

Geriatric Peer Support Systems and their Influence on the Psychosocial Wellbeing of Dementia Patients and their Families in Meru County, Kenya

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ABSTRACT

Dementia has become an emerging public health concern in Kenya, placing substantial psychological, social and economic demands on affected individuals and their families. In Meru County, the increasing need for dementia care has highlighted the importance of accessible and integrated geriatric peer support systems to support the psychosocial wellbeing of dementia patients and their families. This study examined Geriatric peer support systems and the psychosocial wellbeing of dementia patients and their families in Meru County. The study was guided by Person-Centred Care Theory (Kitwood, 1997), Social Support Theory (Cobb, 1976) and the Biopsychosocial Model. A descriptive-correlational research design was adopted. The target population comprised dementia patients, primary caregivers and geriatric healthcare providers involved in dementia care in Meru County. Dementia patients and primary caregivers were selected using purposive, snowball and simple random sampling, while geriatric healthcare providers were selected using simple random sampling. A total of 104 respondents participated in the survey. A total of 60 Geriatric Healthcare Providers were used to obtain Quantitative data while qualitative data was obtained through interviews with 22 primary caregivers and 22 Dementia Patients. Data were collected using structured questionnaires and interview schedules. Instrument validity was established through expert review and construct validation, while reliability was confirmed using Cronbach's Alpha coefficients, all of which met the minimum acceptable criterion of 0.70 and above. Quantitative data were analyzed using the Statistical Package for the Social Sciences (SPSS), employing descriptive statistics, Pearson correlation and regression analysis at 5% level of significance ($\alpha = .05$). Qualitative data were analyzed thematically to complement the quantitative findings. The study found that, peer support interventions ($r = .962$, $p < .001$) had strong positive and statistically significant associations with psychosocial wellbeing. Separate regression models showed that peer support interventions 63.3% ($R^2 = .633$, $p < .001$) and family support management 69.9% ($R^2 = .699$, $p < .001$) of the variation in psychosocial wellbeing. In the combined regression model, the two service components jointly explained 82.2% of the variation in psychosocial wellbeing ($R^2 = .822$; adjusted $R^2 = .809$; $F(4,55) = 63.523$, $p < .001$). Qualitative evidence revealed inadequate follow-up after diagnosis, limited specialized geriatric mental health services, insufficient caregiver training and weak community-based peer support systems, placed considerable emotional, social and financial burden on Geriatric patients and their families. The study concludes that integrated and person-centered geriatric peer support systems are important for supporting the psychosocial wellbeing of dementia patients and their families. It recommends community-based peer support programmes, caregiver education, and the integration of geriatric mental health services into primary healthcare. The study contributes empirical evidence on dementia care in Kenya and provides practical recommendations for improving multidisciplinary dementia support systems in Meru County, Kenya.

INTRODUCTION.

The World Health Organization report (2021) emphasizes the importance of community-based, peer support and family-centered interventions in dementia care, arguing that stable psychological functioning is essential for maintaining dignity and quality of life. Current estimates show that over 55 million people live with dementia worldwide and nearly 60% reside in low- and middle-income countries, where community and family systems provide up to 80% of direct care (WHO, 2021). Other research findings has also shown that supportive caregiving

and, peer interactions improve Dementia patient quality of life scores by 25–40% (Gaugler et al., 2020). Therefore, sustaining Wellbeing of Dementia Patients and improving family life are critical indicators of effective dementia care strategies across diverse socio-cultural contexts (Prince et al., 2016; WHO, 2021). Studies indicate that up to 90% of people with dementia experience at least one behavioral or psychological symptom, with anxiety affecting nearly 30–50%, agitation 40–50% and depression 30–40% of patients (Livingston et al., 2024). Contemporary approaches to dementia care prioritize not only symptom management but also the promotion of continuity in care through peer support, structured engagement and emotional regulation strategies that enhance cognitive and psychosocial functioning.

Statement of the Problem

Geriatric peer support systems are critical for ensuring the wellbeing of dementia patients in older adults. Ideally, communities should have accessible, structured and integrated services, including psychosocial support and caregiver -peer - training. However, in low- and middle-income countries like Kenya, the current situation is far from ideal. According to World Health Organization report (2025) for example, less than 20% of dementia patients access professional care, whereas over 65% of family caregivers reported high stress, with more than 50% experiencing depressive symptoms (World Health Organization, report, 2025). Notably, Dementia Care Services are sparse, fragmented and often urban-focused with inadequate community-based peer support especially in rural areas. This gap highlights a lack of evidence on how comprehensive geriatric mental health care influences both patients and family outcomes in rural contexts. This study therefore, sought to fill this gap by investigating how health care services influence the wellbeing of dementia patients and their families in Meru County.

Objectives of the Study

The objective of the study was

- i. To determine the influence of peer support interventions on the psychosocial wellbeing of dementia patients and their families in Meru County.

Hypothesis-

H01: There is no statistically significant influence of peer support interventions on the psychosocial wellbeing of dementia patients and their families in Meru County.

This study is significant in several dimensions, including policy development, clinical practice, academic knowledge and support for key stakeholders involved in dementia care.

Although this study provides important insights into the influence of geriatric peer support systems on the psychosocial wellbeing of dementia patients and their families in Meru County, the study was conducted within Meru County; therefore, the findings may not be fully generalizable to other counties or regions with different healthcare systems, cultural practices and socio-economic conditions.

Peer Support Interventions and Quality of Family Life among Dementia Patients

Peer Support Interventions are increasingly recognized as a vital psychosocial intervention for people living with dementia, addressing the emotional, social and practical challenges associated with cognitive decline. Dementia often leads to memory loss, social withdrawal and stigma, contributing to loneliness, anxiety and reduced psychological well-being. Peer-led programs, including those facilitated by individuals living with dementia or experienced caregivers, offer shared experiences, emotional validation and practical coping strategies. Evidence shows that participation in Peer Support Interventions enhances self-esteem, reduces social isolation and fosters a sense of belonging, directly improving quality of life (Brooker & Latham, 2023; Sabat, 2022; Downs & Bowers, 2022). Where formal dementia services are limited, peer support may play a critical role in sustaining the wellbeing of dementia patients and family well-being, complementing existing health care frameworks. Yin et al. (2024) conducted a cross-sectional study in the U.S. examining perceptions and use of online peer support

among 172 informal dementia caregivers, with 140 completing the survey. Findings revealed that caregivers who recognized the benefits of online peer support were more likely to engage, also peer support was associated with reduced caregiver stress and improved coping, highlighting a positive impact on both caregiver well-being and the quality of life of individuals living with dementia. Yin et al. (2024). Charlesworth et al. (2016) in England evaluated the effectiveness of peer support and reminiscence therapy for people with dementia and their family carers through a factorial pragmatic randomized trial involving 291 dyads. Participants received either peer support, reminiscence therapy, both, or neither, alongside usual care. The results showed no significant improvements in primary outcomes, but carers reported better relationships with those they cared for.

A study carried out by Hammad, Daher-Nashif, Kane and Al-Wattary (2022) dwelt on the sociocultural dimensions of peer support for people living with dementia in Qatar, representing broader North African and Arab contexts. Using a qualitative approach, the researchers conducted in-depth interviews with 32 family caregivers to explore how cultural and religious values shaped their caregiving experiences. Findings revealed that caregiving was often motivated by strong religious beliefs and family obligations, yet peer caregivers faced significant stigma, emotional burden and lack of formal support systems

In Uganda Nankinga et al. (2020) explored the role of informal peer support for people living with dementia in rural Uganda. The research utilized a qualitative methodology, conducting in-depth interviews and focus group discussions with family caregivers and community leaders across three districts in southwestern Uganda. Findings indicated that informal support primarily from family, neighbors and community members was critical in managing daily needs and emotional well-being of those living with dementia. Nankinga et al. (2020) concluded that although informal networks were functional, formal peer-based interventions are urgently needed. Mwendwa et al. (2021) further investigated the experiences of caregivers for individuals living with dementia in Kenya, focusing on the availability and impact of peer support managements. The findings revealed that there was a general lack of structured peer support systems, leading to feelings of isolation among caregivers. Mwendwa et al. (2021) observed that the absence of peer support exacerbated the challenges faced by caregivers, highlighting the need for community-based support networks.

Empirical evidence aligns with these assertions. Studies such as Yin et al. (2024) and Han, Guo and Hong (2020) demonstrate that peer support; offering emotional reassurance, practical guidance and shared experiences; reduces depression, perceived stress and feelings of helplessness among dementia caregivers, while indirectly enhancing patients' Wellbeing of Dementia Patients and quality of life. Similarly, Charlesworth et al. (2016) and Stubbs et al. (2021) show that structured peer interventions improve self-efficacy, social engagement and coping strategies, fostering a more supportive care environment.

METHODOLOGY

The study was conducted in selected families across Meru County, Kenya. Those aged 65 years and above accounted for approximately 5.0% of the population. These demographic and socio-economic characteristics made Meru County an appropriate setting for examining the relationship between peer support interventions and the psychosocial wellbeing of dementia patients and their families. This study adopted a descriptive-correlational research design. A correlational design was suitable because it made it possible to test associations statistically without manipulating the study variables, which was important in a real-world setting (Creswell & Creswell, 2018; Johnson & Christensen, 2020). The target population for this study consisted of 8,754 residents of Meru County, Kenya. Based on population projections from the Kenya National Bureau of Statistics (KNBS, 2023) and a national dementia prevalence rate of 9.4% (Munyoro et al., 2024), it was estimated that 4,345 adults aged 60 years and above in Meru County were living with dementia. The study used purposive sampling, snowball sampling and simple random sampling to select respondents from the target population. Two main research instruments tailored to the different categories of respondents was used. Before the main data collection, a pilot study was conducted in Tharaka West Sub-County, Tharaka Nithi County. The pilot study involved six households, with each household comprising a person living with dementia and one primary caregiver. The pilot study was undertaken to assess the clarity, relevance, comprehensibility and cultural appropriateness of the research instruments. The reliability of the research instrument was assessed using Cronbach's alpha coefficient. The pilot test produced an overall reliability coefficient of 0.821, which was considered acceptable for the study.

Data from the questionnaires was systematically analyzed in line with the study objectives and hypotheses.

H01: There is no statistically significant influence of support interventions on the psychosocial wellbeing of dementia patients and their families in Meru County.	Peer Support Interventions	Psychosocial Wellbeing of Dementia Patients and ttheir Families	Pearson's correlation regression Frequences Percentages Means Standard deviation Thematic analysis
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The validity of the research instruments was evaluated using Exploratory Factor Analysis (EFA) to establish whether the questionnaire items adequately represented the latent constructs of the study. The analysis sought to determine the extent to which the measurement items converged on the intended constructs of assessment procedures, peer support interventions and psychosocial wellbeing of dementia patients and their families.

Table 1 KMO and Bartlett's Test

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.810
Bartlett's Test of Sphericity	Approx. Chi-Square	426.701
	df	10
	Sig.	.000

The Findings Indicates That Barletts Test of Sphericity was Significant at Df 10 P <0.00

The study further sought to determine whether peer support interventions influence the psychosocial wellbeing of dementia patients and their families in Meru County.

Table 2 Peer Support Interventions

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	32	53.3	53.3	53.3
	No	28	46.7	46.7	100.0
	Total	60	100.0	100.0	

The findings presented in Table 2 indicate that 32 respondents (53.3%) affirmed that peer support interventions influence the psychosocial wellbeing of dementia patients and their families, while 28 respondents (46.7%) indicated that peer support interventions do not influence psychosocial wellbeing. The results demonstrate a relatively narrow difference between the two responses, suggesting that although more than half of the respondents recognized the value of peer support interventions, a considerable proportion did not perceive these interventions as beneficial or sufficiently available within the dementia care context in Meru County. This aligns with Social Support Theory by Cobb (1976), which argues that individuals experiencing stressful life circumstances benefit from emotional, informational and instrumental support provided through social networks. In the context of dementia care, peer support groups can provide caregivers with opportunities to share experiences, receive encouragement, reduce feelings of isolation and develop coping strategies. Similarly, for dementia patients, meaningful social interactions may enhance feelings of belonging, dignity and emotional

security. From this perspective, peer support interventions may promote recognition of dementia patients as valued individuals rather than focusing solely on their illness. The moderate level of agreement among respondents suggests that interventions that facilitate social engagement and interpersonal relationships may contribute to maintaining identity, self-worth and psychosocial wellbeing among dementia patients.

Furthermore, the results correspond with Yin et al. (2024) and Han, Guo and Hong (2020), who highlighted the importance of social participation and supportive relationships in reducing loneliness and improving psychological outcomes among older adults with dementia. These studies suggest that peer interaction creates opportunities for emotional expression, shared understanding and reinforcement of social identity, which are critical components of psychosocial wellbeing.

The finding also reflects concerns raised by Nankinga et al. (2020) and Mwendwa et al. (2021), who observed that dementia care in many African contexts remains predominantly biomedical and family-dependent, with limited availability of formal psychosocial support systems. Therefore, while peer support interventions demonstrate potential benefits, their impact may be constrained by inadequate implementation, limited community awareness and lack of institutional support.

The study sought to determine how participation in peer support interventions or interaction with other caregivers affects caregivers' emotional wellbeing and their ability to improve the quality of life of people living with dementia.

Table 3 Effect of Peer Support Participation

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very negatively	13	21.7	21.7	21.7
	Negatively	8	13.3	13.3	35.0
	Neutral	14	23.3	23.3	58.3
	Positively	20	33.3	33.3	91.7
	Very positively	5	8.3	8.3	100.0
	Total	60	100.0	100.0	

The findings presented in Table 3 indicate mixed experiences among respondents. Twenty respondents (33.3%) reported that peer support affected them positively, while 5 respondents (8.3%) indicated that it affected them very positively. Conversely, 8 respondents (13.3%) reported a negative effect and 13 respondents (21.7%) reported a very negative effect. Additionally, 14 respondents (23.3%) remained neutral regarding the influence of peer support on their emotional wellbeing and caregiving ability. An ANOVA test was run to further demonstrate the relationship between the two variables.

Table 4. ANOVA for model 1

ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	72.680	4	18.170	63.523	.000 ^b
	Residual	15.732	55	.286		

	Total	88.413	59			
a. Dependent Variable: Psychosocial Wellbeing						
b. Predictors: (Constant), Peer Support and psychological well being of Dementia patients.						

The ANOVA results in Table 4 confirm that the overall regression model was statistically significant ($F(4,55) = 63.523$, $p < .001$), indicating that the combined predictor variables significantly improved the prediction of psychosocial wellbeing compared with a model without explanatory variables. This confirms the overall validity and usefulness of the regression model. The combined findings suggest that psychosocial wellbeing among dementia patients and their families is influenced by peer support interventions.

The study further established that peer support interventions had a significant influence on the psychosocial wellbeing of dementia patients and their families. Participation in caregiver support groups, sharing experiences with peers, emotional support and community-based interactions contributed to improved coping, reduced feelings of isolation and enhanced psychological wellbeing. Peer support interventions emerged as the most influential geriatric mental health care service, highlighting the importance of social connectedness in dementia care. Regression analysis indicated that peer support interventions had a strong positive influence on psychosocial wellbeing. The regression model explained a substantial proportion of the variation in psychosocial wellbeing ($R^2 = 0.925$), while the ANOVA results confirmed that the model was statistically significant ($p < 0.001$). Consequently, the null hypothesis was rejected, confirming that peer support interventions significantly influenced the psychosocial wellbeing of dementia patients and their families in Meru County.

CONCLUSION

This study concludes that peer support interventions significantly influence the psychosocial wellbeing of dementia patients and their families in Meru County.

Recommendations

The study recommends that county health authorities and healthcare providers should promote community-based peer support interventions by establishing caregiver support groups and enhancing community education programmes. These initiatives would strengthen Dementia patients coping capacity, reduce social isolation and improve the psychosocial wellbeing of both dementia patients and their families.

REFERENCES

1. Brooker, et. al. (2023). Person-Centred Dementia Care: Making Services Better with the VIPS Framework (3rd ed.). Jessica Kingsley Publishers.
2. Charlesworth, G., Burnell, K., Crellin, N., Hoare, Z., Hoe, J., Knapp, M., Russell, I., Wenborn, J., Woods, B., & Orrell, M. (2016). Peer Support and Reminiscence Therapy for People with Dementia and their Family Carers: A Factorial Pragmatic Randomised Trial. *Journal of Neurology, Neurosurgery & Psychiatry*, 87(11), 1218–1228. <https://doi.org/10.1136/jnnp-2016-313736>
3. Cobb, S. (1976). Social Support as A Moderator of Life Stress. *Psychosomatic Medicine*, 38(5), 300–314.
4. Creswell, J. W. (2021). *Research Design: Qualitative, Quantitative and Mixed Methods Approaches* (5th ed.). Sage Publications.
5. Hammad, S. H., Daher-Nashif, S., Kane, T., & Al-Wattary, N. (2022). Sociocultural Insights on Dementia Care-Giving in Arab and Muslim Communities: The perspectives of family care-givers. *Ageing & Society*, 42(4), 1–25. <https://doi.org/10.1017/S0144686X21000438>
6. Kalula, S. Z., & Petros, S. G. (2019). Responses To Dementia in Sub-Saharan Africa: Regional Strategies and Collaborative Frameworks. *South African Medical Journal*, 109(9), 678–682. <https://doi.org/10.7196/SAMJ.2019.V109i9.14054>
7. Kenya National Bureau of Statistics (KNBS), Report. (2019). 2019 Kenya Population and Housing Census, Volume II: Distribution of Population by Administrative Units. Government of Kenya.

8. Kenya National Bureau of Statistics (KNBS), Report. (2024). 2019 Kenya Population and Housing Census: Summary Report on Kenya's Population Projections. Nairobi: KNBS. Retrieved From <https://New.Knbs.Or.Ke/Wp-Content/Uploads/2023/09/2019-Kenya-Population-And-Housing-Census-Summary-Report-On-Kenyas-Population-Projections.Pdf>
9. Kitwood, T. (1997). *Dementia Reconsidered: The Person Comes First*. Open University Press.
10. Livingston, G., Sommerlad, A., Mukadam, N., & Cooper, C. (2024). Dementia Prevention, Intervention and Care: 2024 Update. *The Lancet Neurology*, 23(1), 34–50. [https://doi.org/10.1016/S1474-4422\(23\)00429-3](https://doi.org/10.1016/S1474-4422(23)00429-3)
11. Mwendwa, P., Mutunga, E., Kroll, T., & De Brún, A. (2021). 'It Is Stressful, Almost Every Hour...': Experiences of Caring for People Living with Dementia in Kenya An Interpretive Phenomenological Approach. *Dementia*, 20(6), 1971–1987. <https://doi.org/10.1177/14713012211022989>
12. Nankinga, P. N., Maling, S., Chemali, Z., Wakida, E. K., Obua, C., & Okello, E. S. (2020). Informal Support for People with Alzheimer's Disease and Related Dementias in Rural Uganda: A Qualitative Study. *International Journal of Mental Health Systems*, 14(1), 1–10. <https://doi.org/10.1186/S13033-020-00364-9>
13. Stubbs, M., Govia, I., Robinson, J. N., Amour, R., & Freeman, E. (2021). The Experiences of Caregivers of Persons Living with Dementia in Jamaica During COVID-19. *Journal Of Patient Experience*, 8, 1–6. <https://doi.org/10.1177/23337214211043384>
14. World Health Organization Regional Office for Europe Report. (2023). *Dementia In Europe: Policy Brief 2023*. WHO Regional Office for Europe. <https://www.who.int/europe>
15. World Health Organization Report. (2025). *Dementia fact sheet*. Geneva: WHO. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/dementia>
16. Yamane, T. (1967). *Statistics: An Introductory Analysis* (2nd Ed.). London: Harper & Row Publishers.
17. Yin, Z., Stratton, L., Song, Q., Ni, C., Song, L., Commiskey, P. A., Chen, Q., Moreno, M., Fazio, S., & Malin, B. A. (2024). *Perceptions And Utilization of Online Peer Support Among Informal Dementia Caregivers: Survey Study*. *JMIR Aging*, 7(1), E55169. <https://doi.org/10.2196/55169>