out of ignorance." Hosea 4:6The study used descriptive research design targeting members of the church, especially those who have lost loved ones. The study also uses purposive sampling design with two hundred with one hundred and sixty-one respondents. Primary data was collected using structured questionnaires, burial certificates and death certificates which stated the causes of death in men. The church record books from the parish headquarter office of Pcea Ngecha Parish, Tigoni sub-county records, as well as Ngecha Chief's office, was also a major source of data. Descriptive statistics were used in data analysis. The research found that a variety of social (smoking, heavy drinking, reckless behaviour and violence), psychological (suicide, homicide, relationship breakdown and depression) and biological (bad cholesterol and heart failure) factors play a significant contributing role on the observed high death rate among male residents in the study area. The researcher also found that social-economic effects of male deaths include loss of productive labour; lack of finances in families; the higher rate in school dropouts and slow economic growth and higher poverty levels. The study further concludes that the church has a major role to play in resolving the high rate of male deaths by to offering sensitization and psychological support to men who are either suicidal or suffer from relationship breakdown and depression. Finally, the study recommends that beyond spiritual nourishment and counselling, the church can also introduce physical fitness programs for its members to as well as encouraging them to have regular medical checkups to counter the biological and psychological causes which are leading to the high levels of men's death rate.

Keywords: Men, Mortality Rate, Generativity.

INTRODUCTION

The thought that life can be comprehended as a progression of critical and consecutive stages can be followed to the most punctual human developments and has shown up reliably in scholarly, religious, and philosophical works all through history (Erikson, 1968:13; Robbins et al., 2011:21). Hypotheses of life expectancy improvement portray human development and

change over the life cycle (Robbins, Chatterjee, and Canada, 2015:25). Significant kinds of formative speculations incorporate natural, psychodynamic, behavioural and social learning, subjective, good and otherworldly, and those impacted by frameworks, strengthening, and strife hypothesis. Of specific importance to the present investigation is Erikson's (1968:13) hypothesis of generativity versus stagnation stages, thought to be a critical supporter of the region of life expectancy advancement (Sdorow, 2011:10).

Erikson's (1968:13) hypothesis depends on his epigenetic rule, which expresses that anything that develops has an arrangement. This arrangement is described by its request of climbing parts, which will, in the long run, emerge to frame a working entire (Erikson, 1968:13). In light of this guideline, all phases of the psychosocial hypothesis of identity advancement can be said to have a fitting time of determination inside the life expectancy of any given individual (Erikson, 1968:13). Likewise of significance is the way that each stage is identified with all others, and effective fulfilment of one phase is reliant on the fruitful emergency determination in each former stage (Erikson, 1968:13).

Sex contrasts in mortality and future fluctuate by the nation. Be that as it may, in many nations, men live shorter lives than women. In every single created nation and most undeveloped ones, ladies outlast men, in some cases by an edge of as much as 10 years. In developed nations, for example, Russia, the nation with the widest life expectancy gap, men can hope to live to 64.7 years of age and ladies to 76.3, a distinction of 11.6 years. Belarus, Lithuania, Ukraine, Latvia and Estonia are simply behind Russia. In Syria, where strife has been seething for over five years, men's life expectancy is 10 years lower than women: 59.9 contrasted with 69.9. Correspondingly, in developing nations, however, have a narrower life expectancy but the harsh reality still stands that women outlive men. In Nigeria for example, the normal life expectancy for women is 55.6 years while that for men is 53.4 years. In Tanzania, the life expectancy for women is 63.8 years while that for men is 59.9 years. In Uganda, the future is 64.3 years and 60.3 years for women and men while in Kenya, it is 65.8 years and 61.1 years for women and men (World Bank, 2016:7).

Utilizing Erickson's (1968:13) considers have discovered that women have a trend of decreasing death rate with age. During pregnancy, males have a more mortality rate (boys are imagined at a proportion of around 124 boys/100 girls, however by birth, the proportion is just 105 boys/100 girls). Among premature births, females have a higher survival rate. The death rate shifts amid different phases of life. In between ages 15 -24 years, men are 4 to 5 times more prone to die than women. The period harmonizes with the beginning of adolescence and expansion in neglectful and savage conduct in men.

The contrast between male and female mortality rate is lower until late middle age after 24 years. In between 55-64-years, a higher rate of men's death is prevalent than women, due to coronary illness, suicide, auto crashes, and diseases caused mainly by smoking and liquor indulgence. The coronary associated illness kills an average of five of every 1,000 men in this age bracket. Among the elderly around the world, women outnumber men nine to one. These psychosocial formative stages will be the point of convergence for the present examination, with a particular enthusiasm for sexual orientation contrasts (Ingrid 2005:54).

In the twentieth century, women outlived men because of typical natural differences between the two sexual orientations since nature contributes men amid labour with more diminutive prosperity or on account of the partition that occurs through the unmistakable parts of men and women in people in general. We envision that both these parts are seen as adding to this

difference in mortality. In his commendable work, Madigan hypothesized that key natural complexities speak to male-female differences in the twentieth century (Madigan, 1957:48). He construed that socio-social parts had made only a little responsibility regarding the creating male excess in mortality and that nature itself was by a wide edge the most basic power forming the survival rates of men and women. There are a couple of examinations suggesting that males have higher rates of fetal mortality.

Waldron (1983:1108) claims that the gender-differentiated in ischemic coronary ailment mortality are the essential supporter of the general mortality qualification in the industrialized world. She examinations particular sorts of natural factors and induces that ladies' sex hormones diminish the threat of ischemic coronary sickness, to a restricted degree by the perfect impact they have on serum lipids. Interestingly, men's higher testosterone levels effects affect serum lipids. She recommends another organic factor as a reason for a portion of the distinction: men's inclination to collect stomach muscle to fat ratio seems to add to their negative serum lipid levels and therefore to their higher ischemic coronary illness mortality.

The study was guided by the below three objectives;

- i. To identify the psychosocial and biological causes of high men's death rate in PCEA Ngecha parish within Ngecha presbytery, Kiambu County.
- ii. To examine the socio-economic effects of high men's death rate in PCEA Ngecha parish within Ngecha presbytery, Kiambu County.
- iii. To establish the role that the Church leadership can play in curbing the prevalence of high men's death rate in PCEA Ngecha parish within Ngecha presbytery, Kiambu County.

The study was carried out in PCEA Ngecha parish within Ngecha presbytery. The study was restricted to assessing the prevalence of high men's death rates and across the eight life stages opined by Erickson (1968). The study sought to identify the psychosocial and biological causes of death among the male gender in PCEA Ngecha parish within Ngecha presbytery, Kiambu County. It also examined the socio-economic effects of men's deaths in PCEA Ngecha parish within Ngecha presbytery Kiambu County. Finally, it established the role that the Church leadership can play in curbing high men's death rate in PCEA Ngecha parish within Ngecha presbytery, Kiambu County.

Theoretical Framework

This study was informed by Erikson's (1963) theory of psychosocial stages of development. This framework was thought to have insightful implications for the high male death rate. Erikson (1963:12) in his theory of personality development asserts that social relationships are crucial determinants of personality. His theory is based on eight stages as illustrated below which he calls psychosocial stages of life.

Table 2.1 Erik Erikson's Psychosocial Stages

Life stage	Age is approximate	Personality steps towards stability.	Unstable steps towards personality
1	Birth -2yrs	Trust	Mistrust
2	2-3	Autonomy	Shame and doubt
3	4-5	Initiative	Guilt
4	6-11	Industry	Inferiority
5	12-18	Identity	Role confusion
6	Early adulthood	Intimacy	Isolation
7	Middle age	Generativity	Stagnation
8	Late adulthood	Integrity	Despair

Source: (Erikson 1963)

Every stage has conflicts that need individuals to modify their personalities and adjust to their social environment. How they negotiate each stage determines whether they will have a stable or unstable personality development. Parents' attitudes and actions, as well as other people and environmental factors, influence the ways by which individuals resolve these conflicts. In the midst of every one of Erikson's eight progression stages, two conflicting musings must be settled viably all together for a man to twist up clearly a specific, contributing individual from society. Failure to pro these errands prompts assumptions of inadequacy. To Erikson referred to in Schultz and Schultz (2009:45), identity improvement is a continuous procedure all through life. He contends that self-image whose part is to save character has four particular angles: independence (a cognizant feeling of uniqueness and presence as discrete unmistakable substance), wholeness and blend (a feeling of inward wholeness and resoluteness coming about because of oblivious combining activities of the personality), similarity and progression (an inclination such one's reality has consistency and is set out toward important course) and social solidarity (a feeling of internal solidarity with beliefs and estimations of some gathering, inclination of social help and approval. Erikson asserted that firm identity requires that the inner sense of sameness and continuity be meaningful to significant others and correspond to their perceptions and expectations. This ensures recognition from people who are important to the individual. If there are contradictions in the society, the child feels lost. However, the adjustments that people make at each stage are not irreversible, though they influence the person's overall personality.

Erikson additionally understood that however, generativity is a prevailing topic in the centre years (the thirties, forties, and fifties), this sort of looking after future ages has its seeds in early adulthood – the childbearing years – and proceeds all through the rest of the life expectancy. A feeling of connectedness of one age with another is inferred in the idea, and generativity is, in the broadest sense, a representative connect to everlasting status through acts and works that will survive the person. In light of his own examination and also that of others, Dan McAdams (2001: 162) expressed that "Profoundly generative grown-ups tend to express a more otherworldly comprehension of life . . . than do less generative grown-ups. Generatively is likewise decidedly connected with volunteerism, group contribution, and voting. Social organizations, for example, schools, holy places, and government offices rely upon the generative endeavours of grown-ups." There is a need to create a proper balance between generativity and stagnation. An individual may tend to engage in the various activities in relation to generativity at the same time, therefore, lacking time for themselves, spouses or even their families. This is overextension. It may lead to social and psychological problems.

An individual may also tend to stagnate and have little generativity. This means that the individual does not give back to society nor have any time for society.

Psychosocial Factors and Mortality among Men

An investigation did by Mathers et al. (2009:15) surveyed the impacts of Smoking and Gender Equality on sex contrasts in future in Denmark, Finland, Norway, Sweden and Northlands. The Gender Equality in the Netherlands amid 1990– 2007 exhibited that overall, 2.4 years or over 40% of the aggregate sex distinction in future in 1980– 1989 was evaluated to be inferable from smoking in the 5 nations. By 2000– 2007 the commitment of smoking dropped to 1.8 years or roughly 30% of the aggregate distinction. The commitment of smoking to the sex distinction was most prominent in Gender Equality in the Netherlands and littlest in Sweden.

Over time, changes may influence mortality rate. According to a study by Samuel H. Preston and Wang (2015:47), in most developed countries, men's between ages of 20 and 40 widespread adoption of cigarette smoking during the first half of the 20th century was a major factor behind males' widening mortality disadvantage. Later, in the United States, the mortality gap narrowed as women began to smoke more and men smoked less than before. The distinction in male and female future has limited as of late, from no less than 7.7 years from 1972-1979 to 5.2 years in 2014, as indicated by the U.S. National Center for Health Statistics. Changes in smoking examples tend to influence men more than ladies since more men have smoked and on the grounds that smoking has raised demise rates more for men than for ladies. As smoking turns out to be even less normal, death rates will most likely decay further.

A tremendous measure of writing characteristics the high unexpected passing rate among the male sexual orientation when contrasted with the female sex to among other mental issues, the conclusion of real dejection, relationship breakdown, suicide endeavours, substance utilize clutter and money related components. Brownhill et al. (2013:43), Brownhill et al. (2005:24) and Rutz and Rihmer (2009:18) found a verifiable relationship between 'real discouragement and suicide. Some discouraged men can encounter avoidant, desensitizing and escape practices which can prompt hostility, brutality and suicide. Sex contrasts show up not such a great amount in the experience of sorrow, but rather in its demeanour.

Crimes, sudden passing as a reaction to pressure and suicide chance have been appeared to be high among isolated guys, particularly more youthful guys matured 15-24 years (Cantor et al., 1995, 66; Wyder, Ward and De Leo, 2009:101). Kolves, Ide and De Leo (2011:55) contemplated the self-destructive conduct of men who had encountered the breakdown of a marriage or accepted relationship and demonstrated that both quality disgrace (unavoidable, long haul sentiments) and state disgrace (emotions identified with an occasion) anticipated self-destructive conduct. Harwood, Hawton, Hope and Jacoby (2000:83) watched an expansion in suicide hazard because of poorer social help among elderly widowed or separated from men.

Social Economic Effects

Anne and Angus (2013:50) found in their examination that since ladies are more averse to be a piece of the work drive than men, they experience the ill effects of the assaults of work. Thus, their wellbeing disintegrates less rapidly. Low-paid or manual work appears to incur a significant injury as far as the wellbeing of the male gender is concerned. Individuals in the base wage gather have a tendency to have both more regrettable wellbeing and all the more quickly falling apart wellbeing while they are working. However, while manual specialists are commonly less sound, by and large, the distinctions among male and female labourers in this word related gathering are considerably littler than contrasts crosswise over occupations. Not

at all like alternate reasons for death were explored, female breast tumour life expectancy higher in the high segments than in the low segments. The outcomes affirm the discoveries of numerous investigations that watched diminishing bosom disease death rates from upper to bring down financial stages. It might be identified with various ripeness designs among high financial status women, for example, postponed childbearing and null parity.

In an efficient audit, (Weir et al 1996:885), recognized other applicable hazard factors for bosom growth, for example, overwhelming liquor consumption, postmenopausal heftiness, high aggregate caloric admission, hormone substitution treatment, also present utilization of contraceptives orally. Brazil postponed giving birth, present utilization of internal substitution treatment and more prominent recurrence of liquor admission is more common among higher-instructed women than bring down taught women. In spite of the fact that a very much characterized example of mortality as indicated by financial levels were not built up for a prostate tumour, an amazing hole between the low and high financial levels was identified. The discoveries strengthen a past report. Be that as it may, an individual-based examination directed in Sweden demonstrated expanded death numbers from growth within males with a raised financial level. Perhaps, the increased number of deaths among the males living in impoverished regions of Campinas can be identified with lacking to reach out to ways to prevent the tumour and also scrutiny of the tumour. Instructive contrasts in tumour growth scrutiny practices developed in the territory of São Paulo. Within males with 12 years or a greater amount of tutoring, 56.8% detailed experiencing an earlier prostate-specific antigen (PSA) test or computerized rectal check, this extent was just 35.2% within the less-taught males. Notwithstanding the most noteworthy tumour death rates in the low segments, this proof of imbalances in scrutiny practices is a solid contention for guaranteeing initial location and auspicious medical attention of tumour malignancy among males who live in impoverished conditions (Weir et al 1996:887).

The Role of the Church

There is a lot of upcoming literature on the relationship between health outcomes and religious involvements. Further intervention by the church on religious involvement which includes church attendance and church membership is associated with better physical and mental health as well as the longer survival rate in men. (George, Eliso and Larson,2002).

A meta-analysis of data from forty-two studies carried out from diverse populations found that religious involvement was significantly associated with lower mortality rate and the strength of the association was similar to that found for other psychosocial factors (McCullough et al., 2000). Health practices, social support, psychosocial resources and a sense of coherence are seen to be the form of possible mechanisms by which religions benefit health. Hummer and his colleagues (hummer et al, 1999.) illustrate that social issues and behaviour factors play a great role in mediating between religious involvement and the death rates. In his thesis, Durkheim, 1951 seminar work on suicide urged that social support, as well as integration, are important factors which affect health status. Many other resources like Waite and Lehrer (Waiteand Lehrer, 2003) recently reviewed the health benefit of these sociological insights and confirmed the same under the review of the health benefit of both married people and religious. They dealt with life expectancy citing a very comprehensive body of research documentary on the association between religious involvement and improved health status.

They noted that religious affiliation can affect health outcome due to a network of members of the church who may provide social resources, behaviour as well as biological issues. In the same note Jarvis and Northcutt,(Jarvis and Northcutt, 1987.) have also indicated that people who attend church service are more likely to be married thus involved in friendships

fellowships together attributing to improving their well-being unlike those who do not attend the church regularly. This has its benefit Psychosocial and thus can affect the mortality rate in men. According to George, Elison and Larson (George, Elison and Larson, 2002.) health practices have shown the strongest associations on health outcome in members of church adhere to prescriptions about health behaviour compared to others. The study of religious and high men's death rate is paramount in that a faith issue plays a very great role in people's health and general well-being.

SUMMARY OF FINDINGS

The study sought to assess the factors contributing to high male death rates in PCEA Ngecha Parish within Ngecha Presbytery, Kiambu County. A majority of respondents affirmed that many deaths are caused by lifestyle diseases. The leading causes were alcoholism, drug and substance abuse as well as cancer which were responsible for eighteen deaths each followed by crime at seventeen. HIV/Aids caused fifteen and hypertension fourteen.

On Psychosocial causes of the observed high death rates among the male gender, religion caused two deaths, accidents five, crime seventeen and Alcohol, drug and substance abuse topped this section with eighteen deaths. The sum of all deaths attributed to social causes was forty-two. Also, a majority of respondents were found to agree that men in the locality experience high levels of stress and depression leading to mental disorders which accounted for four deaths. Depression claimed three lives while suicide contributed to nine deaths. The total deaths attributed to psychological causes were sixteen.

Biological causes claimed the majority of lives as found in this study. Various diseases led to the death of men namely; Diabetes caused twelve deaths, heart attack nine, respiratory diseases eleven, HIV/Aids fifteen, kidney disease six, cancer eighteen, communicable diseases four, stroke five, hypertension fourteen, meningitis three and other diseases six.

Under social economics effects findings reveal that high male death rate in this locality robs the community of productive labour (4.339); the high male death rate in the locality has led to insecurities among affected families (3.925); slow economic development in the area (3.857); high poverty levels (3.842); high male death rate in the locality has led to high school dropout rates (3.893).

The study sought to establish the role that the Church can play in curbing male deaths in PCEA Ngecha Parish within Ngecha Presbytery, Kiambu County. Findings indicate that a majority of respondents affirms that church in this locality needs to engage men more in church activities (4.329); the church in the locality need to evangelize more to men (4.119); the church in the locality needs to embark on social change campaigns (4.283);the church in this locality need to cater to the bereaved families in order to alleviate the social-economic effects of high male death rates (4.163);and that the church in the locality needs to provide counselling to men on social and behavioural change (4.203).

CONCLUSION

From the foregoing findings, it is hereby concluded that indeed death rates for males are high in PCEA Ngecha Parish within Ngecha Presbytery, Kiambu County. The study also deduces that a variety of social, psychological and biological factors play a significant contributing role on the observed high death rates among male residents in the study area. It is particularly

notable that men in the locality suffer from alcoholism, drug and substance abuse and that has contributed to the high male death rate. They as well engage more in criminal activities, reckless behaviour or violence at puberty and that as well as contributing to the high male death rate within the study area. Men also commit more suicide and homicide and that has contributed to their high death rate and suffers more from lifestyle diseases such as hypertension, diabetes, respiratory and kidney diseases as well as cancer and that have contributed to the high male death rate.

The study also concludes that the observed high death rates among male residents in the study area due to the various biological and psychosocial, causes have led to significant and detrimental socio-economic effects in the study area, most notably productive labour, insecurities among affected families, high school dropout rates, slow economic development and poverty.

It can also be concluded that the church has a major role to play in alleviating the observed socio-economic effects of the high and untimely death rates among the male gender in the study area. More specifically, a majority of respondents are of the opinion that the church in the locality needs to engage men more in church activities, embark on social change campaigns, provide counselling to men on social issues, cater for the bereaved families in order to ease the financial impacts of high male deaths and also proselytize more to men. Lastly, the examination additionally presume that wide and broad scope of writing characteristics the sex mortality contrasts in the second 50% of this century essentially to behavioural factors, for example, alcoholism, crime and smoking.

RECOMMENDATIONS

A variety of psychosocial and biological factors have been found to significantly contribute to the high death rates among male residents in the study area. It is in this light that the present study recommends that over and beyond spiritual nourishment, the church in the study area needs to offer counselling services to male members of the society undergoing various detrimental social experiences including smoking, crime and heavy drinking. The study also recommends that beyond both spiritual nourishment and counselling the church ought to offer sensitization and psychological support to men who are suicidal, those who attempt committing homicide, as well as those suffering from relationship breakdowns and depression. The church can also partner with area community leaders to educate the people on how to deal with psychological issues in order to curb high men death rate.

On the biological causes, the study recommends that men in the study area in general and those with various health complications, in particular, enrol to a gymnasium with a view to both keep fit and to enhance the body immune system. Further, the church should encourage men to have more medical checkups at least once annually to detect any health complications at an early stage. This will go a long way in addressing such biological causes of the observed high male death rates such as heart disease, cancer, diabetes, respiratory-related diseases and hypertension. Since gymnasiums may not be affordable to all male residents of the study area, the study recommends that the church embarks on a program to raise funds with a view to put up a gymnasium for the health benefit of its members. Re-emphasize the importance of nutritional and physical studies in schools so as to positively influence a healthy lifestyle in children as they grow up.

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