

Pastoral Care of Elderly Catholic Priests in Kenya

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Abstract- *This paper examines the pastoral care of elderly Catholic priests in Kenya, focusing on the challenges, support systems, and opportunities within the contemporary Kenyan Catholic Church context. With over 3,644 priests serving across more than 1,100 parishes nationwide, Kenya's Catholic Church faces increasing demands for comprehensive care of its aging clergy members. Through analysis of secondary data from church reports, academic research, and institutional documentation, this study reveals significant gaps in retirement planning, healthcare provision, and spiritual support for elderly priests. The research demonstrates that while Kenya's Catholic Church has established some care mechanisms, systemic challenges including limited retirement facilities, inadequate pension systems, and insufficient specialized healthcare create vulnerabilities for aging clergy. Key findings indicate that pastoral care for elderly priests operates through diocesan initiatives, interfaith collaborations, and emerging support organizations, yet requires enhanced coordination and resource allocation. The study recommends comprehensive policy frameworks addressing housing, healthcare, spiritual support, and financial security to ensure dignified aging for priests who have devoted their lives to pastoral service.*

Indexed Terms- *Pastoral Care, Elderly Priests, Catholic Church*

I. INTRODUCTION

The pastoral care of elderly Catholic priests represents a critical yet understudied aspect of Kenya's vibrant Catholic Church landscape. As the global Catholic Church grapples with aging clergy populations, Kenya presents a unique context where rapid church growth coexists with emerging challenges of caring for priests who have dedicated their lives to pastoral service.

Kenya's Catholic Church, with approximately 18 million baptized Catholics representing nearly 40% of the country's population, operates through a complex network of dioceses, parishes, and religious institutions (Catholic Church in Kenya, 2020). The church's substantial infrastructure includes over 3,644 priests working across more than 1,100 parishes, representing one of Africa's most extensive Catholic pastoral networks. However, this impressive ministerial presence masks growing concerns about the care and support of aging clergy members who have served faithfully for decades.

The concept of pastoral care, traditionally understood as the ministry of healing and sustaining provided by religious leaders to their communities, takes on particular significance when applied to the caregivers themselves. Elderly priests, having devoted their lives to serving others' spiritual and material needs, often find themselves in vulnerable positions as they age, requiring comprehensive support systems that address their physical, emotional, spiritual, and social wellbeing.

This study examines the current state of pastoral care for elderly Catholic priests in Kenya, identifying existing support mechanisms, analyzing systemic challenges, and proposing recommendations for enhanced care provision. The research addresses critical questions about how Kenya's Catholic Church can ensure dignified aging for its elderly clergy while maintaining effective pastoral ministry across diverse communities.

II. LITERATURE REVIEW AND CONTEXTUAL FRAMEWORK

Academic literature on pastoral care for elderly priests remains limited globally, with even fewer studies focusing specifically on the African context. However, existing research on clergy aging, retirement, and care provides relevant frameworks for understanding the

Kenyan situation. International studies highlight common challenges facing aging clergy, including inadequate retirement planning, health concerns, social isolation, and identity transitions from active to retired ministry.

Kenya's Catholic Church history provides essential context for understanding current elderly care challenges. The church's rapid expansion since independence, driven by both missionary activity and indigenous leadership development, has created a substantial clerical population now approaching retirement age. Early missionary priests typically returned to their countries of origin upon retirement, leaving limited precedent for local elderly priest care systems.

Recent demographic trends within Kenya's Catholic priesthood reveal concerning patterns. The Diocese of Malindi, for example, relies heavily on missionary priests due to having only 17 diocesan priests, highlighting both personnel challenges and implications for future elderly care needs (ACI Africa, 2021). This dependency on foreign clergy creates unique challenges as these priests age and may lack family support systems in Kenya.

The broader Kenyan healthcare and social security context significantly impacts elderly priest care. Kenya's healthcare system faces substantial challenges including limited geriatric care facilities, inadequate insurance coverage, and geographic disparities in service provision. The recent implementation of the Social Health Authority (SHA) represents a significant development, with Catholic bishops expressing support for the initiative and encouraging priest enrollment (K24 Digital, 2025).

International Catholic Church guidance emphasizes the moral obligation to provide for priests' needs throughout their lives, including retirement and old age. Canon Law specifically addresses the church's responsibility to ensure adequate social assistance for clerics experiencing illness, incapacity, or old age, establishing theological and legal foundations for comprehensive elderly priest care.

III. CURRENT SUPPORT SYSTEMS AND CHALLENGES

3.1 Diocesan Initiatives and Institutional Frameworks
Kenya's Catholic dioceses have developed varying approaches to elderly priest care, with some demonstrating innovative initiatives while others struggle with resource constraints. The Archdiocese of Mombasa exemplifies proactive engagement through its retirement home construction project. In 2018, the archdiocese collaborated with the Kenya Catholic Members of Parliament Spiritual Support Initiative to raise funds for completing the Bishop Butler's wing, designed specifically to house elderly, sickly, and retired priests (CISA News Africa, 2018).

Archbishop Martin Kivuva's leadership in this initiative reflects growing recognition of elderly priest care needs. The Archbishop emphasized the moral imperative: "I believe that we must care for the less fortunate in terms of age and those who are not able to care for themselves. Many times we don't know what happens to priests and religious when they retire, some of them are left alone" (CISA News Africa, 2018). The project, with an estimated cost of KSh 150 million, demonstrates both ambition and resource mobilization challenges.

3.2 Healthcare Integration and Systematic Challenges
Recent developments in Kenya's healthcare system present opportunities for improved elderly priest care. The Catholic Church's endorsement of the Social Health Authority represents a significant shift toward systematic healthcare provision for clergy. Bishop Peter Kimani Ndung'u of Embu Diocese confirmed that Catholic priests are "already enrolled and benefiting" from SHA services, describing the initiative as "key to quality and affordable healthcare for all" (K24 Digital, 2025).

However, significant challenges persist. Financial sustainability represents the most significant challenge facing elderly priest care in Kenya. Unlike secular professions with established pension systems, Catholic priesthood traditionally relies on church support throughout retirement. Many Kenyan dioceses lack adequate financial resources to provide comprehensive elderly priest care, creating vulnerabilities for aging clergy.

Healthcare access represents another critical challenge, particularly regarding specialized geriatric care. Kenya's healthcare system faces general challenges in elder care provision, with limited geriatric specialists, inadequate long-term care facilities, and geographic disparities in service access. These systemic healthcare limitations particularly impact elderly priests in rural or remote parishes where medical services remain scarce.

The transition from active ministry to retirement presents unique psychological and social challenges for Catholic priests. Research indicates that priest identity often centers around ministerial activities, making retirement transitions particularly difficult. Rural priests face particular isolation risks due to limited transportation options and sparse social networks outside parish communities.

3.3 Emerging Models and Support Organizations

The development of specialized care organizations within Kenya's Catholic Church represents an important trend in elderly religious care. The Care for Aging Sisters Association Kenya (CASAK), established in 2023 through the Conrad N. Hilton Foundation's support, provides a comprehensive model for elderly religious care that could inform priest care initiatives.

CASAK's mission to provide "holistic care to the elderly and infirm through various programs and platforms" reflects contemporary understanding of comprehensive care needs. The organization's focus on "physical, emotional, spiritual, and social well-being" aligns with pastoral care principles while addressing practical care challenges (Care for Aging Sisters Association Kenya, 2021).

The Health Association of Sisterhoods of Kenya (HASK), bringing together 125 Catholic Sisters' health facilities, demonstrates the potential for coordinated healthcare delivery specifically for religious communities. While focused on Sisters' healthcare, this model offers insights for potential priest-focused healthcare coordination initiatives.

4. International Perspectives and Best Practices

International experience provides valuable insights for developing elderly priest care systems in Kenya. The

United States, facing similar demographic challenges with aging clergy, has developed various approaches to priest retirement and care. The Retirement Fund for Religious, supporting elderly religious across the United States, demonstrates comprehensive fundraising and care coordination models applicable to the Kenyan context.

The fund's recognition that "retired religious outnumber wage-earners by nearly three to one" reflects demographic challenges that Kenya may face as its priest population ages (Retirement Fund for Religious, 2024). The fund's emphasis on direct care support, with "approximately 95 percent of budget aids senior religious," demonstrates resource allocation priorities that could inform Kenyan initiatives.

European models offer additional insights, particularly regarding retirement housing and healthcare integration. The Church of England's CHARM (Church's Housing Assistance for the Retired Ministry) provides three housing options: shared ownership properties, rental properties, and supported housing schemes. This graduated approach accommodates varying financial capabilities while ensuring basic housing security.

Within Africa, emerging initiatives in elderly religious care provide relevant comparisons for Kenya. The continental focus on Ubuntu philosophy, emphasizing communal care and respect for elders, offers cultural foundations for elderly priest care initiatives. Regional Catholic conferences increasingly address elderly clergy care as priority concerns, reflecting growing awareness across African churches.

Research on global priest retirement indicates that inadequate pension planning affects many dioceses worldwide, with some retirement plans underfunded due to "unwillingness of dioceses to adequately fund these retirement plans, financial mismanagement, and maintaining these funds as part of the diocesan structure" (Florida Atlantic University, 2019). While specific data on Kenyan diocesan pension systems remains limited, similar challenges likely exist.

IV. RECOMMENDATIONS AND IMPLEMENTATION FRAMEWORK

5.1 Policy and Structural Development

The development of comprehensive elderly priest care policies requires coordinated action across multiple levels of church hierarchy. The Kenya Conference of Catholic Bishops should establish national guidelines for elderly priest care, providing frameworks that individual dioceses can adapt to local circumstances while ensuring minimum care standards nationwide.

Diocesan pension system development represents a critical priority requiring immediate attention. Each diocese should establish or strengthen priest retirement funds with professional financial management, adequate contribution levels, and transparent governance structures. These funds should provide sufficient income to ensure dignified retirement while addressing healthcare, housing, and personal needs.

The establishment of regional elderly priest care facilities, serving multiple dioceses, could provide economies of scale while ensuring specialized care provision. Such facilities should offer graduated care levels, from independent living to assisted care and skilled nursing, accommodating varying needs as priests age. Interfaith cooperation in facility development could further reduce costs while promoting ecumenical understanding.

5.2 Healthcare and Community Support

Integration with Kenya's evolving healthcare system requires strategic planning and advocacy. The Catholic Church should actively engage with Social Health Authority implementation, ensuring that priest-specific healthcare needs receive adequate attention. This includes advocating for geriatric care coverage, mental health services, and long-term care provision. Development of clergy-specific healthcare programs could address occupational health concerns while providing preventive care emphasizing wellness maintenance rather than crisis intervention. Mobile healthcare services targeting rural and remote areas where elderly priests serve could address geographic access challenges.

The development of elderly priest pastoral care programs requires recognition that caregivers

themselves need care. These programs should provide spiritual direction, counseling services, and peer support opportunities specifically designed for elderly clergy facing unique challenges of aging while maintaining priestly identity.

Community engagement initiatives should involve lay Catholics in elderly priest care through visiting programs, practical assistance, and social activities. Such involvement recognizes that priest care extends beyond institutional responsibility to encompass entire faith community participation.

CONCLUSIONS AND FUTURE DIRECTIONS

The pastoral care of elderly Catholic priests in Kenya represents both a moral imperative and a practical challenge requiring comprehensive, coordinated response. Evidence demonstrates that while some innovative initiatives exist, systemic gaps in care provision create vulnerabilities for aging clergy who have devoted their lives to serving others.

Key findings reveal that successful elderly priest care requires integration of financial security, healthcare access, housing provision, and social support within frameworks that respect priestly dignity and calling. The Mombasa retirement home initiative exemplifies what can be achieved through determined leadership and community support, while also highlighting resource mobilization challenges facing similar projects nationwide.

The church's endorsement of Kenya's Social Health Authority represents positive engagement with national healthcare systems, demonstrating willingness to integrate practical care solutions with theological principles. However, healthcare access alone cannot address the comprehensive needs of elderly priests, particularly regarding housing, social support, and spiritual care provision.

Implementation of recommended improvements requires phased approaches beginning with immediate needs assessment across all Kenyan dioceses. This assessment should identify current elderly priest populations, existing care provision, and projected future needs to inform resource allocation and program development decisions.

Financial sustainability planning must accompany all care initiatives, ensuring that current fundraising success translates into long-term operational viability. This includes developing diverse funding sources, professional fund management, and transparent accountability systems that maintain donor confidence while ensuring care continuity.

The establishment of coordinating mechanisms at national and regional levels could prevent duplication of efforts while promoting resource sharing and best practice dissemination. The Kenya Conference of Catholic Bishops provides an existing framework for such coordination, requiring enhancement rather than creation of new structures.

The development of elderly priest care represents not merely a response to demographic changes but an opportunity to demonstrate Christian values of compassion, dignity, and community solidarity. Success in caring for elderly priests serves broader evangelization purposes by demonstrating practical application of Gospel teachings about caring for vulnerable members of the community.

Future research should examine specific aspects of elderly priest care in greater depth, including longitudinal studies of priest aging experiences, evaluation of care intervention effectiveness, and comparative analysis of different care models. Such research could inform evidence-based policy development while contributing to global understanding of clergy aging challenges.

The time for action on elderly priest care in Kenya is now, before demographic pressures overwhelm existing systems. With proper planning, resource mobilization, and community engagement, Kenya's Catholic Church can establish models of elderly priest care that serve both practical needs and theological principles, ensuring that those who have served faithfully throughout their lives receive dignified care in their final years.

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