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

By

Hiram Ngundo Githaiga

ADM: MTH/LMR/1619/16

This dissertation is submitted in partial fulfilment of the requirements for the award of a Master Degree in Theology at St. Paul's University.

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DECLARATION

This Dissertation is a product of my own work and is not the result of anything done in collaboration. It has not been submitted for any academic award in any university or institution of higher learning.

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SIGNATURE OF THE STUDENT DATE

I/We confirm that the work reported in this dissertation was carried out by the student under my/our supervision

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ABSTRACT

The study focuses on the factors contributing to men's high death rate and its effects; a case of PCEA Ngecha Parish, Ngecha Presbytery, Kiambu County, Kenya. The study uses Erick Erickson's psychosocial theory more specifically the stages of Generativity versus Stagnation, Identity versus Identity Diffusion, Integrity versus Despair and Disgust. 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. The 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 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 research 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 concludes that the church has a major role to play in resolving the high rate of male deaths by offering sensitization and psychological support to men who are either suicidal or suffer from relationship breakdown and depression, having social activities like board games, forming clubs for the elderly to maintain relationships that enlighten the men of possibilities of self employment and entrepreneurship. Finally, the study recommends that beyond spiritual nourishment and counselling, the church can also introduce physical fitness programs for its members 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.

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ABBREVIATIONS AND ACRONYMS

AIDS: Acquired Immune Deficiency Syndrome (HIV/AIDS)

COM.DEASE: Communicable disease.

HDL: High-Density Lipoprotein

HIV: Human Immunodeficiency Virus Infection

IHME: Institute for Health Metrics and Evaluation

LDL: Low-Density Lipoprotein

NACOSTI: National Council for Science and Technology

PSA: Prostate- Specific Antigen

PCEA: Presbyterian Church of East Africa

RRD: Respiratory related diseases

SPSS: Statistical package for social science

WHO: World Health Organization

CHAPTER ONE

INTRODUCTION

1.1 Introduction

The chapter contains the background of the study, statement of the study, the objective of the study, research questions and significance of the study, the scope of the study, limitation and delimitations of the study as well as the conclusion of the chapter.

The researcher's curiosity on the topic was triggered by the disturbing encounter in twenty fifteen after joining PCEA Ngecha Parish as the minister in charge. The first task was to bury a young man and two others were to be buried in the period of the two weeks that followed. That trend continued for the rest of the year. The researcher then perused through the parish official record books to check if that year was an outlier only to realize an uncomfortable truth. It was the same trend for the previous three years. The intellectual foundation to do a study on the title; factors contributing to men's high death rate and its effects: a case study of members of PCEA Ngecha Parish, Ngecha Presbytery, Kiambu County, Kenya was laid.

1.2 Background of the study

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).

As per his psychosocial hypothesis, Erikson (1968:13) expressed that people travel through a progression of eight phases of identity advancement which are portrayed by an appropriate emergency determination at each stage The stages are divided as follows; Trust vs. Mistrust, Autonomy vs. Shame/Doubt, Initiative vs. Guilt, Industry vs. Inferiority, Identity vs. Role Confusion, Intimacy vs. Isolation, Generativity vs. Stagnation and Integrity vs. Despair. The initial five phases happen continuously in adolescence and are named as confiding in versus

question, self-sufficiency versus disgrace and uncertainty, activity versus blame, industry versus inadequacy, and character versus character perplexity(Erikson, 1968:13). The staying three phases are believed to be normal for grown-up identity advancement and have been named closeness versus seclusion, generativity versus stagnation, and trustworthiness versus losing hope (Erikson, 1968:13).

1.2.1 Health Personality

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 1980:85). 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.

1.2.2 Global Perspective on High Men's Death Rate

Natural, social and behavioural factors have realized differences in the most generally perceived explanations behind death for male and females. In soonest arranges, the causes are similar, however, start to meander in the midst of youth, and by adulthood, fluctuate

emphatically. In any case, as people advance into their senior years, differentiates in the principle wellsprings of death for men and women tend to diminish. Not only do the purposes behind the death of male and females differentiate, however, so the ages at which do passing happen. As a result of the more important loss of life at more young ages, liberally fewer men than women get by until age 75. In 1993, a whole of 204,912 deaths occurred in Canada: 109,407 males and 95,505 females. The destruction rates organized to the age flow of the 1991 Canadian masses were 890 and 534 demises for every 100,000 males and females, independently. The male-to-female extent of death rates was 1.67(Waldron and Johnston 1976:20).

In the midst of the fundamental year of life, the destruction rate is for the most part higher. The rate was 630in 1993of demises for each 100,000 infant kids of ager under 1. Later in youth, in any case, the rate falls altogether: to 23 deaths for every 100,000 children developed 1 to 9, and to 19 deaths for every 100,000 adolescents developed 10 to 14. At ages 15 to 19, the rate begins to increase (61 deaths for each 100,000). Starting there, the rate continues rising, accomplishing 4,523demises for each 100,000 at beyond 65 years old At all ages, downfall rates in 1993 were higher for men than for women. In any case, while the male destruction rate outdid the female rate all through the future, the best differentiation was at ages 15 to 39, all things considered, on account of external causes (Waldron1983:1111).

Men do not live longer than women. Certainly, in countries that have developed today women live 6 years longer than men. This statistic differs from country to country. In 1996 France had the greatest opening in the developed world, with a male-female qualification in future at birth1 of 7.8 years. The United Kingdom had a standout amongst the most lessened sex contrasts, with a gap of only 4.9 years. The gaps in mortality are in like manner found in the making scene, regardless of the way that they are of a substitute degree there Waldron, I. and Johnston, S). Men have a lower life expectancy amid labour than women in industrialized countries. In 1970 the countries with the most significant sex contrasts were Finland and the United States, with differentiations of 8.5 and 7.6 years respectively (Samuel, H. and Haidong, W, 2015). According to the Greece and Ireland national statistics reports (2018), they had the least difference 3.7 and 4.7 years respectively. By 1996 this demand had changed. By and by France and Finland had the most significant regards at 7.8and 7.5 years, while the United Kingdom and Sweden had a minimal gap, with 4.9 and 5.0 years. A more basic look at the sex refinement in mortality by age exhibits that females have cut down mortality at all (Waldron and Johnston 1976:24). Despite how more young fellows are imagined than young women (by and large, 105 young fellows are considered for every 100

young women) the number of living men lessens rapidly. Infant kid and youth mortality is higher for young fellows than for young women and these higher death rates for men continue all through for as far back as they can recall navigating (Vaupel et al.2011:857) By age 25 the amount of women alive in an assistant outperforms the number of men, and this continues being the circumstance until the point that the moment that the accomplice is ended. This sex differentiate is most basic at old ages. In 1996, women developed 85 and over overshadowed men in the United States by a factor of 1.8, in Japan (1995) by a factor of 2.3, in France (1996) by a factor of 2.7, and in Great Britain (1995) by a factor of 2.9 (Waldron and Johnston 1976:24).

There are as yet immense stands out among industrialized countries from regard to the age case of male versus female mortality. Central European countries, for instance, Switzerland, Austria, and Germany have relative age-specific cases of sex differentiates in mortality, exemplified by the curve for Germany. Countries, for instance, Denmark, Sweden, the United States, and the United Kingdom exhibit a substitute illustration. Eastern European countries, for instance, Poland, Hungary, and the Czech Republic are known to have higher excess mortality for men past 20 years of age, which has ended up being especially perceptible in the latest decade. Another case of sex divergence by age can be found in France, where male-female differences after the age of 30 are higher than in most other made countries today (Wier et al., 1996:885).

Doubtlessly these countries indicate enormous differentiation in their levels of wealth mortality after age 30. Diverged from Denmark, the sex differentiates in mortality in France twofold at grown-up ages. This is an outcome of decently low male adult mortality in Denmark and high female mortality at comparable ages. In France, we have the opposite state of unlawful connections – by and large, high male adult mortality and low female mortality. In Eastern Europe, the sex refinement appears to have broadened in light of extended adult male mortality in the latest decade (Waldron and Johnston 1976:24). This extension is relied upon basically to the high passing rates from setbacks at energetic ages, and to high death rates from cardiovascular ailments in late adulthood. The countries of Central Europe, addressed by Germany in the graph, have a mortality case of sex contrasts which continues running between that of France and Eastern Europe on one hand and Denmark on the other. These countries have respectably low adult mortality for the two sexes. A wary view of the specific purposes behind mortality shows that the high adult mortality among folks in France is normal generally too high rates of the tumour, particularly lung development. In such a manner France resembles Eastern European countries (Wier et al., 1996:885). The reverse is

certifiable when cardiovascular mortality is considered. France has a standout amongst the most negligible destruction rates from cardiovascular diseases for men and furthermore for women. It is captivating to observe that France has a standout amongst the most lessened rates of female mortality from development in Europe, yet again, particularly lung ailment (Haut Comité de la Santé Publique, 1994:58). This reality suggests that the direction of French men and women differentiate as to danger factors, particularly smoking (Wang and Preston 2009:395)

1.2.3 Life Expectancy in Kenya

As per the most recent WHO information, as of December 2016, the life expectancy in Kenya is: Male 61.1, female 65.8 and aggregate future are 63.4 which give Kenya a World Life Expectancy positioning of 145. The sexual orientation differential infers that overall; females live 4.7 years more than their male counterparts. These evaluations unequivocally consider the impacts of overabundance mortality because of AIDS; this can bring about lower future, higher newborn child mortality, higher passing rates, bring down populace development rates, and changes in the appropriation of populace by age and sex than would somehow or another be normal (Kenya National Bureau of Statistics, 2016:44).

Wellbeing research directed at the University of Washington's Institute for Health Metrics and Evaluation (IHME) found that in 2013, HIV, respiratory contaminations, loose bowels and tuberculosis were the ailments most pervasive among men. For women, Aids, bring down respiratory contaminations, (for example, pneumonia and bronchitis), looseness of the bowels, intestinal sickness and innate inconsistencies were the most common ailments. Inherent ailments are conditions that one is conceived with, which can influence one's advancement and general prosperity (Wier et al., 1996:885).

1.3 Statement of the Problem

As reflected in the foregoing national statistics women outlive men in Kenya (Kenya National Bureau of Statistics, 2016:44). As per the 2009 national census survey (Kenya National Bureau of Statistics; Mortality report, 2009:37), the life expectancy was 62 years for men and 65 years for women. The trend is no different in Kiambu County and of particular interest in PCEA Ngecha Parish within Ngecha Presbytery. Reports in the PCEA Ngecha Parish office, Ngecha Chief Office and Tigoni Sub-County hospital indicated there were higher rates of male deaths. In the year 2015, twenty-seven men died as compared to a total of eight women as per PCEA Ngecha Parish office. This was quite alarming. Below is an

illustration of the reports of death rates in PCEA Ngecha Parish (which has three congregations namely mother church Gitangu and Thingati), Ngecha Chief's office and Tigoni Sub-County hospital over a period of the last seven years.

Table1.1. Death rates in Ngecha as per PCEA Church, Kiambu County

YEAR	2012	2013	2014	2015	2016	2017	2018
MALE	9	21	17	27	29	28	30
FEMALE	5	17	10	8	16	18	14

Source: PCEA Ngecha Office record books

Table1.2. Death rates in Ngecha as per Ngecha Chief's Office Ngecha, Kiambu County

YEAR	2012	2013	2014	2015	2016	2017	2018
MALE	15	25	20	29	35	38	40
FEMALE	8	19	13	14	19	22	24

Source: Ngecha Chief's Office

Table 1.3. Death rates in Ngecha, as per Tigoni Sub-County hospital Kiambu County

YEAR	2012	2013	2014	2015	2016	2017	2018
MALE	50	60	59	71	75	80	90
FEMALE	35	42	29	50	30	58	44

Source: Tigoni Sub-County hospital

As tabulated in tables 1.1, 1.2, 1.3, it can be noted that whereas death has occurred among both men and women over the last 7 years deaths of men are more than women. It is not however documented why the females generally outlive the males going by the statistics and the age difference thereof. Against this backdrop, the present study uses Erik Erikson's psychosocial human development theory in determining the causes of the high men's death rate in PCEA Ngecha Parish within Ngecha Presbytery, by assessing the crises across the eight life stages with more focus on 7^{th} and 8^{th} stage as opined by Erickson (1968:13). As per the most recent WHO information distributed in 2015life expectancy in Kenya is: Male 61.1, female 65.8 and aggregate life expectancy are 63.4 which give Kenya a World Life Expectancy positioning of 149. The major causes of this difference are yet to be set up which provoke the examination on why the rate of men's death is quite high.

1.4 Objectives of the Study

1.4.1 General Objective

To assess the factors contributing to high men's death rate and its effects in PCEA Ngecha Parish, Ngecha Presbytery, Kiambu county.

1.4.2 Specific 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.

1.5 Research Questions

i. What are the psychosocial and biological causes of the high men's death rate in PCEA Ngecha Parish within Ngecha Presbytery, Kiambu County?
ii. What are the socio-economic effects of the high men's death rate in PCEA Ngecha Parish within Ngecha Presbytery, Kiambu County?
iii. What role can the Church leadership play in curbing the prevalence of high men's death rate in PCEA Ngecha Parish within Ngecha Presbytery, Kiambu County?

1.6 Significance of the Study

An alarming death rate among the male gender is a concern of every member of society. The havoc caused by the untimely death of young and energetic men negatively affects society in many ways. For example, socio-economically, the lives of affected families are traumatized and affected negatively especially when a sole breadwinner dies. The families also become socially vulnerable as men are perceived as protectors, providers, pillars, priests and leaders among most families.

An understanding of the factors contributing to a high death rate among males and its effects is of paramount importance in providing information that can be used to formulate intervention mechanisms to address the problem. Unearthing the causes of this high

prevalence of men's deaths may be of benefit to society in the sense that families, the church and even governments may take appropriate measures to salvage the predicament.

Religious and learning institutions such as churches and schools that play a crucial role in shaping the behaviour of society members may get a better understanding of the possible causes of the current untimely deaths facing the male gender. This may help them work out the appropriate approaches to helping males and guiding others against adopting undesirable behaviours. Proper adjustment of the male gender world view and thinking may minimize the level of mortality insecurity in the gender which is a major concern in our country. Finally, the findings are also intended to act as a springboard from which other researchers could conduct further research into the issue and how it could be resolved.

1.7 Scope of the Study

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 (1968:16). 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.

1.8 Limitations and Delimitations

The study anticipated a number of setbacks throughout the course of the study. Particularly due to the sensitivity and weight of the questions in this study, the respondents were a little bit cold to respond at first especially because of the sad memories and pain caused by the loss of their loved ones, this was resolved by assuring the respondents that the findings will greatly help in getting possible solutions to causes of more deaths of men in the society. The study also faced organizational rules, regulations and policies due to the church structure. To address these potential setbacks however, the study communicated the objectives to them and assured them of the potential benefits of the study's findings. Administers of the questionnaires were high school graduates who are members of the church so that the targeted population could be approached by familiar faces and this ensured they could freely interact.

1.9. Conclusion

In this chapter a background of the problem was presented, a brief description of the mortality rates among males and females was discussed, the statement of the problem, the research questions, the objectives of the study and its scope and limitation. The next chapter will review the literature in this area that has been published.

CHAPTER TWO:

LITERATURE REVIEW

2.1 Introduction

This chapter reviews pertinent literature, covering the empirical literature underpinning the present study. The empirical literature places prominence on findings of previous empirical studies with a focus on the association among the variables under assessment. The chapter is structured into the theoretical framework; social factors and mortality in men; biological factors and mortality in men; psychological factors and mortality in men; the conceptual framework; as well as the chapter summary.

2.2 Theoretical Framework

This study was informed by Erikson's (1963:12) 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 in 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 (1963:85)

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.

During the youth stage, for instance, people develop healthy personal identities on the positive side or role confusion on the negative side (Santrock, 2007:9). Parental influence is indirect though it depends on the feeling of trust, autonomy, initiative and industry that they have instilled in their children. Adolescents bring together all their thoughts about themselves in their various capacities. If they feel good about themselves, they develop a positive self-identity. In relation to this study, a sense of inner solidarity that would enhance positive self-concept would be that which corresponds to the societal expectations. As highlighted in the introductory sections, boys have societal designed roles that are masculine which they acquire from the people of their gender as they grow up. Boys need to feel that they have male figures within their immediate families whom they can identify with in line with socially expected roles and a society that cares for them.

If they lack the caregivers and the models they can identify with, they get confused. They also cannot form a mental image of their own "special" self thus they may become overly concerned with their identity in the eyes of others (Sokoi, 2009:54); they may become what others want them to be because they are not sure what kind of person they want to be

themselves. Some may adopt an identity set up by their families while others may kill an identity opposite to these expectations such as a ‘loser’ or ‘delinquent’ because any identity may be better than no identity at all. However, failure to establish a healthy personal identity during adolescence does not guarantee failure forever.

2.2.1 Generativity versus Stagnation

The study focuses on the eight stages since it is within these that the male gender under study falls in with a special focus on the middle adulthood stage which falls between young adulthood and old age. This period spans from 20 to 40 years also depending on their culture and stages. Erikson’s optimal of generativity in this manner incorporates what numerous see as out-dated ideas about ordinary sex between wedded grown-ups. Be that as it may, he additionally went past this: generativity in its broadest sense alludes to imaginative and gainful action through work. Generativity is about considerably more than sex and multiplication. Erikson's idea grasps a feeling of administering to the future; looking after the people to come. For sure, Erikson included working for a superior world as a major aspect of his idea. He perceived that satisfaction in life can be accomplished without essentially having youngsters. In any case, it requires the capacity to nurture and care about others; the contradicting idea of generativity verse stagnation, or the loss of self in self-ingestion (Sdorow 2011:88).

Erikson additionally understood that however, generativity is a prevailing topic in the centre years (the thirties, forties, and fifties), Erickson (1963:18) 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 connects to everlasting status through acts and works that will survive the person. In light of his own examination and also that of others (Smythe and McAdams 2001:56) expressed that "Profoundly generative grown-ups tend to express a more otherworldly comprehension of life than do less generative grown-ups. Generativity 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 time for society, this means they engage in alcohol drug and substance abuse.

2.2.2 Integrity versus Despair

At old age, a man may make inquiries like "Was my life satisfying?" or "What was I ready to achieve?" Life is loaded with decisions and there are constantly numerous streets that were not taken by every one of us. Everybody commits errors, including some major or even heartbreaking ones. To be satisfied does not imply that one has had an impeccable existence! In any case, in the event that one has overseen life sensibly well and understand one's weaknesses, polished significant self-absolution were called for, and considered both positive and negative variables from one's past, at that point a positive feeling of respectability follows. If an individual is not happy with how they have lived their life then they may develop contempt for life and may begin feeling bitter towards themselves. The positive character to be developed is wisdom where one requires reflecting on one's life while bearing in mind the forthcoming death (Sdorow 2011:89).

This theory implies that behaviour adaptation is dependent on parenting and the social environment of a child from as early as infancy. However, different from the social learning theory, the emphasis is on support and validation: consistency in the value systems so that the children can get proper direction free from contradictions that would bring confusion in the conceptualization of the desired behaviour. Capaldi and Petterson (1991:11) contend that though a child's parents and family are important influences, they can either destroy or ensure a happy future. But the families are also embedded in the larger society hence conceptualization of parenting from the larger social environment is viewed as critical in achieving a firm identity.

Erikson's theory(Erikson 1980:89) of psychosocial stages explains the development of identity and the motivating factors towards certain types of behaviour among the developing children, leading to choices they make later in life, which in one way or another contributes to their mortality. For instance, according to Erikson's psychosocial stages, lack of proper negotiation from one stage to another may lead to feelings of deprivation of identity. The state of identity crisis or role confusion involves the converse of firm identity: feelings of inner fragmentation, uncertainty about where life is headed and inability to gain support provided by satisfactory social role or vocation. This theory explains how individuals acquire

behaviour from their social environment and from parenting skills employed on them; further explaining what is likely to happen when the social environment does not enhance the socially desired behaviour. In essence, the theory emphasizes the importance of society in shaping behaviour. The middle adulthood is an important stage in life has many challenges of drug abuse, depression and other influences that are factors contributing to the high men's death rate. The theory, therefore, provides important insights that provided a focus for this study since they illuminated on possible factors accountable for the premature death of the male gender in the contemporary Kenyan society.

2.3 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. Ingrid (2005:27) found in her examination that men's more hazardous undesirable practices are a noteworthy reason they die more youthful. Their higher rates of cigarette smoking, overwhelming drinking, firearm utilize, work in risky occupations, and hazard taking in entertainment and driving are in charge of men higher passing rate because of lung malignancy, mischance's, suicide, and crime. Comparative discoveries were

accounted for by Leinonen et al. (2011:72) who found that men will probably share in unsafe employments like mining or substantial assembling and practices like smoking and drinking men are more probable not to have a sound eating regimen; and are less inclined to utilize wellbeing administrations for counteractive action of maladies. It additionally might be that men endure by and large more prominent levels of social pressure connected to their expert life and their economic wellbeing. Hazardous practices have a tendency to be more connected with bringing down economic wellbeing. This may help clarify why the future differential hole is brought down in creating nations when contrasted with created nations as ladies have brought down societal position in creating nations.

In life expectancy more noteworthy among middle-age populations than among the old population, notwithstanding social contrasts in life expectancy have stayed high among older age groups. In European nations, instructive disparities in mortality diminished reliably with expanding age, decreasing rate proportions from 1.98 among men matured 30-39 years to 1.18 among men matured 80-89 years. The example contrasts an investigation led in New Zealand, where the social class mortality inclination among men matured 15-64 years was as solid in the older age groups as in the more youthful age groups (Tyden et.al, 2012: 790). A few examinations have exhibited consistency and expansion in social disparities in life expectancy among the populace matured 60 years or more seasoned. It proposes unbalanced conditions of living which keep on influencing wellbeing in later life, and that the examples and levels of mortality among the elderly are the aftereffects of deep-rooted social disparities in wellbeing.

Non-attendance of a financial inclination in male lung disease life expectancy in the city of Campinas contrasts from thinks about in created nations that have revealed expanding death rates with diminishing financial status. As per Adler and Ostrove 1999:45, in created nations smoking was more predominant in the upper social classes with ensuing spread over the other social strata. Nonetheless, with the coming of escalated against smoking efforts, a sharp drop in smoking rates happened among more advantaged people, joined by a huge decrease in lung growth mortality in this gathering. In Brazil, on account of national tobacco control crusades actualized in the mid-1990s, a more noteworthy decrease in smoking commonness has been seen among those in higher financial gatherings than among those in bringing down financial gatherings over the most recent 20 years. As in numerous Brazilian urban communities, the smoking commonness design has revolutionized in Campinas, with a more prominent extent of smokers in the lower-taught aggregate than in the higher-instructed gathering (59.3% versus 23.0% individually among men matured 20-49 years). Considering the long dormancy

time of disease, our examination did not catch a social inclination in mortality, in light of the fact that insufficient time has gone for social contrasts in mortality to be obvious. Notwithstanding, it is very conceivable that an accomplice impact will soon show up and deliver a social inclination in lung tumour mortality, with an expansion in death rates in the lower-wage gatherings. In this manner, notwithstanding hostile to tobacco crusades concentrating on the all-inclusive community, there is a requirement for arrangements and mediations particularly intended for the most denied gatherings, focusing on enhanced access to social insurance and smoking suspension administrations, and additionally guaranteeing adherence to against smoking medications(Wang and Preston 2009:823).

Cardiovascular death rates were 36% and 71% higher in low categories territories than in richer zones for male and females individually. Between the 2 genders, death frequencies from intense myocardial localized necrosis and cerebral vascular infections were more in the small strips than in the high strips. The outcomes are reliable with discoveries of past examinations, with varieties in the size of the distinction. Among the grown-up populace dwelling in chosen Brazilian urban communities, Minagawa, H., et al. (1996:105) found a converse relationship amongst training and cardiovascular mortality, for the most part for cerebral vascular and hypertensive ailments. In the United States, cardiovascular death rates among men and women living in the most distraught zones were 79% and 94% more prominent separately in examination with the minimum burdened zones (Wang and Preston 2009:825).

There are a few clarifications for the most elevated death rates in the low and centre strata than in the high stratum. The hazard factors for cardiovascular illnesses, for example, physical dormancy and undesirable eating regimen, are more successive among those with bringing down salary and training. Another clarification is the low rate of access to and utilization of wellbeing administrations by the populace living in neediness, making obstructions to the usage of counteractive action programs went for this group. Since the speculations of cerebral vascular illnesses are firmly identified with human services, denial to essential and crisis care, and low quality of wellbeing administrations can extend social contrasts in life expectancy. Along these lines, the most elevated grouping of these avoidable deaths in the most-denied regions features the requirement for more successful and particular mediations to guarantee value in counteractive action and control of cerebral vascular sicknesses (Tyden at.al, 2012:788).

Extensive financial contrasts were found for respiratory illnesses, perpetual obstructive aspiratory women, and pneumonia between genders. They checked social inclinations, which

are likewise detailed in different investigations, might be halfway clarified by smoking commonness, hereditary inclination, and natural and word related exposures among financial gatherings. Our outcomes additionally exhibited that rate proportions for these sicknesses were higher among females than among men. This distinction by sex is incomplete because of patterns in the pervasiveness and power of smoking in Brazil. As per an investigation of patterns in smoking markers between 1989-2003, despite the fact that a comparative lessening in smoking commonness has been seen among both genders, those with advanced education achieved a lower smoking predominance than those with bring down instruction (18.1% versus 32.2% individually, in males and 13.4% versus 22.8% separately, in females). Likewise, among the smokers, just low-taught women did not demonstrate a decrease in the mean number of day by day cigarettes devoured (|Tyden et.al, 2012:789). In connection to crime among men, comparative with Campinas, thinks about directed in other enormous Brazilian urban areas have watched that death rates increment with breaking down conditions of living showing that viciousness is a steady danger, especially among men. This clarifies the way that in Campinas the men manslaughter rate was 2.44 times higher (Waldron1983:1107). Car crashes were 64% more continuous among men living in the most-denied than at all denied zones. Past Brazilian investigations, nonetheless, have indicated high death rates from auto collisions in princely regions. The dissimilar information in Campinas can be halfway clarified by expansion in motorcyclist life expectancy since 2003; this is identified with the fast development of the bike armada. This development is principally determined by the low-salary populaces, who have received the cruiser in light of its minimal effort and speed advantage.

Further imperative research showed male abundance life expectancy in all ages and gatherings of reasons for death, showing a complemented sex imbalance in life expectancy. Male untimely mortality was likewise seen among youthful grown-ups matured 20-29, whose death rates were around five times higher than the female rates in poor regions (2.16 versus 0.42 deaths for every 100 000 occupants). These outcomes can be somewhat clarified by male conduct, which is moulded by social develops of manliness, characterized thus by social and social elements (Waldron1983:1109). Not exclusively is there more prominent presentation to brutality and lower rates of wellbeing administrations use among men than women, however, they are additionally more prone to embrace undesirable practices (e.g. liquor manhandle and driving affected by liquor).

In any case, regardless of the way that passing rates were higher among men than among women, it is essential that rate extents among low and high strata were greater in women than

in men, aside from outside causes. Among specific diseases, the sex separate was striking for exceptional myocardial confined putrefaction, cerebral vascular afflictions, pneumonia, and interminable lower respiratory infirmities. It is estimated that this wonder is the consequence of collaboration between sexual orientation parts and financial status. Female ways of life are more helpful for good wellbeing, which clarify low death rates in every single financial stratum. In any case, it is outstanding that needy individuals confront hindrances to access to wellbeing administrations, for instance, no health care coverage, challenges paying doctor's visit expenses, over the top holding up time out in the open centre and doctor's facilities, and long sitting tight records for particular care and analytic and helpful help administrations. Higher-wage ladies can exploit private restorative administrations. These components, notwithstanding low-quality human services, may augment the social contrasts in mortality among ladies. Then again, sex part socialization urges men to receive practices more harmful to wellbeing, which are spread among every single financial gathering. Therefore, in spite of the fact that men encounter higher death rates than ladies, the financial contrasts in male mortality are littler. The principal procedure used to limit the social contrasts in mortality ought to be the diminishment of financial disparities, considering that living conditions impact wellbeing. As per Pearce et al, these activities would advance way of life changes that lessening introduction to a few hazard factors, for example, smoking and physical inertia. Subsequently, the lessening of financial imbalances would make a solid positive effect on decreasing social inconsistencies in mortality (Verbrugge1979:63).

Another social determinant of wellbeing that in part clarifies the social disparity in mortality is the scope and access to astounding human services, including access to preventive and remedial administrations, pharmacological treatments, and different advancements (Verbrugge1979:65).In this manner, another procedure to enhance wellbeing results for bringing down pay gatherings is incrementing the supply of wellbeing administrations and decrease conceivable contrasts in the nature of care. Contrasts in what is anticipated from men and ladies and how they are instructed to carry on likewise add to the variety in wellbeing related practices. For instance, numerous societies empower or support men's overwhelming drinking, yet demoralize it in ladies. Additionally, in numerous societies, ladies are not anticipated that would work outside the home in the money economy while men are required to be a piece of the work constrain. 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. Accordingly, their wellbeing breaks down less quickly (Waldron and Johnston 1976:20)

Low-paid or manual work appears to inflict significant damage as far as wellbeing. Individuals in the base salary assemble to have a tendency to have both more regrettable wellbeing and all the more quickly disintegrating wellbeing while they are working. However, while manual labourers are commonly less solid by and large, the distinctions among male and female specialists in this word related gathering are considerably littler than contrasts crosswise over occupations (Waldron and Johnston 1976:22)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.

A suicide endeavor is a solid indicator for self-destructive conduct (Skogman, Alsen and Ojehagen, 2014:213, Beghi and Rosenbaum, 2010:73), with suicide hazard among individuals who self-hurt being up to 200 times higher than in the overall public over the life expectancy (Owens et al., 2012:91). Being dispossessed by suicide additionally conveys expanded hazard. Perceived burdensomeness is the view that one’s existence burdens family, friends, and/or society. This view produces the idea that “my death will be worth more than my life to family, friends, society, etc.” a view, it is important to emphasize, that represents a potentially fatal misperception. Past research, though not designed to test the interpersonal-psychological theory, nonetheless has documented an association between higher levels of

perceived burdensomeness and suicidal ideation. DeCatanzaro (1995:385), for instance, found that perceived burdensomeness toward family was correlated with suicidal ideation among community participants and high-suicide-risk groups. Direct tests of the theory have been supportive as well. In two studies of suicide notes, Fredrickson, B. L. and T. Joiner (2002:531) showed that raters detected more expressions of burdensomeness in 1) the notes of people who had died by suicide compared to the notes of those who intended to die but survived; and 2) the notes of those who died by violent means compared to the notes of those who died by less violent means. In a study of psychotherapy outpatients, Van Orden, Lynam, Hollar, and Joiner (2006:180) showed that a measure of perceived burdensomeness was a robust predictor of suicide attempt status and of current suicidal ideation, even controlling for powerful suicide-related covariates like hopelessness.

A low sense of belongingness is the experience that one is alienated from others, not an integral part of a family, circle of friends, or another valued group. As with the research base on perceived burdensomeness, there is abundant evidence that this factor is implicated in suicidal behaviour. However, relatively little of this evidence derives from direct tests of the interpersonal-psychological theory. Indeed, a persuasive case can be made that, of all the risk factors for suicidal behaviour, ranging from the molecular to the cultural levels, the strongest and most uniform support has emerged for indices related to social isolation (Boardman, Grimbaldeston, Handley, Jones, & Willmott, 1999:28). The connection between belonging (or its absence) and suicidality has been established for a number of diverse populations, including young adolescents, college students, elderly individuals, and psychiatric inpatients. Furthermore, suicide rates go down during times of celebration (when people pull together to celebrate; Joiner, Hollar, & Van Orden, 2006:180) and during times of hardship or tragedy (when people pull together to commiserate). For instance, there was a low rate of death by suicide in the U.S. on September 11, 2001, as there was the week after President Kennedy's assassination (Biller, 1977:42).

With regard to studies framed as direct tests of this aspect of the interpersonal-psychological theory, Conner, Britton, Sworts, and Joiner (2007:195) evaluated 131 methadone maintenance patients and demonstrated that low feelings of belongingness predicted lifetime history of suicide attempts. As expected, in a fairly stringent test of specificity, this association was specific to suicidal behaviour; belongingness was unrelated to unintentional overdoses. This specific association held even after a rigorous accounting for demographic

characteristics, correlates of suicidal behaviour, and other interpersonal variables. In another study, Van Orden, Witt, Bender, and Joiner (2008:72) showed that, as predicted, college students' suicidal ideation peaked in the summer semester (there is a late spring-early summer peak in suicidality, contrary to what most assume), and furthermore, found that low belonging in the summer (when the campus is less active) accounted, in part, for the association between semester and suicidality.

Men are more probable than females to have been determined to have a substance utilize clutter (Schneider, 2009:80), especially a liquor-related confusion (Kim et al., 2013:98). An extensive variety of liquor positive cases have been found for suicide (10-69%) and non-deadly suicide endeavours (10-73%) (Cherpitel et al., 2014:74). Liquor has the impact of disinheriting and activating imprudent conduct and worsens sentiments of sadness and dejection. It additionally disables judgment, reality testing and critical thinking, which clarifies its regular relationship with suicide. Liquor mishandles and particularly expanded use is regular cautioning signs in self-destructive men. (Leonard and Blane 1999:152)audit the information on liquor and strain diminishment. As Cappell (1990:166) has shown in before surveys, experimental help for the strain decrease model of drinking is uncertain and confused. The complexities incorporate the consumer's assumptions about liquor's viability in lessening strain and other individual varieties in reactions to liquor. While strain decrease is more evident in alcoholic and issues drinking than in typical drinking, generally speaking, the pressure diminishment demonstrate does not clarify much that we need to think about savouring any frame. Rather, this first part on a mental hypothesis rebates an exceptionally prevalent and across the board thought of the pressure lessening advantages of drinking and the part of strain decrease in liquor addiction. Cox refreshes the status of the identity hypothesis. In spite of the fact that the significance of identity develops has decreased both in the liquor addiction field and in brain research, by and large, Cox demonstrates that few measurements of identity have over and again seemed to underlie issue drinking. For instance, solitary impulsivity has been unequivocally ensnared in issue drinking and liquor addiction among men.

In view of investigations of the impacts of joblessness, Gunnell, Platt and Hawton (2009:67) guess that budgetary emergencies will prompt hoisted levels of suicide, especially among men. In any case, an Australian investigation by Berk, Dodd and Henry (2015:17) recommends that this impact might be restricted to guys up to the age of 34. Business and

money related security are components to consider for male prosperity. Social psychologists Erikson (1959:56), Jahoda (1979:310, 1981:184, 1982:88) and Miller, W. R. and M. E. Seligman (1975:38) believe that exposure to events such as joblessness is capable of impairing an individual's psychological well-being. Psychological well-being is a multidimensional concept. Therefore, the impact of unemployment on mental health is likely to be manifest in many forms, including denigration of self-worth or self-esteem.

2.4 Biological Causes and Mortality among Men

Examination of the passing rates for men and ladies in the U.S. at different ages uncovers sexual orientation contrasts in mortality designs. Vaupel et al. (2011:13) found that despite the fact that demise rates are higher for men than females at all ages; the distinction between the genders is more articulated at specific phases of life. In the vicinity of 15 and 24 years, for instance, the male-to-female mortality proportion crests due to a sudden surge in male deaths with the beginning of pubescence. Amid this period, men are three times more prone to death than women, and the vast majority of the male fatalities are caused by heedless conduct or viciousness. Engine vehicle mishaps are the most widely recognized reason for death for young men in this age gathering, trailed by crime, suicide, malignancy and suffocating.

Wang and Preston (2009:17) found that the distinction between male and female mortality decreases until late middle age when the mortality proportion levels. In the 55-to 64-year-maturity gathering, conduct related fatalities are still among the most widely recognized reasons for death for men are still considerably higher in men than in women. Men of this age are more than twice as likely as ladies to pass on in auto crashes, for instance, and very nearly four times as liable to take their own lives.

Grown-up women younger than 65 reports more specialist visits than men, with the sexual orientation hole broadest among people, matured 18-44, generally as a result of therapeutic care related to reproduction. Furthermore, men drink liquor more, and all the more frequently, than women, and are more than twice as prone to bite the dust from unending liver illness and cirrhosis. Men are additionally two to four times more probable than women to bite the dust rashly from accidental damage, murder, and suicide. Perhaps above all, a greater number of men than women smoke cigarettes, in spite of the fact that this distinction is basically nonexistent at the most youthful ages, which demonstrates that smoking rates are levelling in the most youthful age cohorts (Wang and Preston 2009:18). Smoking is especially noteworthy in this case since gauges propose that rising rates of smoking among

men, in respect to women, represented 75% of the expansion in the sex hole in mortality in the vicinity of 1910 and 1962. Current assessments recommend that smoking records for 25% of the general sex mortality contrast, and significantly more when malignancy and respiratory malady mortality are independently considered.

As indicated by Westerterp (2009:28), sicknesses identified with smoking and liquor utilization likewise slaughter a larger number of men than ladies in this age gathering. Be that as it may, coronary illness is the primary driver of the sexual orientation hole here. Men encounter an exponential ascent in the danger of coronary illness starting in their 40s; interestingly, ladies' danger of dying from coronary illness does not start to increment until after menopause, and it approaches the male hazard just in extraordinary maturity. While mischance kills 45 of each 100,000 youthful grown-up men yearly, coronary illness - the main source of death in men and women alike- - slaughters 500 of each 100,000 men between the ages of 55 and 64 consistently.

Tyden et al. (2012:55) opine that sexual orientation contrasts in mortality examples might be affected at any rate to some extent by sex hormones, in particular, the male hormone testosterone and the female hormone estrogen. The prominent top in the sex-mortality proportion at adolescence, for instance, agrees with expanded testosterone creation in men. Since the male hormone has been connected with hostility and intensity and moxie, a few specialists attribute this spike in male mortality to "testosterone lethality." Later throughout everyday life, testosterone puts men in danger naturally and behaviorally. It expands blood levels of the awful cholesterol (known as LDL, for low-thickness lipoprotein) and reductions levels of the great one (HDL, for high-thickness lipoprotein), putting men at more serious danger of coronary illness and stroke. The research proposes that testosterone adds to men more prominent physical action and forcefulness; this "domino impact" prompts their higher demise rate because of mischance and manslaughter.

Estrogen, then again, as indicated by Uchino (2015:32) affects cardiovascular wellbeing, bringing down LDL cholesterol and expanding HDL cholesterol. A current report at the University of Washington proposes that estrogen may apply these impacts by managing the movement of liver proteins engaged with cholesterol digestion. Estrogen is additionally a cancer prevention agent - that is, it kills certain normally happening, exceedingly responsive chemicals, called oxygen radicals that have been embroiled in neural and vascular harm and maturing. Developing confirmation proposes that treatment with estrogen after menopause diminishes a woman’s danger of dying from coronary illness and stroke, and her danger of

biting the dust by and large. Estrogen treatment has additionally been appeared in a few investigations to defer the beginning of Alzheimer's infection.

2.5 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 impediments of the setting of mindfulness hypothesis can be called to attention by utilizing Strauss' procedure of searching for what the hypothesis is about and what is precluded. Glaser and Strauss' substantive hypothesis of mindfulness settings is about the administration of data required by a terminal patient or relative and controlled by the clinic staff. The patients advance from shut mindfulness, where they don't have the foggiest idea about their therapeutic condition, to open mindfulness, where the hazardous condition is known to the patient and restorative staff. In-between are the settings of doubt mindfulness and shared falsification. The progress from one set to alternate relies upon the substitution of an absence of data with restorative information of the looming passing.

Every exchange gives a depiction of the social basic conditions that go into the specific circumstance and the subsequent association, the difference in collaboration when the patient movements starting with one kind of mindfulness setting then onto the next, and the outcomes of this cooperation for the interactants and the basic setting, that is the doctor's facility and the ward. The accentuation on the administration of data displays the examination as an interactional show played out in the limits of auxiliary conditions. However, this expansion makes light of the enthusiastic measurement of being a terminal patient and dying in a healing centre. Glaser and Strauss recommend that the greater part of the patients are searching for data and need to know about their withering condition. In any case, it isn't clear how the passionate reaction of the patient to the data identifies with the presence of the diverse mindfulness settings. Glaser and Strauss (1968:119). talk about a portion of the ramifications of full exposure in a different section, yet the connections with the hypothesis of mindfulness settings are not indicated. Additionally, the hypothesis is concerned with the exchange of data from medicinal and nursing staff to patients. By doing this, Glaser and Strauss examine the circumstance from the perspective of the restorative agents and the healing centre organization. The meaning of the circumstance of the patient or relative is specified when it fits in with the qualities and schedules of the medicinal world. The doctor or medical caretaker chooses when a patient or relative is prepared for divulgence and how much everybody has to know. This filling in of what has been let well enough alone for the surviving hypothesis is a helpful initial move towards broadening its degree. An alternate technique for modifying a grounded hypothesis is to take a gander at the auxiliary conditions

which have been changed since the hypothesis was defined. In 1965, Glaser and Strauss composed that '69 to 90 for every penny of the specialists (contingent upon the investigation) support not educating their patients concerning terminal diseases (Glaser and Strauss 1968:119).

As per an examination by Novack and colleagues (1979:898), by 1977 the proportion in the U.S.A. had been turned around: more than the vast majority of doctors said that they generally unveiled all data. A similar investigation of arbitrary examples of grown-up demises in 1969 and 1987 in Great Britain demonstrated that fundamentally all the more dying individuals knew about their looming demise. The distinction was ascribed to an expansion of educated terminal malignancy patients (Cartwright et al 1973:87; Cartwright 1991:84). In the decade between, the risk of negligence suits (Elkeles1982:1189), capable against authoritarian powers (Illich1975:73), persistent media presentation bringing about better educated patients (Dunn 1978:36), and the ascent of the hospice development (Saunders 1978:29) pushed specialists towards illuminating their patients (Gunstensen, A. K., et al. (1991). Late near investigations in the U.S. also, Western Europe (Cassileth et al 1980:897) has affirmed that when all is said in done doctors have a tendency to illuminate the patients of their terminal condition. In view of Glaser and Strauss' hypothesis, one ought to expect that now more individuals administer to relatives, or kick the bucket as patients, in a setting of open mindfulness.

Strangely enough, more data does not really bring about open mindfulness. In various dialogues, Williams (1989:177) and McIntosh (1977:36) report that, despite the fact that patients are educated the medicinal truth concerning their condition, they don't generally tune in or understand what they are told. This represents a significant test to the hypothesis of mindfulness settings; there is by all accounts something unique important, aside from an expansion in data, to make open mindfulness. The three frail focuses in the hypothesis of mindfulness settings: the accentuation on the normal transaction to the detriment of an enthusiastic reaction to the terminal condition; the prevailing medicinal viewpoint; and the theoretical issues of open mindfulness settings in the period of educated assent. The subsequent stage is to come back to the experimental material and alter the hypothesis utilizing a grounded hypothesis approach. The fundamental exact material of this paper is my own particular experience as a relative of a man who is analyzed as at death's door. None of the current sociological examinations gives thick records from the perspective of a relative. For moral and down to earth reasons, relatives have not been met amid the basic procedure of uncovering a terminal analysis and visualization. In a few examinations, essential cares have

been met a significant time after the terrible news was imparted after the passing of their patient, relative, or companion (Cartwright 1991:84). Other data is accumulated by perception on clinic wards (Glaser and Strauss 1968:10).

Be that as it may, not at all like patients, relatives are not restricted to the doctor persistent dyad for data. Most relatives can counsel a wide number of sources which are relatively difficult to watch. Likewise, a portion of the turmoil of feeling work with respect to death and terminal ailment isn't open for perception and requires dynamic reflection to uncover.

These socioeconomic factors are major factors affecting high men mortality rate with mortality from smoking-related lung cancer and coronary heart disease among non-manual workers in the reviewed literature. Income distributions related to education levels are some of the effects which confirm that education has an important effect on the mortality into late life.

2.6 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. (Larson,2002:88).

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., 2000:96). 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, 1999:789.) illustrate that social issues and behaviour factors play a great role in mediating between religious involvement and the death rates noting that the seminal work on suicide urged that social support, as well as integration, is important factors which affect health status. Many other resources like (Waite and Lehrer, 2003:142) 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, 1987:13.) 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 both socially and psychologically and thus can affect the mortality rate in men. According to (Larson, 2002:99.) health practices have shown the strongest associations on health outcome in members of the 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.

2.7 Research Gaps

Previous studies on high men death rate indicate that men in all socio-economic groups do poorly in terms of health. A study by (Williams 2008:102) indicated that a number of factors including economic marginality, adverse working conditions, stress among other psycho social-economic factors; forces that adversely affect men's health. The study focused on health challenges and not on the different stages as per Eric Ericson theory. Another study in the United States showed that men have more than 60 per cent higher mortality than women mainly contributed by psychosocial factors like drinking alcohol, being over adventurous and working at hazardous jobs (Waldron and Johnston 1976:156). This study concluded that changing social conditions could elevate their high death rate. This study has not used the stages of life development.

A study by (Hayward and Gorman 2004:178)on the influence of early-life social conditions on men's mortality found out that economic and educational policies along the early stages of children have far-reaching effects into the mortality of men. The previous studies as analyzed above didn't consider a combination of the psychosocial and biological causes, the socio-economic effects or the role of the church in the high men death rate. Thus this study sought to bridge this gap by including the variables to determine their influence on high men's death rate.

2.8 Conceptual Framework

The aforementioned aspects forming the study objectives interrelate conceptually as depicted;

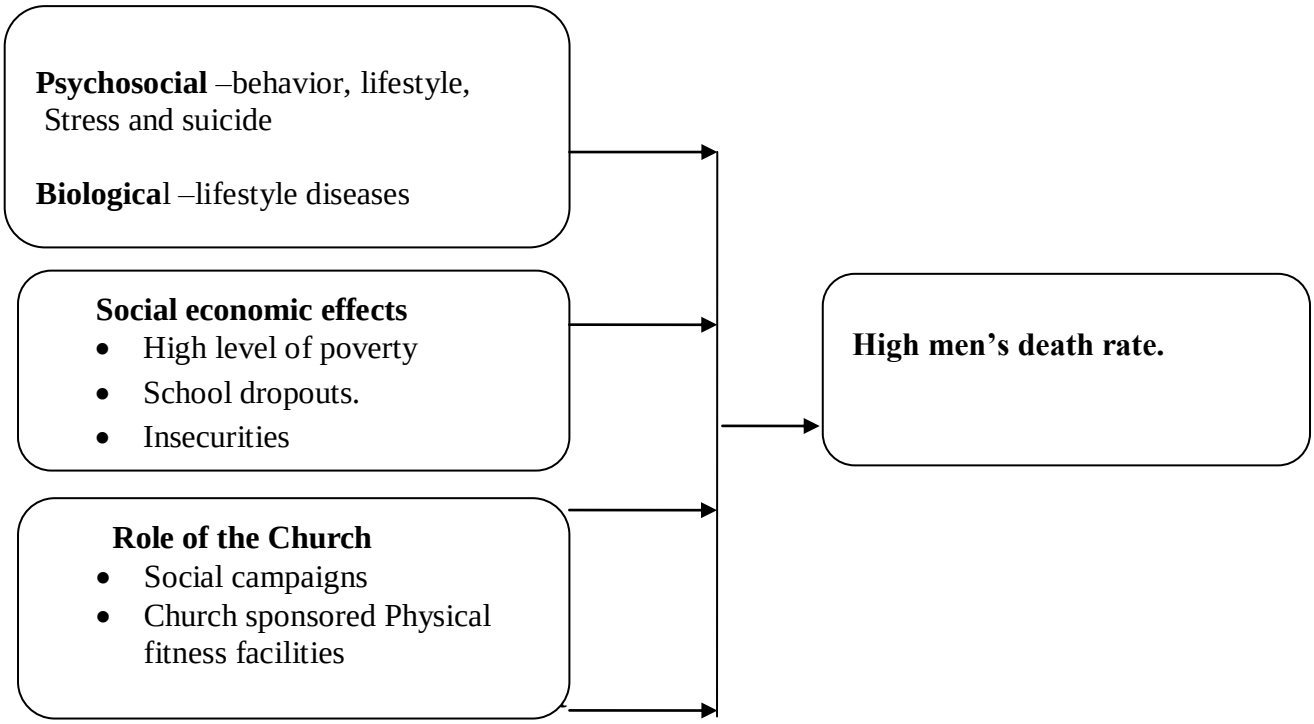


Figure 2.1 Conceptual Framework

Figure 2.1 above presents a diagrammatic conceptualization of the independent and dependent variables. From the diagram, the independent variables are psychosocial and biological as the first variable indicated by behaviour and lifestyle, response to stress and suicidal behaviour; biological factors are indicated by lifestyle disease. The social-economic effects being the second independent variable are indicated by a high level of poverty, school dropouts and insecurities. Lastly, the role of the church is the third independent variable and it's indicated by social campaigns and the introduction of physical fitness facilities. The only dependent variable is the high men's death rate.

2.9 Conclusion

The chapter has reviewed pertinent literature, covering the empirical literature underpinning the present study. The empirical literature has placed prominence on findings of previous empirical studies with a focus on the association among the variables under assessment. The chapter was structured into the theoretical framework; psychosocial and biological factors and mortality in men; social-economic effects and mortality in men; the role of the church and mortality in men, the conceptual framework; as well as the chapter summary.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents a description of how the study was approached. It presents the plan of the research, that is, the research design, the target population and sampling design, how data was collected, the research procedures and the data analysis technique that was adopted to analyze the data in order to generate the findings of the study. A chapter summary is presented in the end.

3.2 Research design

Creswell (2009:23) defines research design as the scheme, outline or plan that is used to generate answers to research problems. The study took a descriptive research design. According to Saunders, Lewis and Thornhill (2012:42), a descriptive research design describe characteristics of the population and phenomenon of interest, that is the what, how, when, who and where and make specific predictions and test associational relationships. The study, therefore, takes this particular design in order to adequately articulate the causes of the high men mortality rate by assessing the crises across the eight life stages as opined by Erickson (1968:13); psychosocial and biological causes of death among the male gender; the socio-economic effects of early male deaths; as well as the role that the Church can play in curbing prevalent high male deaths in PCEA Ngecha Parish within Ngecha Presbytery, Kiambu County.

3.3 Target Population

Mugenda and Mugenda (2008:23) define target population as the whole group of cases, items, objects, articles, individuals and things that have unique but distinct characteristics necessary as deemed by the study. In the present study, the target populations comprised of the adult members who have lost loved ones over the past seven years of PCEA Ngecha Parish which constitutes three congregations namely Mother church, Thing'ati and Gitangu in Ngecha ward located 2 kilometres from Nairobi-Limuru road which was estimated to be 167 persons. This is also the researcher's area of work and residence; the study is motivated by the observed high rate of male deaths in the Parish.

3.4 Sample Size

Creswell, Ebersohn et al. (2010:24) define sampling as the process of selecting participants considered representative of the population for a study. The study employed purposive sampling design, in order to determine the respondents of the study. Bryman and Bell (2012:41) define a purposive sample is a non-probability sample that is selected based on characteristics of a population and the objective of the study. Purposive sampling was employed in two ways, first, whereby PCEA Ngecha Parishioners 'households who have lost a family member in the last seven years were included and secondly, whereby the overall church membership was included. In the former instance, this is because the respondents were required to recall the causes of death of the family member(s) in order to enable the study to determine any notable difference in the cases in relation to the study objectives. In the latter cases, church members were included specifically for purposes of achieving the third objective of the study which is to establish the role that the Church can play in curbing the high prevalence of male deaths in PCEA Ngecha Parish within Ngecha Presbytery, Kiambu County which constitutes three churches which are PCEA Gitangu, Mother church and Thing'ati. The sample size used in this study is 167 respondents.

3.5 Pilot study

Ten questionnaires were administered in PCEA Nyathuna church in Kabete sub-county which neighbours Ngecha Parish but within Ngecha Presbytery. The respondent was selected randomly, at least a week before the main study. They were asked to respond to the questions as the researcher observed whether each question measured what it is supposed to measure, how long it took to interview one respondent, whether response choices were appropriate, whether the tool collected the information needed among other things. Necessary adjustments were made to the tool. To facilitate this, the researcher sought permission from the local Parish Minister.

3.6 Reliability and Validity

Before conducting the main study, permission was sought from both the university and the National Council for Science and Technology (NACOSTI). Once granted, the study conducted a pilot study to test for both reliability and validity of the data collection instruments. Kothari (2014:98) defines reliability as a measure of the extent to which research instruments yield consistent results after a series of repetitive trials. While Saunders et al.

(2012:2) define the extent to which findings obtained from data analysis represent the phenomenon being studied. It is important that both reliability and validity of the research instruments are determined so that they study findings were adequate in generalizing the findings as both the actual scenario on the ground and as applicable to similar projects and entities. To check for reliability, the Cronbach's alpha test was employed. If the Cronbach's alpha is less than 0 .6, according to Tashakkori and Teddlie (2008:59), it implies that the instrument used has low reliability. However, if the alpha value is at least 0.7, the instrument was considered reliable. To ensure the validity of the instrument, the views of professionals in both project and strategic management and research field was sought. The purpose of this evaluation is to enable the researcher to discover the weakness of the research instrument. It also helped to check the clarity of the questions and it could assist the researcher to reconstruct, modify to improve the instrument.

Table 3.1Reliability Coefficients

Scale	**Cronbach's Alpha**	**Number of Items**
Death rates	0.811	1
Social, psychological and biological causes	0.778	10
Socio-economic effects	0.819	5
Church role	0.833	5

The reliability test results in table 3.1 above show that all the scales were significant, having an alpha above the prescribed threshold of 0.7. Church role had the highest reliability (α=0.833) followed by Socio-economic effects (α=0.819), then Death rates (α=0.811), while Social, psychological and biological cause shad the lowest, albeit significant, at 0.778 respectively. The study thus found that the analysis was reliable and could be used for further investigation.

3.7 Data Collection Methods

The study used primary data. DeBoer, D. R. et al. (2009 define primary data as original research that is obtained through first-hand investigation. This was collected by the use of structured questionnaires which were self-constructed and were administered by a few selected members of the PCEA Ngecha Parish. This was because of the weight and sensitivity of the study matter and so the administrators of the questionnaires had to be familiar faces to the targeted population to make the interaction a bit comfortable.

Questionnaires are more practical as they give respondents enough time to evaluate their views. They are also cost-effective and limit the levels of researchers influence on its validity and reliability.

3.8 Data Collection Procedure

Questionnaires were distributed to the very close members of the deceased families who had agreed to take part in this study. The researcher explained to them the importance of the research and assured them of confidentiality. The respondents were very cooperative and informative which made the research process resourceful and helpful. The questionnaires were collected after the agreed time of two weeks where the researcher handpicked them for analysis.

3.9 Data Analysis Methods

Quantitative data was conducted in data analysis. This involved the computation of frequencies, percentages, and standard deviation and cross-tabulations by use of Microsoft Excel and SPSS due to their simplicity and efficiency. After the interviews were conducted then data were tabulated into the correct matrices in order to give the researcher a clear picture of the differences and similarities in the opinions held by different respondents.
According to (Kerlinger and Lein 1986:56) this analysis technique of making inferences by systematically and objectively identifying specific characteristics of the message. He defined content analysis as a method of studying and analyzing communication in a systematic, objective and in a quantitative manner for the purposes of meaning variables.

3.10 Ethical considerations

Ethical consideration was considered and well-observed while carrying out the research. This included confidentiality which is very vital in the field of counselling. Before embarking on the research, the researcher got clearance from the relevant bodies including permission from St Paul's University. The session clerk PCEA Ngecha congregation chairmen, as well as all involved participant, were strictly requested not to indicate their names in the questionnaires. Further, it was made very clear to all involved that the information received was for the purpose of the research only which would benefit all, further it was clarified that no coercion or force would be used in order to give information which was adhered to.

3.11Conclusion

This chapter focuses on the methods and techniques of collecting data that was analyzed to enable the research to give recommendations. The chapter presented in details the research design, target population and sampling design, data collection methods, research instruments, methods for testing instruments reliability and validity and data analysis methods. The next chapter presents the results and findings.

CHAPTER FOUR

DATA COLLECTION,ANALYSIS,DISCUSSION AND INTERPRETATION

4.1 Introduction

This chapter presents the results and discussions. The purpose of this study is to determine the causes of high men's death rate in PCEA Ngecha Parish within Ngecha Presbytery, Kiambu County by assessing the crises within the generativity verse stagnation stages opined by Erick Erickson (1968:13) in his psychosocial theory of development. More specifically, the study sought to assess the factors contributing to the high death rates among men in the middle adulthood stages opined by Erickson (1968:13) in PCEA Ngecha Parish, Ngecha Presbytery, and Kiambu County. Further to identify the psychosocial and biological causes of death among the male gender in PCEA Ngecha Parish within Ngecha Presbytery, Kiambu County; examine socio-economic effects of high male deaths in PCEA Ngecha Parish, Ngecha Presbytery, Kiambu County; and to establish the role that the Church can play in curbing high male deaths in PCEA Ngecha Parish, Ngecha Presbytery Kiambu County.

4.2 Response Rate

The study achieved a response rate of 96.4% with 161 respondents reached, out of the 167 targets. The targeted population was members of the PCEA Ngecha Parish who had lost their loved ones. The parish comprises of three congregations namely Mother church, Gitangu and Thing'ati. According to Mugenda and Mugenda (2003:96), a response rate of 50% is adequate for analysis and reporting; a rate of 60% is good and a response rate of 70% and over is excellent. The study, therefore attained an excellent response rate as presented in table 4.1 below.

Table 4.1 Response rate

Questionnaires	**Frequency**	**Percent (%)**
Returned	161	96.4
Unreturned	6	3.6
Distributed	**167**	**100.0**

4.3 Demographic Information

This section captures the responses by gender, age and the education level, presented and analyzed in tables and figures below.

4.3.1 Response by Gender

In order to show the gender distribution and parity across the three PCEA Ngecha parish churches which are Mother church, Gitangu and Thing'ati were included in the survey, the study sought to determine the respondents' gender. Respondents were thus required to indicate by checking either male of female response categories provided. Results are presented in table 4.2.

Table 4.2 Response by Gender

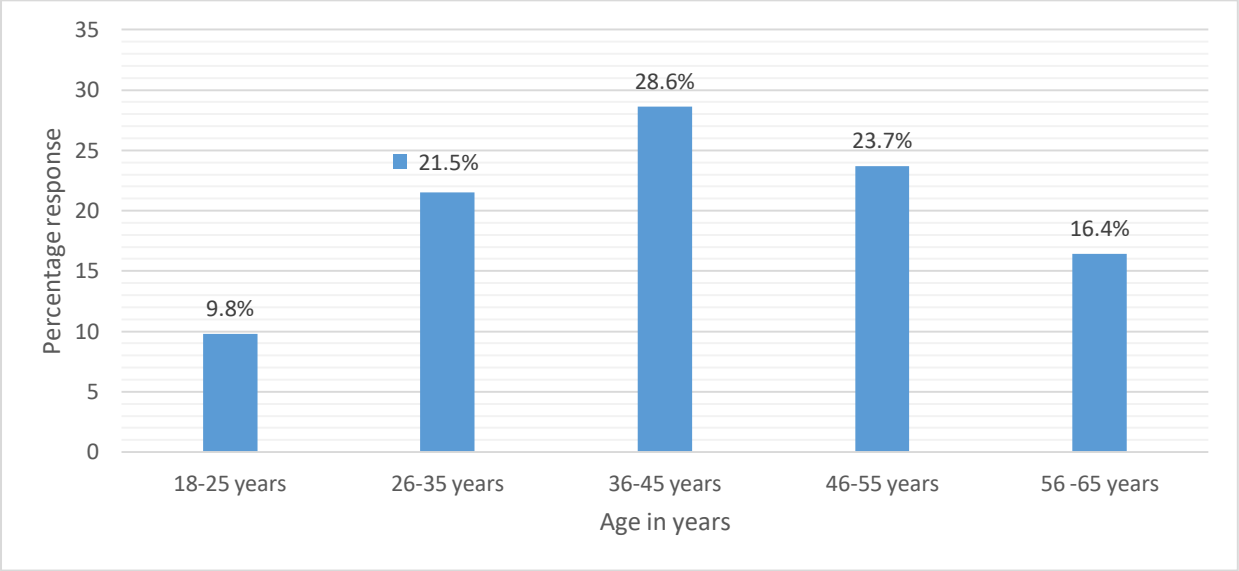
Gender	**Frequency**	**Percent**
Male	67	41.6
Female	94	58.4
Total	**161**	**100.0**

As presented in table 4.2, female respondents, 94 (58.4%), registered the most as compared to their male counterparts, 67 (41.6%). It follows then from the findings, that female respondent made the dominant gender in the study. Male respondents were however also adequately represented, implying that responses from both genders are represented in the study. The findings are expected considering the target population.

4.3.2 Response by Age

The study deemed age an important demographic characteristic in the present study with a view to establish any pertinent trends in the variables under study as well as to have an overview of the age distribution thereof. Age was also deemed a relative indicator of respondents' length of experience hence reliability of responses. Figure 4.1 below presents the findings.

Figure 4.1 Response by Age

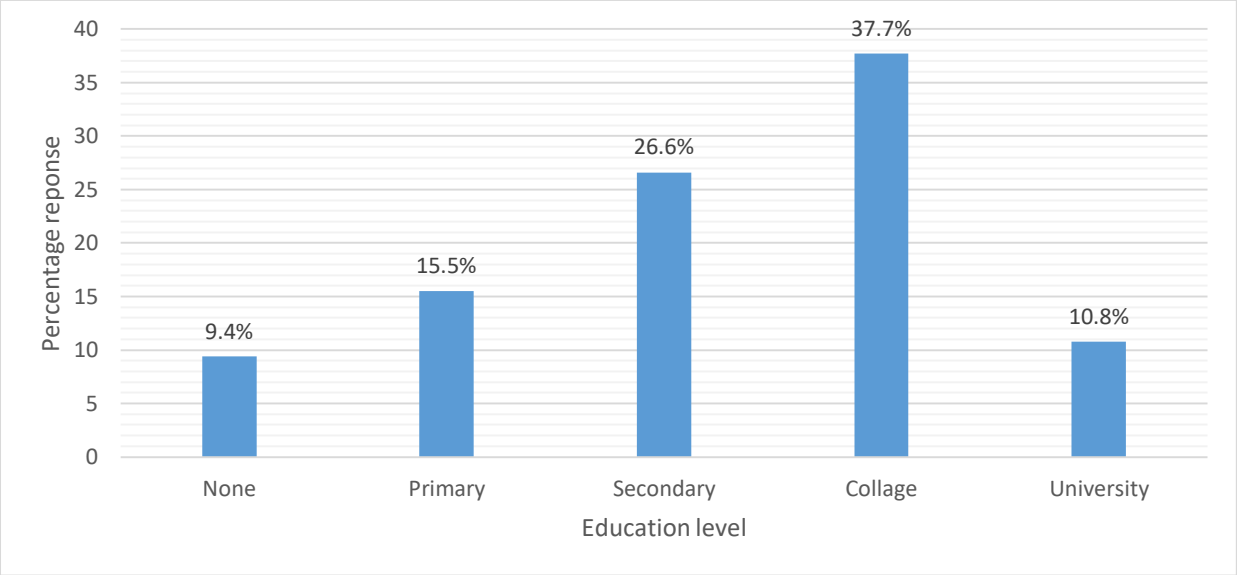


Results, as illustrated in figure 4.1 above, reveal that a majority of respondents, 28.6%, fell within the 36 - 45 years age category. This was closely followed by 23.7% within the 46 - 55 years age category as indicated by 23.7% of the respondents, then 21.5% within the 26-35 years age category. Only 16.4% and 9.8% of respondents fell within the 56-65 and 18-25 years categories respectively. With a majority of respondents above 36 years of age, it can be deduced that a majority of the respondents have lived in the study area for a significant amount of time and are thus rich in experience on issues pertinent to the present study.

4.3.3 Response by Education Level

Respondents were asked to indicate their highest levels of education. This would serve to show the academic qualification among respondents in their respective positions, as well as a general overview of education levels among respondents in the study area. Findings are as shown in figure 4.2.

Figure 4.2 Response by Education Level

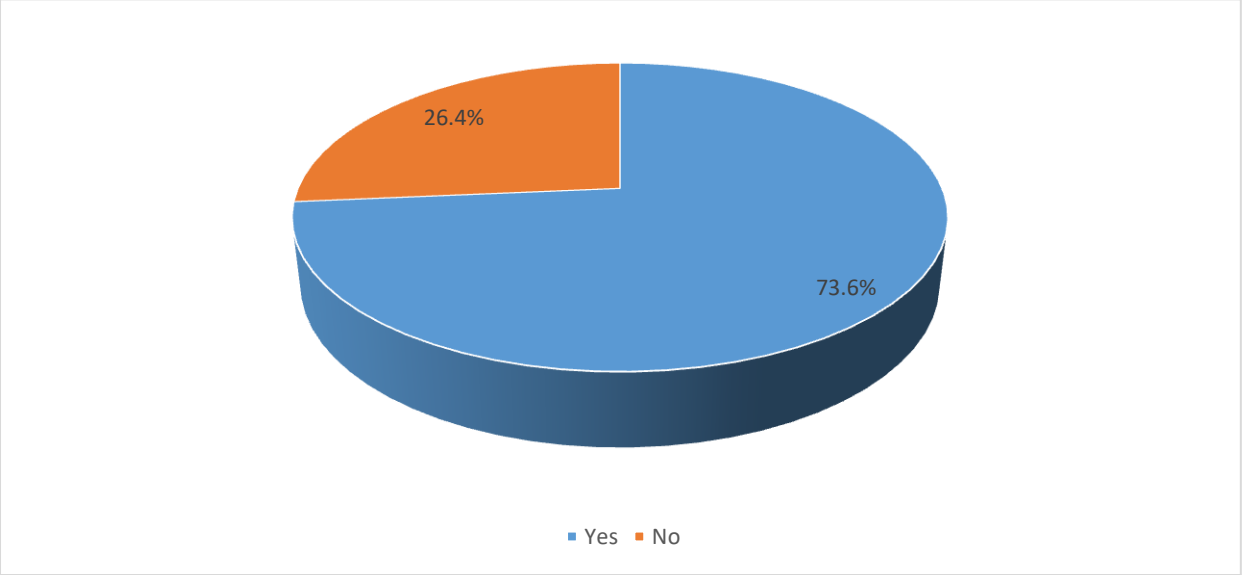


From the findings, a majority of respondents (37.7%) of respondents indicated having attained College level education, followed by 26.6% having attained Secondary level. A further 15.5% indicated having attained Primary level, while only 10.8% and 9.4% had attained University and No formal education level respectively. Overall, the study area can be said to comprise individuals from the middle to relatively high levels of education.

4.4 The death rate perception of men as compared to women in PCEA Ngecha parish.

The study sought to assess the cause of high men's death rate in PCEA Ngecha Parish, Ngecha Presbytery, Kiambu County. To this end, respondents were asked to indicate whether or not they agree that PCEA Ngecha Parish within Ngecha Presbytery, Kiambu County has an alarming death rate of males.

Figure 4.3 Perception of death Rates among Males and Females

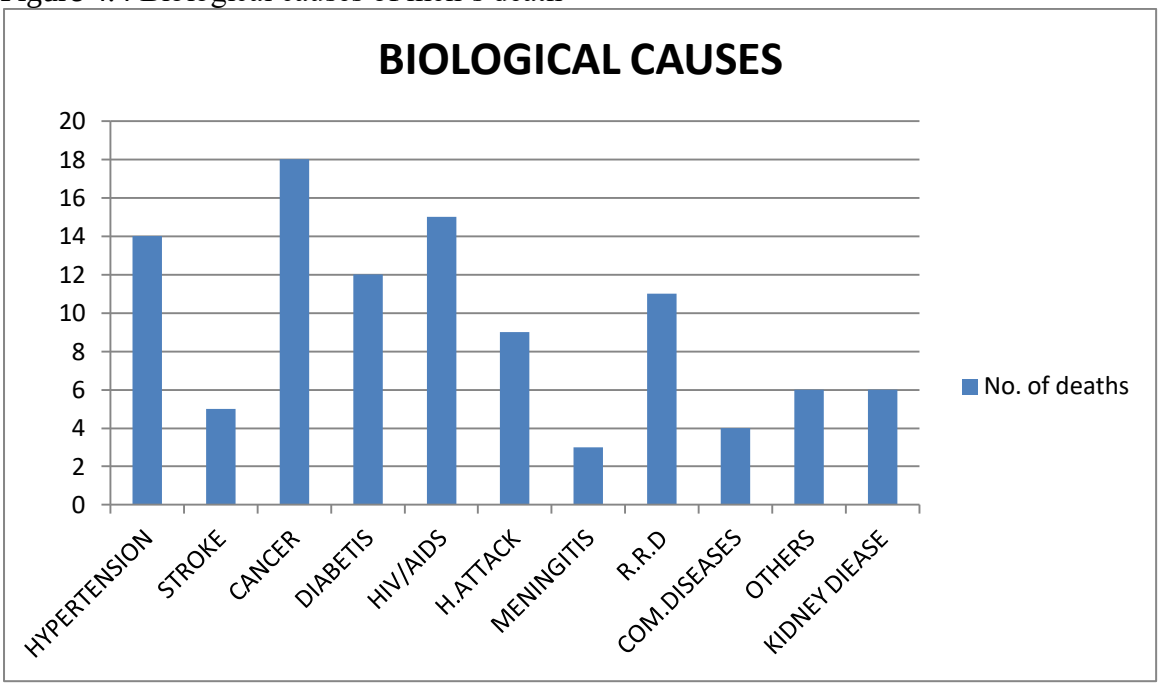


As illustrated in figure 4.3, a majority of respondents (73.6%) affirmed while only 26.4%dissented. It follows then from the foregoing finding that majority of respondents' experiences in the study area, indeed death rates for males are significantly higher compared to their female counterparts in the area. This is in tandem with the problem warranting the present study. Following the finding, the study sought to assess the observed social, psychological and biological causes of death among the male gender as compared to the female gender; assess the socio-economic effects of high male deaths; as well as the role that the Church can play in curbing prevalent high male deaths in PCEA Ngecha Parish within Ngecha Presbytery, Kiambu County.

4.5 Psychosocial and Biological Causes of Death

The study sought to identify the social, psychological and biological causes of death among males in PCEA Ngecha Parish within Ngecha Presbytery, Kiambu County. Family members were asked to tick in the questionnaire what caused the death of their loved ones. Below are tables that express the totals of each cause of death as a percentage of the overall death rate and graphs that tabulate various causes of death among men.

Figure 4.4 Biological causes of men's death



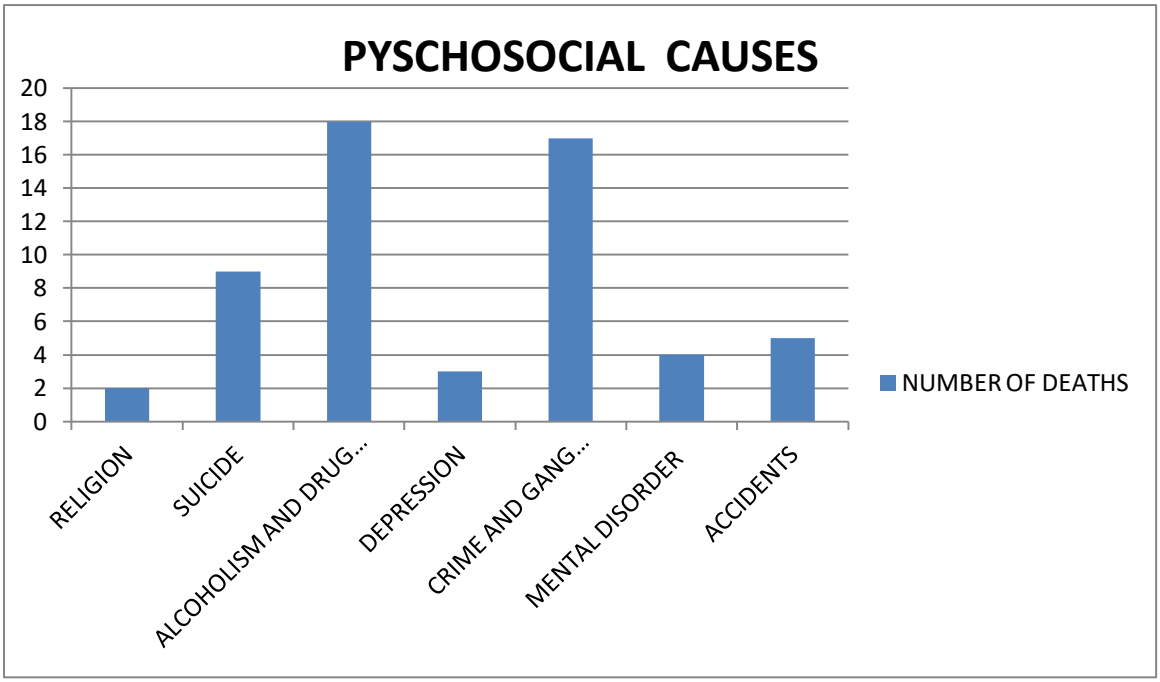
The above figure 4.4 indicates that cancer caused the highest rate of death with 18 male followed by HIV and AIDS 15 male, hypertension was 14 male diabetes 12 RRD 11 heart attack 9, kidney diseases 6, as well as others stroke, had 5 communicate diseases 4 while meningitis was least with 3 then the least is meningitis with 3 male. The number of men who dies out of biological cause was 103 out of 161 male death and the source of the cause was the death permits.

Below is a table showing each biological cause of men's death as a percentage of the total number of men's death in this study.

Table 4.3 Biological Causes of Death in Percentages

Biological cause	What % of overall death is caused?
1.Hypertension	8.7%
2.Stroke	3.1%
3.Cancer	11.2%
4.HIV/Aids	9.3%
5.Diabetes	7.5%
6.Heart attack	5.6%
7.Meningitis	1.9%
8.Respiratory related diseases(RRD)	6.8%
9.Kidney disease	3.7%
10..Communicable diseases(com.diseases)	2.5%
11.Others	3.7%

Figure4.5 Psychosocial Causes



The above figure indicates that 58 death of male died out of the psychosocial related issues the leading cause being alcoholism and drug abuse with 18 in number followed closely by crime and gang activity with 17. Suicide caused 9 with accidents causing 5 followed closely by mental disorder with 4 deaths, depression had 3 and lastly, the religious cause had 2of the total 161 male death. The source was from the death permits.

Table 4.4Psychosocial causes

Psychosocial Causes of Death	**Causes as a % of overall male deaths**
1.RELIGION	1.2%
2.SUICIDE	5.6%
3.ALCOHOLISM AND DRUG ABUSE	11.2%
4.DEPRESSION	1.9%
5.CRIME AND GANG ACTIVITY	10.6%
6. MENTAL DISORDER	2.5%
7.ACCIDENTS	3.1%

The findings agree with findings from authors such as Mathers et al. (2009:15) who found out that impacts of smoking had a significant effect on men mortality rate while also 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. Thus our study agrees with these findings in Ngecha Parish, Ngecha presbytery. This is also supported by Ingrid (2005:27) who found in her examination that men's more hazardous undesirable practices are a noteworthy reason they die more youthful. Their higher rates of cigarette smoking, overwhelming drinking, firearm utilize, work in risky occupations, and hazard taking in entertainment and driving are in charge of men higher passing rate because of lung malignancy, mischance’s, suicide, and crime.

4.6 Social-Economic Effects

The study sought to examine the socio-economic effects of male deaths in PCEA Ngecha Parish within Ngecha Presbytery, Kiambu County. To this end, respondents were asked to indicate the extent to which they agree with the following statements regarding the socio-economic effects of early male deaths in Ngecha Ward, Kiambu County.

Table 4.5 Socio-Economic Effects in Percentages

Socio-Economic Effects in Percentages	**Percentages**
The high male death rate in this locality robs the community of productive labour.	21.85%
The high male death rate in this locality has led to high school dropout rates.	19.61%
The high male death rate in this locality has led to insecurities among affected families.	19.77%
The high male death rate in this locality has led to slow economic development in the area.	19.43%
The high male death rate in this locality has led to poverty in the area.	19.35%

The high male death rate in this locality robs the community of productive labour which has the highest socio-economic effect at 21.85% as men are regarded as the breadwinners closely followed by rising of insecurities among the affected families at 19.77%; the high male death rate in this locality also led to high school dropout rates at 19.61% . The slow economic development and poverty have effects at 19.43% and 19.35% respectively.

Table 4.6 Socio-Economic Effects

Socio-Economic Effects	**Mean**	**Std. Dev**
The high male death rate in this locality robs the community of productive labour	4.339	.8317
The high male death rate in this locality has led to high school dropout rates	3.893	.6315
The high male death rate in this locality has led to insecurities among affected families	3.925	1.0092
The high male death rate in this locality has led to slow economic development in the area	3.857	1.3718
The high male death rate in this locality has led to poverty in the area	3.842	.6347

Findings in Table 4.5 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);high male death rate in the locality has led to high school dropout rates (3.893);high male death rate in the locality has led to slow economic

development in the area (3.857); and that the high male death rate in the locality has led to poverty in the area (3.842).

The foregoing findings imply that the observed high death rates among male residents in the study area due to the various social, biological and psychological 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. The findings are in line with findings from other authors like Anne and Angus (2013:50) who 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.

4.7 Role of the Church

The study sought to establish the role that the Church can play in curbing high male death rate in PCEA Ngecha Parish within Ngecha Presbytery, Kiambu County. To this end, respondents were asked to indicate the extent to which they agree with the following statements regarding the role that the Church can play.

Table 4.7Role of the Church in Percentages

Role of the church in curbing high male deaths	**Percentages**
The church in this locality needs to embark on social change campaigns	20.80%
The church in this locality needs to evangelize more to men	19.14%
The church in this locality needs to engage men more in church activities	21.00%
The church in this locality needs to provide counselling to men on social and behavioural change	20.03%
The church in this locality needs to cater to the bereaved families in order to alleviate the socio-economic effects of high male deaths	19.04%

From the table 4.8 above showing the role of the church in curbing high men death rate the study highlights that the church needs to highly engage men in the church activities which is

represented by 21% closely followed by the church need to embark on social change campaigns at 20.80%, provide counselling to men on social and behavioural change at 20.03%.EVangilizing to men and church catering to the needs of the bereaved had the least effect on curbing high men death rate.

Table 4.8 Role of the Church

Role of the Church	**Mean**	**Std. Dev**
The church in this locality needs to embark on social change campaigns	4.283	.9442
The church in this locality needs to evangelize more to men	4.119	.0429
The church in this locality needs to engage men more in church activities	4.329	.8592
The church in this locality needs to provide counselling to men on social and behavioural change	4.203	.3056
The church in this locality needs to cater to the bereaved families in order to alleviate the socio-economic effects of high male deaths	4.163	.5240

Table 4.6indicates 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 needs to embark on social change campaigns (4.283); the church in the locality needs to provide counselling to men on social (4.203); the church in this locality needs to cater to the bereaved families in order to alleviate the socio-economic effects of male deaths (4.163); and that the church in this locality needs to evangelize more to men (4.119).

It is implied from the foregoing finding 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, cater for the bereaved families in order to alleviate the socio-economic effects of high male death rate as well as evangelize more to men which relates to a study by (George, Elison and Larson, 2002:99.) that have shown the strongest associations on health outcome in members of church adhere to prescriptions about health behaviour compared to others. This findings agree and add more to what other authors found out on the role of the church on the high men's death rate with

authors like (Jarvis and Northcutt, 1987:48.) 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.

4.8 Conclusion

This chapter presents results and discussion determining the major causes and effects of high men's death rate in PCEA Ngecha Parish Ngecha Presbytery. It looked at the response by gender, age and level education on the social, psychological, biological causes of death in men, the economic effects and the role of the church in curbing the high male mortality rate.

CHAPTER FIVE

SUMMARY OF FINDINGS, DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents a summary of the research findings. The implications from the findings and areas for further research are also presented.

5.2 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 which are under biological causes including cancer 18 HIV /AIDS 15 hypertension 14, heart attacks 9, kidney and others 6 each stroke 5, communicable disease 4 and meningitis 3.

On psychosocial causes, it was observed that high death rates among the male gender were alcohol and drug substance abuse with 18, crime 17, suicide 9, accident 5, mental disorders 4 depression 3 and religious related issues 2. The sum of all deaths attributed to psychosocial was 58.

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); high male death rate in the locality has led to high school dropout rates (3.893) slow economic development in the area (3.857); high poverty levels (3.842).

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 needs to embark on social change campaigns (4.283) and that the church in the locality needs to provide counselling to men on social and behavioural change (4.203). The church in this locality needs to cater to the bereaved families in order to alleviate the social-economic effects of high male death rates (4.163) and the church in the locality need to evangelize more to men (4.119).

5.3 Discussion of Findings

5.3.1 Psychosocial and Biological Causes

On psychosocial causes, above it was observed that high death rates among the male gender were alcohol and drug substance abuse with 18, crime 17, suicide 9, accident 5, mental disorders 4 depression 3 and religious related issues 2. The sum of all deaths attributed to psychosocial was58.The causes above of high death mortality agree with previous studies that highlight the high rate of men mortality. In our study, most of the men for lack of employment and guidance engaged in drug abuse and crime which led to more accidents. Mental disorders which were also associated with alcohol and drug abuse which was significantly present in the area under study which calls for more emphasis on psychosocial causes of men mortality. The suicide rates observed in this study at a number of nine in the Ngecha parish highlights the important issues that are present with the men in the area of study which also agrees with our study that psychosocial causes have a high significance on men's mortality. Our study found out that a number of deaths were caused by lifestyle diseases which are under biological causes including cancer 18, HIV /AIDS 15, hypertension 14, heart attacks 9, kidney and others 6 each stroke 5, communicable disease 4 and meningitis 3. Although the illnesses occur to both genders our study was keen to find out which biological causes affected men highly due to their biological structure as outlined in our literature review our study found out that some practices like sharing of needles,gayism, unclean tools during circumcision led to high infections of HIV and AIDS. Poverty levels which lead to poorly balanced diets and lack of medicine to treat infections were also major causes of high men mortality. The cases of communicable diseases like Tuberculosis were prevalence in the area of study which highlighted a lack of care or ignorance in handling infected and affected people. Men overcrowding in social areas to watch football with others smoking in the same poorly ventilated areas were some of the causes for the spread of the communicable diseases which led to high men mortality rate.

5.3.2 Social-Economic Causes

In the social-economic variable our study reveals 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); high male death rate in the locality has led to high school dropout rates (3.893) slow economic development in the area (3.857); high poverty levels (3.842). In the area under study, they were a number of families whom the

breadwinners were women after the death or illness of their spouses. This led to more women taking over the role of fending for their families with most of them working late hours to go to the markets and other business to sustain their families. With the decline of the male figure in most families, most young men opted to drop out of school to try and help their mothers in getting the daily bread for their entire families. This leads to slow economic development in the area with families living hand to mouth due to lack of financial resources to develop or start other businesses which would uplift their status and that of their community.

5.3.3 Role of the Church

Findings from the study on the role that the church can play in this locality include engaging men more in church activities (4.329);the church in the locality needs to embark on social change campaigns (4.283) and that the church in the locality needs to provide counselling to men on social and behavioural change (4.203). The church in this locality needs to cater to the bereaved families in order to alleviate the social-economic effects of high male death rates (4.163) and the church in the locality need to evangelize more to men (4.119).

The church needs to put more emphasis on programs that encourage men to be more active in the church. The requirement to have men have their weddings solemnized in the church was a major factor that hindered men from partaking roles in the church. The church can do more to encourage mass weddings or create programs that do not require men to have this necessity in a bid to encourage them to join the church.

The church apart from the spreading the word of God should create forums to train on entrepreneurship and other life skills that empower people and especially men financially to allow them to better take care of their families. Counselling services were highlighted as key in the development of men right from the youth in order to enlighten them who they are in the society, the roles they need to play in fending for their families. Dealing with emotional, financial and other life stresses should be emphasized to ensure an all-rounded man in the society who will be able to offer leadership and guidance in their families. The church as an important part of the society needs to find ways of creating employment or networks for employment that aid the financially deprived in their societies. Evangelism focused on men is an untapped area which can be a major area in reaching out to men; the church can get involved in activities that are close to the men like a football under sports evangelism.

5.4 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 social, biological and psychological 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. Some of the possible solutions would be to have social activities that enlighten the young men of possibilities of employment or entrepreneurship.

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.

5.5 Recommendations For Future Studies

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
- Further, 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.

Under 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.
- It should also re-emphasis the importance of nutritional and physical studies in schools so as to positively influence a healthy lifestyle in children as they grow up, at an early stage.

5.6 Suggestions for Future Studies

The present study explored Erik Erickson's theory of psychosocial development with reference to men's high mortality rate and its effects within PCEA Ngecha Parish, Ngecha Presbytery, Kiambu county. It is hereby suggested that future studies explore other theories not covered in the present study. Alternatively, the same study could be replicated in a different study area in order to note any similarities or differences.

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APPENDICES

Appendix I: Introduction Letter

Hiram NgundoGithaiga
St. Paul's University
P.O Box Private Bag 00217
Limuru

Dear Respondent,

RE: RESEARCH QUESTIONNAIRE

I am a student at St. Paul's University. I am doing research on Factors' Contributing To Men's High Death Rate And Its Effects: A Case of PCEA Ngecha Parish, Ngecha Presbytery, Kiambu County, Kenya. I am currently undertaking a Master Degree in Theology. As part of my course, I am required to undertake a research project in my present field. I kindly request you to answer/ respond to my questionnaire all information gathered will be for academic purposes and will be highly confidential.

Yours faithfully,

Hiram Ngundo Githaiga.

Appendix II: Authorization Letter

PRESBYTERIAN CHURCH OF EAST AFRICA
NGECHA PARISH
P.O. BOX 63-00218
NGECHA.

Email: pceangechaparish@gmail.com
Tel: 0725396773(Session clerk)
0722252899 (Parish Minister)

Our Ref: .....
Your Ref: .....

DATE: 22/6/2017

HIRAM NGUNDO GITHAIGA
ST PAUL'S UNIVERSITY
P.O. BOX PRIVATE BAG – 00217
LIMURU.

Dear Sir,

REF: RESEARCH AUTHORIZATION

Reference is made to National Commission for Science, Technology and Innovation letter ref No. NACOSTI/P/17/39486/17551 of 2nd /6/2017. You have been authorized to conduct research on "factors contributing to men's more death rate and its effects: a case of P.C.E.A Ngecha Parish, Ngecha Presbytery, Kiambu county, Kenya".

Please accord him any necessary assistance.

P.C.E.A NGECHA PARISH
P. O. Box 63, NGECHA.

Joseph Thagichu Kamau
SESSION CLERK

cc
- Parish Minister
- PCEA Gitangu Congregation chairperson
- PCEA Thingati Congregation Chairperson
- PCEA Mother Church congregation Chairperson
- Group Chairpersons

Appendix III: Questionnaire

Any information given by the respondent in this research questionnaire will be treated confidentially. Tick inside the box provided where necessary.

Your contribution will highly be appreciated.

Section A: General Information

1) Gender

   Male ☐

   Female ☐

2) Age in years

   18- 30 years ☐

   31-40 ☐

   41-50 ☐

   51 and above ☐

3) Highest education level

   None ☐

   Primary ☐

   Secondary ☐

   College ☐

   University ☐

Section B: Perception of Death Rates among Males and Females.

Do you agree that in Ngecha Ward, Kiambu County, there is a high death rate of males compared to females?

Yes [ ] No [ ]

Section C: Psychosocial and Biological Causes of Death

Below is a list of biological, psychosocial factors causing death among men. Kindly tick the one that most applies to your deceased male member.

A. Biological causes

Hypertension ( )

Stroke ( )

Cancer ( )

HIV/Aids ( )

Diabetes ( )

Heart attack ( )

Meningitis ( )

Respiratory diseases ( )

Kidney diseases ( )

Communicable diseases ( )

Others ( )

B.Social causes

Alcoholism and drug abuse ( )

Crime ( )

Religion ( )

Accidents ( )

C. Psychosocial causes

Mental disorders ( )

Suicide ( )

Depression ( )

4) Section D: Socio-Economic Effects

5) Kindly indicate the extent to which you agree with the following statements regarding the socio-economic effects of early male deaths in Ngecha Ward, Kiambu County. Use the scale: 1= Strongly disagree; 2= Disagree; 3= Not sure; 4 = Agree; 5= Strongly agree

	1	2	3	4	5
The high male death rate in this locality robs the community of productive labour					
The high male death rate in this locality has led to high school dropout rates					
The high male death rate in this locality has led to insecurities among affected families					
The high male death rate in this locality has led to slow economic development in the area					
The high male death rate in this locality has led to poverty in the area					

Section E: Role that the Church

6) Kindly indicate the extent to which you agree with the following statements regarding the role that the Church can play in curbing premature male deaths in Ngecha Ward, Kiambu County. Use the scale: 1= Strongly disagree; 2= Disagree; 3= Not sure; 4 = Agree; 5= Strongly agree

	1	2	3	4	5
The church in this locality needs to embark on social change campaigns					
The church in this locality needs to evangelize more to men					
The church in this locality needs to engage men more in church activities					
The church in this locality needs to provide counselling to men on social and behavioural change					
The church in this locality needs to cater to the bereaved families in order to alleviate the socio-economic effects of premature male deaths					

Appendix IV: Letter of Authorization

NATIONAL COMMISSION FORSCIENCE,
TECHNOLOGY ANDINNOVATION

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Email: dg@nacosti.go.ke
Website: www.nacosti.go.ke
When replying please quote

9th Floor, Utalii House
Uhuru Highway
P.O. Box 30623-00100
NAIROBI-KENYA

Ref: No. **NACOSTI/P/17/39486/17551**

Date: **2nd June, 2017**

Hiram Ngundo Githaiga
St. Pauls University
P.O. Private Bag - 00217
LIMURU.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on ***"A comparative study using erik erickson`s generativity and integrity stages: A case study of Men`s early deaths within Ngecha community, Kiambu County,"*** I am pleased to inform you that you have been authorized to undertake research in **Kiambu County** for the period ending **2nd June, 2018.**

You are advised to report to **the County Commissioner and the County Director of Education, Kiambu County** before embarking on the research project.

On completion of the research, you are expected to submit **two hard copies and one soft copy in pdf** of the research report/thesis to our office.

GODFREY P. KALERWA MSc., MBA, MKIM
FOR: DIRECTOR-GENERAL/CEO

Copy to:

The County Commissioner
Kiambu County.

The County Director of Education
Kiambu County.

National Commission for Science, Technology and Innovation is ISO9001: 2008 Certified

Appendix V: Research Permit

THIS IS TO CERTIFY THAT:
MR. HIRAM NGUNDO GITHAIGA
of ST. PAULS UNIVERSITY, 17380-100
Nairobi,has been permitted to conduct
research in *Kiambu County*

on the topic: *A COMPARATIVE STUDY USING ERIK ERICKSON`S GENERATIVITY AND INTEGRITY STAGES: A CASE STUDY OF MEN`S EARLY DEATHS WITHIN NGECHA COMMUNITY, KIAMBU COUNTY*

for the period ending:
2nd June,2018

.....
Applicant's Signature

Permit No : NACOSTI/P/17/39486/17551
Date Of Issue : 5th June,2017
Fee Recieved :Ksh 1000



.....
Director General
National Commission for Science, Technology & Innovation