

Challenges and Needs of the Implementation of National Older Person's Policy in Kigali: A qualitative study, 2025

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ABSTRACT

INTRODUCTION: Aging is a vital period of life that people often think about in their retirement years. The global population of this age group has grown significantly. In addition, older persons in low- and medium-income countries (LMICs) confront a number of challenges, including poverty, a scarcity of skilled geriatric experts, food insecurity, disability and health issues, and insufficient long-term care. This study aimed to understand the challenges and needs of implementing Rwanda's national policy for older persons.

METHODS: This study employed a qualitative design, involving ten participants recruited through snowball non-probability sampling methods. Face-to-face semi-structured in-depth interviews were conducted till theme saturation. Inductive thematic analysis was used to analyze data.

RESULTS: This study emerged with two themes with their sub-themes: (1) Challenges hindering the implementation of the policy (awareness and dissemination Issues, financial constraints, lack of coordination and leadership, inadequate legal and structural framework, social and cultural barriers, and healthcare access issues); and (2) needs to facilitate policy implementation (enhanced awareness and education, increased financial and resource allocation, stronger leadership and coordination mechanisms, legal and structural reforms, and social and cultural integration).

CONCLUSION: The efficacy of the national policy for older individuals is constrained by insufficient awareness and distribution efforts, as well as financial constraints. To tackle these difficulties, the study emphasized the necessity for financial budget allocation, awareness initiatives, and coordinated, effective leadership.

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INTRODUCTION

Aging is a critical stage of life that individuals typically consider during their retirement years. In this context, older adults are defined as those aged 60 and above. Globally, there has been a significant

increase in the number of people in this age group. In 2020, there were 1.4 billion people aged 60 and over, and by 2050, this number is projected to rise to 2.1 billion [1]. Additionally, the global population of those aged 80 and over is expected to reach 426 million by 2050 [1].

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Current studies indicate that low- and middle-income countries (LMICs) are expected to experience the highest increase in the older population by 2050, with two-thirds of the world's population projected to be over 60 years old [1]. In Sub-Saharan Africa, the number of people aged 65 and above was 34 million in 2020, and it is projected that by 2050, this number will double, making the region the fastest-growing aging population globally [2]. As part of the Sub-Saharan region, Rwanda is expected to see a similar rise in its elderly population. According to the most recent census, 6.5% of Rwanda's total population, approximately 13,246,394 individuals, are aged 60 years and above [3]. This increase reflects an extended lifespan globally, largely due to advancements in healthcare, lifestyle improvements, and policies aimed at delaying the aging process. However, the aging process for individuals aged 60 and above is often associated with challenges that can negatively impact their quality of life [4]. Older adults in LMICs face various difficulties, including poverty, a lack of trained geriatric professionals, food insecurity, disability and health issues, and insufficient long-term care [5]. Moreover, older adults in these regions bear a higher burden of diseases, particularly cardiovascular, sensory, respiratory, and infectious diseases. Cardiovascular conditions alone account for 30.3% of the total disease burden in individuals aged 60 and above in LMICs [5]. The challenges in providing long-term care for older adults are compounded by the presence of comorbid chronic diseases and a shortage of experts in geriatric health [3]. In response to these challenges, Rwanda has developed various policies and strategies to promote inclusive development for all its citizens. These policies include social security measures that provide income to those who have been employed in the formal sector, particularly individuals aged 60 and above [6]. Additionally, Rwanda introduced a national elderly policy in 2021 to promote equality in pension support, cultural changes, and health accessibility, as this group of people faces a high prevalence of non-communicable diseases (NCDs). This policy aims to raise awareness within communities to ensure physical, economic, and psychological preparedness for aging, improve the health and quality of life of older adults, and provide protection and care through appropriate support services [6].

The implementation of Rwanda's National Older Persons' Policy in Kigali is hindered by persistent barriers that restrict its efficacy. The unmet needs of older individuals further limit the effectiveness of inclusive service delivery and local-level policies. This study provides empirical insights to inform policy development and optimize implementation strategies. It additionally assists stakeholders in formulating adaptive solutions that advance the rights and welfare of older people. This study aimed to understand the challenges and needs associated with implementing the national policy for older persons in Kigali.

METHODS

Study setting

The study was conducted in Kigali, a city with a population of 1,745,555, representing 13.2% of the total national population. Additionally, there are 54,778 residents aged 60 and above living in Kigali [7]. Furthermore, the offices of national policymakers and agencies responsible for implementing elderly policy are located within the city, including those of the aforementioned districts.

Study design

The study was a descriptive qualitative study by design. This design was used to gain an understanding without considering any theoretical framework but the perceptions of the participants. The views on the challenges and needs of implementing the national older persons' policy were gathered from the selected study participants.

Study population and selection criteria

The study population consisted of public and private institutions involved in implementing the elderly policy in Rwanda, including those in Kigali city. Key participants included those responsible for reinforcing the National Older Persons' Policy within the Department of Social Protection at the Ministry of Local Government (MINALOC). Representatives from public institutions were also drawn from the districts of Kicukiro, Gasabo, and Nyarugenge, which make up Kigali City. Private institutions represented in the study included Rwandan Association of Retirees (ARR), St Vincent de Paul association (a worldwide organization made up of lay Catholics who seek personal and spiritual growth by helping

those in need) [9], Nsindagiza organization (that promotes the rights and wellbeing of the elderly, particularly the most vulnerable older women and men in the country) [10], National Commission of Human Rights (NCHR), and the LODA.

Participants were selected if they were responsible for following up, advocacy, and implementing policies for older people within their respective organizations or institutions in Kigali city.

Sampling methods and sample size

The study used a snowball sampling method (chain referral sampling), which is a form of non-probability sampling in which researchers rely on the first participant's information to recruit other participants to participate in their study [13]. The study sample size consisted of 10 participants, which was determined by data saturation. Saturation was achieved when there was no new theme emerging from the participants.

Data collection methods

Researchers collected data through face-to-face semi-structured interviews, guided by an interview guide developed by the research team through consensus, drawing on a review of the available literature related to Rwanda's national policy for older persons. It included open-ended questions and follow-up questions to facilitate the interview process. Probing questions were used when necessary to gather more in-depth information.

Data collection procedures

After obtaining ethical approval and permission to conduct data collection across the aforementioned private and public institutions. The researchers acquired information on potential participants from MINALOC and its implementing partners. To reach other participants, the researchers coordinated with policy officers at MINALOC, who facilitated contact with other relevant participants from LODA, NCHR, ARR, the St Vincent de Paul Society, and the Nsindangiza organization. Upon reaching each participant, the researchers introduced themselves, explained the purpose of the study, and assured them that ethical issues, such as voluntary participation and confidentiality of information, were in place. They then assessed whether the individual met the selection criteria for inclusion in the interview before obtaining consent to participate. During data collection, audio was recorded, and observations and note-

taking were considered. Interview sessions were conducted in Kinyarwanda and lasted between 45 and 60 minutes.

Data analysis

The audio recordings in Kinyarwanda were transcribed by the researcher (AI), with repeated verification against the original recordings conducted by AI to ensure accuracy and fidelity. Subsequently, the transcripts were translated into English by AK and MH, both of whom possess advanced expertise in the English language and translation. Once the English versions were finalized, the data underwent inductive thematic analysis to identify and interpret emerging sub-themes and themes. Six steps of thematic analysis [14] were followed during the data analysis process. Step 1: Researchers (NJ, AI) engaged in a thorough familiarization process by repeatedly reading the transcripts. The transcripts were uploaded and processed using Atlas.ti version 25, which facilitated the subsequent stages of data analysis. Step 2: Researchers generated initial codes, which were succinct descriptors that captured the essence of participants' responses. Each relevant and noteworthy segment of the data was assigned a corresponding code. Supporting quotations were also extracted to substantiate each code. Step 3: The codes were systematically grouped into sub-themes based on conceptual similarities. Step 4: Researchers actively interpreted the sub-themes to identify overarching themes. Step 5: Researchers (AK, MH) reviewed the themes to ensure alignment with the extracted quotations and the broader data set. Additionally, researchers (NJ, AI, AK, and MH) collaboratively named the themes according to their descriptive content. Step 6: The researchers compiled a concise summary report of the findings.

Ethical consideration

Ethical clearance was obtained from the Institutional Review Board (IRB) of the University of Rwanda, College of Medicine and Health Sciences, with reference number CMHS/IRB/134/2024. Then, after I approached the respective institutions to request permission for data collection, these included MINALOC, NSINDAGIZA Program, LODA, NHCR, ARR, St. Vincent de Paul, and Kigali City. Each study participant was briefed on the study's purpose, procedures, voluntary nature, and confidentiality measures. Data were collected

only from individuals who gave their consent. To ensure confidentiality, participants were assigned codes instead of using their names, and they were instructed not to mention their own names or those of others during the interviews. All collected information was securely stored on a password-protected computer used by the researcher. The data was used solely for research purposes. Furthermore, this research was conducted in accordance with the World Medical Association Declaration of Helsinki, which outlines ethical principles for medical research involving human subjects [16].

RESULTS

Demographic characteristics of the study participants

The study included ten participants, who were reached based on data saturation from the selected study participants. The participants were drawn from both public institutions and non-governmental organizations. The participants were evenly split between males and females, with five of each gender. Among them, four were from the public sectors, representing MINALOC, Gasabo, Kicukiro, and Nyarugenge districts. The remaining six participants were from non-governmental organizations, including ARR, Vincent de Paul, Nsindagiza, NCHR, and LODA.

The interviews showed 2 themes with their sub-themes: (1) challenges hindering the implementation of the policy; and (2) needs to facilitate policy implementation (Table 1).

Theme 1: Challenges Hindering Policy Implementation

This theme encompasses six sub-themes that identify the current challenges hindering the implementation of elderly policies in Kigali city: awareness and dissemination issues, financial constraints, lack of coordination and leadership, inadequate legal and structural frameworks, social and cultural barriers, and healthcare access issues (Table 1).

Awareness and dissemination issues: The lack of extensive awareness and proper dissemination of the policy details among all stakeholders, including relevant government agencies, older people, and the general public, is one of the significant barriers to effective enactment of policy, as expressed by the participants:

"The implementation has not been successful due to a lack of dissemination of the information among the policy entities...." (P4)

"The different agencies do not have a common understanding of the policy, and others are not aware of it." (P 9)

Financial constraints for implementing the policy: Financial constraints are a major challenge affecting the implementation of policies aimed at supporting older people. The funding allocated to older persons is often insufficient to meet the needs specified in the policy, resulting in inadequate support for the intended beneficiaries. This financial inadequacy is particularly pronounced in

Table 1: Emerged themes and sub-themes on challenges and needs of implementation of the national older persons' policy

Theme (1)	Sub-themes
Current challenges hindering policy implementation	Awareness and dissemination issues
	Financial constraints
	Lack of coordination and leadership
	Inadequate legal and structural framework
	social and cultural Barriers
	Healthcare access issues
Theme (2)	Sub-themes
Needs to facilitate policy implementation	Enhanced awareness and education
	Increased financial and resource allocation
	Stronger leadership and coordination mechanisms
	Legal and structural reforms
	Social and cultural integration

urban areas, where the cost of living is higher, and pensions and other forms of financial support often fall short of sustaining a decent standard of living for older people. The participants expressed that:

"Pensions are very small, often insufficient to support a family's life. For example, some pensions are as low as 13.5k." (P1)

"The financial support outlined in the policy is insufficient, particularly for older persons living in urban areas." (P10)

Lack of coordination and leadership: Effective policy reinforcement requires strong leadership and coordination across various levels of government and different agencies. Currently, the lack of a cohesive strategy and clear leadership roles results in fragmented efforts, where different bodies operate independently without a unified approach. This results in inconsistencies and gaps in policy execution, diminishing the overall effectiveness of the policy, including the elderly policy. The participants expressed that:

"There is no coordination mechanism, and each level works independently without national coordination." (P6)

"Changes in leadership can also affect its implementation, as new leaders may feel they need to start over." (P1)

Inadequate legal and structural framework: The current application of policy is hindered by the absence of comprehensive laws and structural support mechanisms that can provide clear guidance and authority for the policy's provisions. This gap makes it challenging to enforce the policy and ensure its long-term sustainability. The participants expressed that:

"...The main challenge is the lack of a guiding law to support the policy's implementation." (P 7)

"This policy has a gap as it does not establish a representative committee for older people at all government levels....." (P4)

Social and cultural barriers: Prevailing social attitudes and cultural norms can significantly impede the acceptance and effectiveness of policies designed to support older people. Negative stereotypes and exclusionary practices towards older individuals can prevent them from accessing the benefits and support provided by the policy. Additionally, changes in traditional family structures and caregiving practices contribute to

the challenges faced in this policy. The participants expressed that:

"Government is encouraging society not to exclude them, i.e., the elderly but it is hard to have the same consensus on it." (P3)

"Today, caring for older people is challenging because younger generations do not provide the same level of care as before." (P3)

Healthcare access issues: Limited access to healthcare services is a significant challenge for older people, especially when it comes to managing chronic diseases and requiring special care. The disparity in healthcare benefits between different insurance schemes and the overall lack of tailored healthcare services for older individuals undermine the policy's goal of ensuring their well-being. The participants expressed that:

"Those on RAMA do not have the same benefits as those who retired before RSSB establishment and this hinders them when it comes to access of health care when they are sick." (P1)

"Older people need special care due to chronic diseases, retirement, and isolation." (P6)

Theme 2: Needs to Facilitate Policy Implementation

Under this theme, five sub-themes were identified related to the need to facilitate elderly policy in Kigali city: enhanced awareness and education, increased financial and resource allocation, stronger leadership and coordination mechanisms, legal and structural reforms, and social and cultural integration (Table 1).

Enhanced awareness and education: Improving awareness and understanding of the policy among all stakeholders, including older people, caregivers, and the general public, is crucial for effective implementation. This can be achieved through targeted education and communication strategies that ensure everyone is informed about the policy's objectives, benefits, and how to access them. Raising awareness will help create a supportive environment for older people and ensure they can fully benefit from the policy. The participants expressed this:

"We need to ensure that all elderly people, organizations, and stakeholders are aware of and understand the policy." (P1)

"We need to encourage older people to form

associations to advocate for themselves, even though we have some but they are not sufficient." (P2)

Increased financial and resource allocation:

Ensuring adequate funding and resource allocation is crucial to support the effective implementation of the policy. This includes not only government funding but also contributions from non-governmental organizations and the private sector. Sufficient financial resources will ensure that the necessary services and support are provided to older people, helping to meet their needs and improve their quality of life. The participants expressed this as:

"Increasing funds from all levels, either government or non-government (public and private)." (P 8)

"NGOs should support and finance care for older people, as there are currently no stakeholders doing so." (P 5)

Stronger leadership and coordination mechanisms:

Establishing clear leadership roles and improving coordination among various government levels and agencies is crucial for effective policy execution. A coordinated approach will ensure that all efforts are aligned, resources are utilized efficiently, and there is a unified strategy for achieving the policy's objectives. Strong leadership and effective coordination mechanisms can drive the policy forward and address any emerging challenges effectively among the elderly. The participants expressed that:

"MINALOC should establish implementation strategies that outline activities, responsible persons, timelines, and budgets, and corresponding M&E planification....." (P6)

"Establishing active committees for older persons will help strengthen collaboration between the agencies." (P 10)

Legal and structural reforms: Developing and enforcing laws that provide a clear framework for the application of the policy and protection of older people's rights is necessary. These legal and structural reforms will ensure that the policy has a solid foundation and can be effectively enforced. Such reforms can include establishing representative committees, creating specific laws to protect the rights of older people, and ensuring that clear guidelines are in place for implementing the policy. The participants expressed this as:

"Develop and enforce laws that support older people." (P7)

"The establishment of the guiding law that sets the way of the policy implementation, including committees, creating specific laws to protect older people's rights, and ensuring that there are clear guidelines for implementing the policy." (P9)

Social and cultural integration: Promoting positive social attitudes towards older people and integrating cultural practices that support their well-being is essential for improving the policy's impact. Encouraging respect for older people as valuable members of the community and fostering intergenerational relationships can enhance their social inclusion and support. Cultural integration initiatives can help address social barriers and ensure that older people receive the care and respect they deserve. The participants expressed that:

"Respect elderly people as sources of wisdom and strive for their good health should be prioritized to address social barriers and ensure that older people receive." (P1)

".... Encourage children to stay close to their older family members, promoting home care." (P7)

DISCUSSION

The challenge to implementing the national policy for older persons is the lack of awareness and proper dissemination of policy details among all stakeholders, including relevant government agencies, older individuals, and the general public. This lack of awareness can result in a lack of common understanding of the policy's objectives among different stakeholders and beneficiaries. The limited dissemination of the policy created a gap in several government institutions and among leaders who are implementing it. Thus, the implementing leaders should be aware of any gaps in execution. These findings are consistent with other studies from South Africa and sub-Saharan Africa, which have shown that the lack of widespread awareness and dissemination of elderly policy details underscores a pressing issue in ensuring the effective enactment of the policy [2,17]. To address this challenge, it is crucial to raise policy awareness and understanding through education and other effective communication methods implemented by targeted institutions, organizations, and stakeholders. Furthermore,

raising awareness by organizing associations or organizations for older people can help create a more supportive environment for the elderly. Likewise, it is crucial to ensure that all older persons, their caregivers or other caregivers, and the broader community are fully aware of the policy's objectives and benefits.

Financial constraints pose a significant challenge to the effective implementation of policies designed to support older individuals. Often, the funding allocated for older persons falls short of addressing the needs outlined by the policy, resulting in inadequate support for those intended to benefit. This issue is particularly pronounced in urban areas where higher living costs exacerbate the problem, leaving pensions and other financial aids insufficient to sustain a decent standard of living. Similar to findings reported in Senegal, financial constraints affected support for medical and health protection among the elderly [18]. Ensuring adequate funding and resource allocation is important. This entails not only increasing government funding but also securing contributions from non-governmental organizations and public institutions. This will help to provide the necessary services and support to meet the needs of older people, ultimately improving their quality of life and the effectiveness of the policy.

Effective policy in action necessitates robust leadership and coordination across various levels of government and among different agencies. Currently, the absence of a cohesive strategy and clearly defined leadership roles results in fragmented efforts, where disparate bodies operate independently, leading to inconsistencies and gaps in policy execution. This fragmentation undermines the overall effectiveness of policies, including those designed for older people. These results are comparable to those of other studies, which emphasize the pivotal role of implementers in navigating the complex political landscape and adapting policies to specific situations [19,20]. It is especially important during times of coordination concerns, which can put a strain on public administrations and exacerbate the implementation of various tasks. With clear and unified leadership roles and enhanced coordination among government levels and agencies, efforts will align, ensure efficient resource utilization, and create a strategic framework for achieving policy objectives.

The implementation of current policies

is significantly hampered by the lack of comprehensive laws and structural support mechanisms that provide clear guidance and authority. This absence creates challenges in enforcing the policy and ensuring its long-term sustainability. This gap makes it challenging to enforce the policy and ensure its long-term sustainability. Similarly, studies have stated that this gap in legal frameworks and structural support can lead to difficulties in ensuring policy compliance and longevity [21–23]. Therefore, developing and enforcing laws that establish a robust framework for policy and protect the rights of older individuals is essential. It provides a solid foundation for the policy, including the establishment of representative committees, the creation of specific laws to safeguard the rights of older people, and the formulation of clear implementation guidelines.

Prevailing social attitudes and cultural norms can significantly hinder the acceptance and effectiveness of policies designed to support older individuals. The shifts in traditional family structures and caregiving practices further complicate the execution of policies. These findings are comparable to those of other studies, where prevailing social attitudes and cultural norms can significantly impede the acceptance and effectiveness of policies designed to support older people [24,25]. To enhance the impact of these policies, it is essential to foster positive social attitudes towards older people and incorporate cultural practices that promote their well-being. Encouraging respect for older individuals as valued members of the community and fostering intergenerational relationships can enhance their social inclusion and support.

Limited access to healthcare services poses a significant challenge for older individuals, particularly in managing chronic diseases and accessing specialized care. Disparities in healthcare benefits among various insurance schemes, coupled with a general lack of tailored healthcare services for the elderly, undermine the policy's goal of ensuring their well-being. Similarly, other studies have shown that older persons may have difficulty accessing healthcare due to economic constraints and a lack of a clear government implementation plan for them [19–23]. Equitable and specialized healthcare services can help address the challenges older people face in accessing healthcare by implementing policies

that ensure insurance covers all necessary services for this age group.

This study was constrained by its limited geographical scope, focusing exclusively on Kigali City, stressing the need for future research with a broader geographic reach, including other regions of the country. Despite these limitations, the study provides light on how the National Policy for Older People is being implemented in Kigali. The study's participants, who came from various implementing organizations, including government institutions, non-governmental organizations, and community-based organizations for the aged, contributed to the findings with their unique viewpoints and experiences.

CONCLUSION

This study looked into the challenges and needs of implementing the National Policy for Older People in Kigali City. The findings highlighted limitations to the policy's effective implementation, including funding constraints, inadequate awareness and dissemination initiatives, and gaps in the legal and institutional framework. These variables, taken together, hinder progress toward the policy's objectives. To address these issues, the study identified critical needs that may improve the policy's implementation. These include enhanced financial and resource allocation, comprehensive awareness efforts, and the construction of more effective leadership and coordinating procedures. Meeting these needs will support the policy's effective implementation by including all essential stakeholders, such as elder citizen organizations and governmental entities. Finally, this study identified important prerequisites for implementing the National Policy for Older People in Kigali City. It also emphasizes the critical necessity for strategic actions to solve the highlighted challenges and ensure the policy's objectives are met for the benefit of all stakeholders.

Data availability: The datasets produced and/or analyzed during this study can be obtained from the corresponding author upon request.

Author's contributions: IA developed research proposal, collected data, analyzed data and prepared manuscript. AK and MH monitored and supervised the whole process of the research proposal up to manuscript preparation by providing

the inputs and necessary comments to make the report better. NJ contributed in data analysis, manuscript preparation and editing.

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REFERENCES

- [1] World Health Organization, WHO clinical consortium on healthy ageing 2021: report of consortium meeting held virtually, 5-6 November 2021. World Health Organization, Aug. 16, 2022.
- [2] S. Saka, F. Oosthuizen, and M. Nloto, "National policies and older people's healthcare in Sub-Saharan Africa: a scoping review," *Annals of global health*, vol. 85, no. 1, p. 91, Jun. 26, 2019, doi: 10.5334/aogh.2401.
- [3] M.E. Adamek, M. Gebremariam Kotecho, S. Chane, and G. Gebeyaw, "Challenges and Assets of Older Adults in Sub-Saharan Africa: Perspectives of Gerontology Scholars," *Journal of Aging and Social Policy*, vol. 34, pp. 108–126, 2022, doi: 10.1080/08959420.2021.1927614.
- [4] E.M. Crimmins, "Lifespan and health span: past, present, and promise," *The Gerontologist*, vol. 55, no. 6, pp. 901–911, Dec. 1, 2015. <https://doi.org/10.1093/geront/gnv130>.
- [5] M.J. Prince, F. Wu, Y. Guo, L.M. Gutierrez Robledo, M. O'Donnell, R. Sullivan, and S. Yusuf, "The burden of disease in older people and implications for health policy and practice," *The Lancet*, vol. 385, pp. 549–562, 2015, doi:10.1016/S0140-6736(14)61347-7.
- [6] Minaloc Rwanda, "Republic of Rwanda National Older Persons Policy," *Journal Article*, vol. 45, 2021. Available from: www.minaloc.gov.rw.
- [7] World Population Review, "Kigali Population 2025" [Internet]. 2025 [cited 2025 Aug 28]. Available from: <https://worldpopulationreview.com/cities/rwanda/kigali>.
- [8] Rwandan Association of Retirees (ARR), "ARR – Association Rwandaise des Retraités" [Internet]. [cited 2024 Sep 3]. Available from: <https://projects.ituc-csi.org/arr-association-rwandaise-des?lang=fr>.
- [9] St Vincent de Paul Society, "About us" [Internet]. [cited 2025 Aug 28]. Available from: <https://www.vinnies.org.au/about-us>.

- [10] Nsindagiza Organization, "Contribution to the 12th session of the UN Open-Ended Working Group on Ageing" [Internet]. 2015 [cited 2025 Aug 28]. Available from: https://social.un.org/ageing-working-group/documents/twelfth/INPUTS%20NGOS/Nsindagiza_OEWGA%2012%20inputs.pdf.
- [11] National Commission for Human Rights, "Overview" [Internet]. [cited 2024 Sep 3]. Available from: <https://www.cndp.org.rw/about/overview>.
- [12] Local Administrative Entities Development Agency (LODA), "Overview" [Internet]. [cited 2024 Sep 3]. Available from: <https://www.loda.gov.rw/who-we-are/overview>.
- [13] J. Kirchherr and K. Charles, "Enhancing the sample diversity of snowball samples: Recommendations from a research project on anti-dam movements in Southeast Asia," *PLoS ONE*, vol. 13, pp. 1–17, 2018, doi: 10.1371/journal.pone.0201710.
- [14] S. Dawadi, "Thematic Analysis Approach: A Step by Step Guide for ELT Research Practitioners," *Journal of NELTA*, vol. 25, pp. 62–71, 2020, doi: 10.3126/nelta.v25i1-2.49731.
- [15] A. RH, "Trustworthiness in Qualitative Research," *Journal of Human Lactation*, vol. 38, pp. 598–602, 2020, doi: 10.1177/08903344221116620.
- [16] B. Shrestha and L. Dunn, "The Declaration of Helsinki on Medical Research involving Human Subjects: A Review of Seventh Revision," *Journal of Nepal Health Research Council*, vol. 17, pp. 548–552, 2020, doi: 10.33314/jnhrc.v17i4.1042.
- [17] Ageing: another barrier to South Africa's economic stability | ISS Africa. Accessed: Sep. 2, 2024. <https://issafrica.org/iss-today/ageing-another-barrier-to-south-africas-economic-stability>.
- [18] A. Sall, R. Djahete, D. BA, and M. Coume, "Ageing in Senegal: Demographic, Epidemiological, Socio-Economic and Health Aspects," *Acta Scientific Medical Sciences*, vol. 8, pp. 68–76, 2024, doi: 10.31080/asms.2024.08.1733.
- [19] Z. Chen, J. Yu, Y. Song, and D. Chui, "Aging Beijing: challenges and strategies of health care for the elderly," *Ageing research reviews*, vol. 9 Suppl 1, 2010, doi: 10.1016/J.ARR.2010.07.001.
- [20] Centers for Disease Control and Prevention (CDC), "Older adults and healthy aging" [Internet]. [cited 2024 Sep 2]. Available from: <https://www.cdc.gov/aging/olderadultsandhealthyaging/index.html>.
- [21] N.E. Adler and K. Newman, "Socioeconomic disparities in health: pathways and policies," *Health Aff (Millwood)*, vol. 21, no. 2, pp. 60–76, 2002, doi:10.1377/hlthaff.21.2.60.
- [22] S.I. Rajan, U.S. Mishra, G. Giridhar, K.M. Sathyanarayana, S. Kumar, K.S. James, and M. Alam, "The national policy for older persons: Critical issues in implementation. Institute for Social and Economic Change, 2011.
- [23] S. Santhalingam, S. Sivagurunathan, S. Prathapan, S. Kanagasabai, and L. Kamalarupan, "The effect of socioeconomic factors on quality of life of elderly in Jaffna district of Sri Lanka," *PLOS Global Public Health*, vol. 2, pp. 1–14, 2022, doi: 10.1371/journal.pgph.0000916.
- [24] A. Steptoe and P. Zaninotto, "Lower socioeconomic status and the acceleration of aging: An outcome-wide analysis," *Proceedings of the National Academy of Sciences of the United States of America*, vol. 117, pp. 14911–14917, 2020, doi: 10.1073/pnas.1915741117.
- [25] S. Khalatbari-Soltani, F.M. Blyth, V. Naganathan, et al., "Socioeconomic status, health-related behaviours, and death among older people: The Concord health and aging in men project prospective cohort study," *BMC Geriatrics*, vol. 20, pp. 1–14, 2020, doi:10.1186/s12877-020-01648-y.