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ASSESSING THE INFLUENCE OF POOR HOUSING CONDITIONS ON THE HEALTH OF ELDERLY PEOPLE IN MALAWI: A CASE STUDY OF NJEWA VILLAGE IN LILONGWE

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ABSTRACT

This study assessed the influence of poor housing conditions on the health of elderly people in Malawi, focusing on Njewa Village in Lilongwe District. Housing is widely recognized as a key social determinant of health, yet limited empirical research in Malawi has examined how inadequate housing specifically affects elderly populations. The study aimed to describe the housing conditions of elderly households, identify common health challenges associated with these conditions, and examine the relationship between housing deficiencies and physical, mental, and emotional health outcomes. A qualitative exploratory case study design was adopted. Data were collected from sixteen elderly individuals aged 60 years and above through semi-structured interviews and focus group discussions. In addition, three health workers and two community leaders were interviewed as key informants to provide professional and contextual insights. Thematic analysis was used to analyze the data. The findings revealed that most elderly participants lived in substandard housing characterized by leaking roofs, cracked walls, poor ventilation, uneven floors, overcrowding, and inadequate sanitation. These conditions were strongly associated with respiratory illnesses, frequent injuries from falls, diarrheal diseases, chronic joint pain, and psychological distress including anxiety, fear, loneliness, and sleep disturbances. Socio-demographic factors such as poverty, advanced age, disability, and living alone significantly intensified vulnerability. The study concludes that poor housing conditions have a substantial negative impact on the health and well-being of elderly people in Njewa Village. It recommends targeted housing improvement programs, integration of elderly housing needs into local development planning, and

strengthened community and government support mechanisms to promote healthy and dignified aging in Malawi.

KEYWORDS: Elderly people, housing conditions, health outcomes, Njewa Village, Malawi.

INTRODUCTION

Housing conditions play a critical role in shaping human health and overall well-being, particularly among vulnerable populations such as older persons. According to Higgins (2002), poor housing conditions remain a persistent challenge in many developing countries, including Malawi, where a significant proportion of the population resides in substandard dwellings. For elderly people, the quality of housing is especially important because aging is often accompanied by declining physical strength, reduced immunity, limited mobility, and increased susceptibility to both communicable and non-communicable diseases. As a result, inadequate housing environments can have profound negative consequences on their health, independence, and quality of life.

In rural and peri-urban settings such as Njewa Village in Lilongwe District, many elderly individuals live in houses characterized by inadequate ventilation, leaking roofs, unsafe floors, poor sanitation, overcrowding, and lack of access to safe water and basic infrastructure (UN-Habitat, 2024). These housing deficiencies expose older people to harsh environmental conditions, including cold, heat, dampness, and indoor air pollution, which contribute to respiratory infections, chronic illnesses, injuries, and psychological stress. The inability to modify or improve housing conditions due to poverty and physical limitations further exacerbates these risks among the elderly population.

Despite Malawi experiencing a steady increase in the population of older persons, there remains limited empirical research that specifically examines how poor housing conditions affect the daily health experiences of elderly people, particularly in rural and peri-urban communities. Most housing and health studies in Malawi tend to focus on children, women, or the general population, leaving a significant knowledge gap regarding older adults. This study therefore seeks to assess the influence of poor housing conditions on the health of elderly people in Njewa Village, Lilongwe. By examining the relationship between housing quality and health outcomes, the study aims to generate evidence that can inform policy development, community-based interventions, and programs aimed at improving living conditions and promoting healthy aging among older citizens in Malawi.

Background of the Study

Malawi, like many developing countries, is undergoing gradual demographic changes characterized by an increasing proportion of older persons. According to the National Statistical Office (2008), the population of older people aged 60 years and above has been rising over time. Data from the 1987 Population and Housing Census indicate that out of a total population of 8.9 million people, approximately 473,898 were older persons, representing about 6 percent of the total population. Further census data from 2008 show that out of 13.1 million people enumerated, 684,083 were aged 60 years and above, representing 5.3 percent of the population. These figures suggest that between 1987 and 2008, the population of older persons increased by approximately 44 percent, with an annual growth rate of about 1.7 percent.

Projections by the United Nations (2015) indicate that Malawi's elderly population is expected to grow significantly, reaching approximately 3.3 million by the year 2050. This projected increase is largely attributed to declining fertility rates, improved access to antiretroviral therapy (ART), reductions in HIV and AIDS-related mortality, and better control of communicable and non-communicable diseases. While this demographic shift presents opportunities for social and economic contribution, it also poses major challenges, particularly in relation to health care provision, social protection, and housing.

Older persons possess valuable knowledge, experience, and skills that can benefit families and communities if they remain healthy and active (UN, 2017). However, achieving healthy aging requires supportive living environments, including safe, adequate, and age-friendly housing. The World Health Organization (2018) recognizes housing as a key social determinant of health, emphasizing that poor housing conditions—such as structural deficiencies, poor sanitation, overcrowding, and exposure to indoor pollutants—are closely linked to adverse health outcomes. These risks are magnified among elderly individuals due to age-related physiological changes, reduced resilience, mobility limitations, and the presence of multiple chronic conditions (UN, 2017).

In Malawi, rapid urbanization, limited housing supply, and widespread poverty have resulted in many low-income households, including elderly-headed households, living in substandard housing. Natural disasters such as Cyclone Freddy, which affected Malawi in recent years, have further exposed the vulnerability of poorly constructed homes, disproportionately affecting older persons who lack the resources to rebuild or relocate. Despite these realities, there is limited local literature focusing specifically on housing quality and its health

implications for elderly people in rural and peri-urban areas such as Njewa Village in Lilongwe.

Njewa Village presents an appropriate study setting due to its mixed rural–peri-urban housing characteristics, prevalence of low-income households, and proximity to Lilongwe City. Understanding the housing–health linkages among elderly residents in this area can provide valuable insights to support targeted interventions aimed at reducing health burdens and improving quality of life among older people (Kendall & Anglewicz, 2018).

Problem Statement

Elderly people in Malawi often live in housing conditions that fail to meet basic standards of safety, comfort, and sanitation. According to Shaw (2004), common housing problems affecting older persons include poor ventilation, leaking roofs, unsafe floors, overcrowding, and inadequate sanitation facilities. These conditions increase the risk of respiratory diseases, injuries from falls, exposure to extreme temperatures, and psychological distress. In rural communities such as Njewa Village, these challenges are compounded by poverty, limited access to social support services, and inadequate housing infrastructure (Chikoko, 2020).

Although global research has established strong links between housing quality and health outcomes, there is a notable lack of empirical studies in Malawi that focus specifically on elderly populations. This gap in knowledge limits the ability of policymakers, health practitioners, and development partners to design evidence-based interventions that address the unique housing and health needs of older persons. Without localized evidence, housing policies and health programs may fail to adequately protect elderly people from preventable illnesses and poor living conditions. Therefore, investigating the influence of poor housing conditions on the health of elderly people in Njewa Village is critical for informing sustainable community responses and policy initiatives aimed at promoting healthy aging in Malawi.

Research Objectives

Main Objective

To assess the influence of poor housing conditions on the health of elderly people in Malawi, with specific reference to Njewa Village in Lilongwe.

Specific Objectives

1. To describe the housing conditions of elderly households in Njewa Village, focusing on water access, sanitation, ventilation, and overcrowding.

2. To measure the prevalence of selected health outcomes among elderly people, including respiratory conditions, injuries, and depressive symptoms.
3. To examine the association between specific housing deficiencies and health indicators among elderly people while adjusting for socio-demographic factors.
4. To recommend appropriate interventions and policy actions aimed at improving housing conditions and health outcomes for the elderly.

Research Questions

1. How do elderly people in Njewa Village describe their housing conditions, particularly in relation to water access, sanitation, ventilation, and overcrowding?
2. What health challenges do elderly people in Njewa Village associate with their housing conditions?
3. In what ways do housing deficiencies affect the overall lives of elderly people in Njewa Village?
4. What strategies, interventions, or policy actions do elderly people and community members suggest for improving health outcomes among the elderly?

Significance of the Study

This study is significant because it provides empirical evidence on the relationship between housing conditions and the physical and mental health of elderly people in a rural-peri-urban Malawian context. The findings will help inform local health priorities and guide policymakers, local authorities, and development partners in designing elder-friendly housing interventions. The study will also support government and donor agencies in prioritizing limited resources, such as housing subsidies and home-based care services, toward the most impactful housing improvements. Additionally, the study will raise awareness among families, community leaders, and stakeholders about the importance of adequate housing for elderly health, thereby encouraging community-driven initiatives to improve living conditions.

Structure of the Report

This study is organized into five chapters. Chapter One presents the introduction, background, problem statement, objectives, research questions, significance, and structure of the study. Chapter Two reviews relevant literature and theoretical frameworks. Chapter Three outlines the research methodology. Chapter Four presents' data analysis, findings, and interpretation. Chapter Five provides the discussion, conclusions, and recommendations.

Summary

This chapter introduced the issue of poor housing conditions affecting elderly people in Malawi, with a focus on Njewa Village in Lilongwe. It highlighted demographic trends, the importance of housing as a social determinant of health, and the existing research gaps. The chapter outlined the objectives, research questions, and significance of the study, establishing a foundation for the literature review in the next chapter.

Literature Review

Introduction

This chapter reviews existing literature on the relationship between housing conditions and the health of elderly people. It presents relevant theoretical frameworks, defines key concepts, and examines empirical studies conducted globally and within Malawi. The chapter focuses on housing characteristics such as ventilation, sanitation, overcrowding, and water access, and their associations with health outcomes including respiratory illnesses, injuries, and psychological well-being among elderly populations.

Definition of Terms

Elderly People: Individuals aged 60 years and above (United Nations, 2017).

Health: A state of complete physical and mental well-being, not merely the absence of disease or infirmity (World Health Organization, 2021).

Sanitation: Access to safe and hygienic systems for the disposal of human waste, including toilets and handwashing facilities (WHO, 2018).

Theoretical Framework

This study is guided by the Person–Environment Fit Theory and the Environmental Press Theory, both of which emphasize the interaction between individuals and their physical environments in shaping health and well-being.

Person–Environment Fit Theory

The Person–Environment Fit Theory originates from Kurt Lewin's (1935) proposition that behavior is a function of the interaction between the person and the environment. Lawton and Nahemow (1973) later applied this concept to aging, arguing that well-being depends on the balance between an individual's competence and environmental demands. In the context of elderly housing, poor conditions such as unsafe floors, inadequate sanitation, and poor

ventilation increase environmental demands that may exceed older persons' physical and psychological capacities, resulting in stress, illness, and reduced quality of life.

Environmental Press Theory

Developed by Lawton (1973), the Environmental Press Theory emphasizes that optimal functioning occurs when environmental demands are aligned with an individual's abilities. When environmental pressures exceed personal competence, elderly individuals experience adverse outcomes such as injuries, illness, and psychological distress. This theory is particularly relevant in understanding how poorly designed or maintained housing environments negatively affect elderly health.

Empirical Evidence

Empirical studies consistently demonstrate that poor housing conditions are associated with adverse health outcomes among elderly populations. In Malawi, rural housing is often characterized by mud walls, thatched roofs, dirt floors, poor ventilation, and inadequate sanitation (Habitat for Humanity Malawi, 2013). These conditions contribute to dampness, indoor air pollution, and temperature extremes, which are especially harmful to elderly people.

Studies have shown that inadequate ventilation and the use of solid fuels for cooking increase exposure to indoor air pollution, leading to respiratory symptoms such as chronic cough, wheezing, and shortness of breath (WHO, 2018). Overcrowding in multigenerational households further increases the risk of infectious disease transmission and psychological stress.

A community-based study in rural Malawi reported that 22.5 percent of adults experienced chronic respiratory symptoms, many of which were undiagnosed (Ministry of Health, 2011). Poor water and sanitation have also been linked to higher prevalence of hygiene-related illnesses. Although much of this research focuses on children, similar mechanisms apply to elderly individuals, particularly those with limited mobility and weakened immune systems.

Summary

This chapter reviewed theoretical and empirical literature on housing and elderly health, highlighting how poor housing conditions contribute to respiratory illness, injuries, and psychological distress. The Person–Environment Fit and Environmental Press theories provide a strong conceptual basis for understanding these relationships. The reviewed

evidence underscores the need for localized research to inform interventions aimed at improving housing conditions and health outcomes for elderly people in Njewa Village.

Research Methodology

Research Design

The study adopted a qualitative exploratory case study design to gain in-depth understanding of elderly lived experiences in relation to housing conditions.

Study Area

The research was conducted in Njewa Village, Lilongwe District. The area is characterized by poor housing infrastructure, limited access to services, and a growing elderly population.

Study Population and Sampling

The study population comprised elderly individuals aged 60 years and above, health workers, and community leaders. A purposive sampling technique was used to select sixteen elderly participants.

Data Collection Methods

Data were collected using semi-structured interviews and focus group discussions. Key informant interviews were conducted with health workers and community leaders.

Data Analysis

Thematic analysis was employed to identify recurring patterns and themes related to housing conditions and health outcomes.

Ethical Considerations

Ethical principles including informed consent, confidentiality, voluntary participation, and ethical approval were strictly observed.

FINDINGS AND DISCUSSION

Introduction

This chapter presents a summary of the study findings derived from qualitative data collected through in-depth interviews, focus group discussions, and key informant interviews with elderly residents, health workers, and community leaders in Njewa Village. The data were analyzed using thematic analysis, which involved coding participant narratives, identifying recurring patterns, and organizing them into key themes. The findings illustrate how poor

housing conditions influence the physical, emotional, and mental health of elderly people, revealing the lived experiences of aging in substandard housing environments.

Demographic Characteristics of Participants

The study involved sixteen elderly participants aged between 60 and 89 years, comprising both men and women. Participants lived under varied household arrangements, including living alone, with spouses, or with extended family members. In addition, three health workers and two community leaders participated as key informants.

Most elderly participants came from low-income backgrounds and relied primarily on subsistence farming for survival. Educational attainment was generally low, with many having no formal education.

Presentation and Analysis of Findings

Theme 1: Housing Structure and Living Conditions

The findings revealed that most elderly individuals lived in poorly constructed houses made of mud bricks, with grass-thatched or deteriorating iron-sheet roofs and mud floors. Many houses had cracked walls, leaking roofs, and unstable structures, creating fear of collapse, particularly during the rainy season. Poor ventilation and inadequate lighting were common, with small or absent windows leading to smoke accumulation, extreme indoor temperatures, and poor visibility. These conditions were associated with respiratory problems, eye strain, and sleep disturbances.

Access to clean water and adequate sanitation was limited. Elderly participants relied on distant water sources, making water collection physically demanding. Sanitation facilities were mostly old pit latrines with poor drainage, increasing exposure to disease and compromising hygiene.

Theme 2: Health Problems Experienced by the Elderly

Elderly participants reported numerous physical health challenges, including respiratory infections, joint pains, malaria, skin conditions, and injuries caused by uneven floors and poor lighting. Falls, burns, and cuts were common, especially during rainy seasons.

Emotional and mental health challenges were also prevalent. Many elderly individuals experienced loneliness, anxiety, fear, and hopelessness, particularly those living alone or lacking family support. Fear of house collapse, poor sleep, and social isolation significantly affected their psychological well-being.

Theme 3: Housing–Health Linkages

Theme 4: Coping Strategies and Recommendations

Elderly individuals adopted temporary coping strategies such as patching roofs with plastic sheets, reinforcing weak walls with sticks, restricting movement to avoid injury, and relying on neighbors for assistance. While these strategies demonstrated resilience, they were inadequate and unsustainable. Participants recommended stronger housing structures, improved ventilation and lighting, closer access to There was strong consensus among elderly participants, health workers, and community leaders that poor housing conditions directly contributed to illness. Poor ventilation was linked to respiratory problems, leaking roofs to recurrent infections, unsafe floors to falls, overcrowding to the spread of disease, and poor sanitation to diarrheal and skin infections. Socio-demographic factors such as poverty, advanced age, disability, and living alone intensified vulnerability and limited the ability to address housing problems.

Summary of Findings

The findings demonstrate a strong relationship between poor housing conditions and adverse health outcomes among elderly residents in Njewa Village. Inadequate housing contributes to physical illness, emotional distress, and reduced quality of life. These challenges are worsened by poverty, disability, and limited social support, highlighting the urgent need for integrated housing and health interventions.

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

Introduction

This chapter discusses the study findings in relation to existing literature and the study objectives. It presents conclusions drawn from the findings and outlines recommendations aimed at improving housing and health outcomes for elderly people in Njewa Village.

Response Rate

The study achieved a high response rate of 87.5 percent, with fourteen out of sixteen interviews successfully completed. This high level of participation enhanced the credibility and reliability of the findings and reduced the risk of non-response bias.

Discussion of Findings

The study confirmed that poor housing conditions are a significant determinant of elderly health. Consistent with existing literature, weak housing structures exposed elderly individuals to cold, dampness, injuries, and psychological stress. Poor ventilation and

inadequate lighting contributed to respiratory problems, eye strain, and sleep disturbances, findings that align with environmental health research on indoor air quality.

Limited access to clean water and poor sanitation increased the risk of diarrheal diseases, skin infections, and physical exhaustion, particularly among elderly individuals with reduced mobility. The study further established that unsafe housing environments contributed to frequent falls and injuries, reflecting global evidence that home-related accidents are a major cause of disability among older adults.

Emotional and mental health challenges such as loneliness, fear, anxiety, and hopelessness were strongly associated with unsafe housing and social isolation. These challenges were most severe among elderly individuals living alone or without family support. Overall, the findings support the view that housing quality is central to both physical and psychosocial well-being in old age.

CONCLUSIONS

The study concludes that poor housing conditions have a significant negative impact on the physical, emotional, and mental health of elderly people in Njewa Village. Substandard housing exposes elderly individuals to preventable illnesses, injuries, and psychological distress. These effects are intensified by poverty, advanced age, disability, and limited access to social support. The coping strategies employed by elderly individuals were found to be temporary and insufficient, underscoring the need for sustainable and coordinated interventions.

Recommendations

At the community level, targeted housing repair initiatives should be established to support vulnerable elderly households, with increased involvement of local volunteers and youth groups. Government policies should incorporate elderly housing needs into district development plans and introduce subsidies or social protection programs aimed at improving housing quality. Access to safe water and improved sanitation facilities should be prioritized. The health sector should conduct regular home-based assessments and provide education on injury prevention and elderly-friendly housing practices. NGOs and development partners should support the construction of affordable, durable, and elderly-friendly housing, promote improved ventilation and clean cooking technologies, and implement psychosocial support programs to address loneliness and emotional distress.

Suggestions for Further Research

Future research should explore the role of family and social support systems in elderly well-being and assess cost-effective housing models suitable for low-income elderly populations.

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