

**ELDERLY PEOPLES' PERCEPTION OF THEIR PSYCHOSOCIAL WELLBEING: A
CASE OF SELECTED MAINSTREAM CHURCHES IN AFFLUENT KAREN-
LANGATA NAIROBI, KENYA**

ESTHER WANGARI GACHURI

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Declaration

This research is my original work and has not been submitted for a degree award in any other university.

Signature Date:

Esther W. Gachuri

PMFT/9457/0/17

Approval

This research dissertation has been submitted for review with our approval as university supervisors

Signature..... Date

Dr. Anne Wambugu, Ph.D.

Supervisor

Lecturer, Department of Psychology

Pan Africa Christian University-Kenya

Signature..... Date

Dr. Elizabeth Kamau Ph.D.

Supervisor

HOD, Department of Psychology

Pan Africa Christian University-Kenya

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Dedication

This research dissertation is dedicated to my husband, Eng. Francis Gachuri, and our children: - Christine, Jermaine, Bernard, Ann, Rispah, Amon and Alice.

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Abstract

The study purposed to explore the lived experiences of the elderly which influence their psychosocial wellbeing from selected churches in Karen-Langata, Nairobi. To achieve this goal, the study had five objectives, namely: - to explore the elderly peoples' perception on their psychological wellbeing, to examine the elderly peoples' perception of their social wellbeing, to investigate the perception of the elderly with reference to their subjective wellbeing, to assess the elderly peoples' perception regarding their psychosocial wellbeing and to propose alternative policies to ameliorate the psychosocial wellbeing of this elderly population. Bowen's Systems Theory and Eric Erickson's theory of Human Development guided the study, which was based on a qualitative descriptive phenomenological approach. Purposeful sampling method was used to select 11 respondents for the in-depth interviews and 12 respondents in the focus group discussions (FGD's). The population of the study was the category of the young-old who were 60-75 years. Pan Africa University (PAC) and NACOSTI gave the researcher permission to conduct the study. Data was collected using videotape recordings and field notes. Verbatim data was transcribed, and descriptive themes were generated to show individual perspectives. The findings of the study indicated that poor health and lack of health insurance, lack of money, death of a spouse, inheritance wrangles, children moving out of home, unfriendly neighbourhoods, cultural beliefs, loss of social networks impacted on the elderly people's psychosocial wellbeing. The study recommends the church, National and County governments develop policies that can ameliorate the psychosocial wellbeing of the elderly and that mental health practitioners be made accessible to the elderly to help them mitigate their psychosocial wellbeing.

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Abbreviations

A.I.C:	Africa Inland Church
BFST:	Bowen's Family Systems Theory
ERB	Ethical Review Board
KARO:	Kenya Association of Retired Officers
NHIF:	National Hospital Insurance Fund
NIA	National Institute of Aging
PAC	Pan Africa Christian
PCEA:	Presbyterian Church of East Africa
WHO:	World Health Organization

Definition of Operational Terms

Autonomy is the ability to make their personal decisions regardless of one's ability to follow through on those decisions. In this study, the concept refers to the concept of the elderly making their own decisions without being influenced by the significant others.

A sense of belonging is the need to be part of a group, to be accepted or included, and have an identity in as a member of a group. In this study, it is seen when the elderly people are focused on gaining acceptance, attention, and support from group members while also providing the same attention to other members of their significant others.

Environmental mastery is the ability to manipulate the environment and make the best use of available opportunities and resources to meet one's needs.

In this study, it means that the elderly could navigate their daily activities on their own.

Life satisfaction reflects on the holistic assessment of one's life based on their own standards. In this study, it is the assessment on whether the elderly people thought they were happy with how they had lived their lives.

Old age is defined as being 60 years and above. In this study, the elderly are the young-old in the category of 60-75 years of age.

Perception is the way a phenomenon is interpreted. In this study, it is the interpretation the elderly give of their own lived experiences.

Psychosocial wellbeing is the influence of social and psychological factors on the elderly's mind or their behaviour-

Purpose of life in this study refers to the elderly having a sense of direction in understanding what they deeply value, having the presence of goals and meaning in their lives-

Personal development: Is the ability of the elderly to be open to learning and to new experiences, seeing themselves maturing, developing with an interest of broadening their horizons and fulfilling their potential in life. In this study, personal development explored on whether the elderly people ventured into new experiences after retirement.

Social wellbeing is the assessment of the elderly's circumstances and functioning in the society; it includes social integration, social coherence, social contribution, and social actualization. In this study, it explored on whether the elderly fitted in their society.

Self-actualization is the process of fully realizing one's potential and developing their abilities and appreciation for life. It enhances and influences their quality of life. In this study, it is experienced by the elderly when they reach their full potential by being content with their lives despite their limitations.

Chapter One: Background of the Study

This chapter formed the bedrock of this study. The study sought to find out the elderly peoples' perception of their psychosocial wellbeing, a case of selected mainstream churches in Karen-Langata, Nairobi Kenya. The chapter covers the following: - background to the study, statement of the problem, objectives, research questions, assumptions, justification, significance, the scope, limitations, and delimitations of the study.

The definition of old age is arbitrary and contextual. There is no consensus on when one is said to be old (Villalobos et al., 2020). In the developed world, retirement is a marker for old age. It commences when a person retires from employment and begins to receive a pension. It is marked by limited contribution to society and the experience of physiological and fecundity decline (Naja et al., 2017). On the other hand, people can retire as early as 50 and as late as 65. However, there are people who have never worked (Caliendo et al., 2023); therefore, retirement cannot be a mark of old age. In Africa, the term "elderly" would depend on cultural construction. Since there are no concrete definitions of old age, the World Health Organization considers those who are 60 years of age or older as old (WHO, 2019). Old age can be categorised into three groups, namely: - the 60–75-year-olds who are the young old; the 75–85-year-olds who are the old-olds; while those over 85 years old are the very old (Lee et al., 2018; Naja et al., 2017). The focus of this study is on the category of young olds who are 60–75 years old. According to Policy Brief (2016), this constitutes the majority of Kenya's elderly population.

Psychosocial wellbeing is that which pertains to the influence of social and psychological factors on an individual's mind or his behaviour. Consequently, people's psychological aspects are related to their social conditions, mental health, and emotional health (Ivbijaro et al., 2020). Psychological wellbeing involves having a purpose in life, aspiring for personal development,

having self-acceptance, autonomy, and environmental mastery (Medveder & Landhuis, 2018). On the other hand, social wellbeing entails the assessment of a person's circumstances and functioning in society; it includes social integration, social coherence, social contribution, and social actualization (Nishaat & Magari, 2021).

Wellbeing, therefore, is the state of being healthy, free from disease, comfortable and happy (Vander Weele et al., 2020). It is a combination of physical, emotional, and social health factors in a person that are all geared to life satisfaction (Gronning et al., 2018). The wellbeing of the elderly then reflects the quality of life, which includes the emotional, social, and physical aspects of their lives (Eiroa-Orosa, 2020). It is therefore the ability to perform activities of daily living or have active social engagements (Animasahun & Chapman, 2017). Conversely, subjective wellbeing involves how older people perceive the concept of their wellbeing (Li et al., 2021). This can be influenced by their individual characteristics and the quality of their environment. As a result, their mobility and ability to perform daily living activities, fulfil social roles, and participate in recreational activities may be hampered (Parra-Rizo & Sanchis-Soler, 2020). In addition, it can be as a result of falls, which lead to social isolation as they recover (Gyasi et al., 2021; Sebastião & Mirda, 2021). Perception is the interpretation one gives to a certain phenomenon (Cook, 2021). It is the understanding given to a certain situation or the meaning which is assigned to it (Chopik et al., 2018). Consequently, the study explored the perception of the lived experiences of elderly people from selected churches in Karen-Langata and how they impact their psychosocial wellbeing.

The world is experiencing an extraordinary longevity revolution, which has made population ageing a global phenomenon (United Nations, 2019). In addition, chronic health challenges that come with old age diminish the wellbeing of the elderly, their families, the

country's health systems, and economies, and it is therefore a problem that must be addressed (Naja et al., 2017). On the other hand, better healthcare, economic, and social development have resulted in the world's 709 million elderly people in 2019, a figure that is expected to double by 2050 (Zang, 2021). Moreover, there were one billion people who were 60 years of age or older by 2019. The number is expected to rise to 1.4 billion by 2030 and to 2.1 billion by 2050 (Chiu et al., 2023). In 2019, 703 million people were 65 and over and the number was expected to increase by 16% by 2050, so 1 in 6 people will be over 65 years old (World population aging, 2019).

The rising numbers of the elderly population have been noted all over the world. By 2019, out of this population, the elderly population was 37% in Eastern and Southern Asia; Europe and Northern America had 28.5%; Latin America and the Caribbean had 8%; Sub-Saharan Africa and North Africa had 5%; and West Asia had 4% (World population aging, 2020). On the other hand, Kenya has also experienced a surge in old people. There were 2.7 million elderly people which was 6% of the total population. According to the 2019 National Census, 2.5 million were old people who were 65 years and above in 2020 (World population aging, 2020). Therefore, this is a worrying trend that needs to be addressed.

There are factors that can contribute to the way the elderly people perceive their psychosocial wellbeing. These include a lack of economic security, social security or policies, individualism, and poor adjustment, which can lead to poverty (Mistry et al., 2021). Furthermore, low social and economic status as a result of retirement, as well as loneliness when spouses and significant others die, can result in feelings of isolation and psychological distress (Freak-Poli et al., 2022). On the other hand, looking after the elderly, which was a tradition world over, has been compromised by low fertility rates, urban migration, urbanization, and the development of an

economic society which has made it hard for children to look after their parents (Hao & Haiyan, 2021).

Lack of retirement preparedness and national pension policies can lead to financial constraints, which can lead to over dependence on a small working population (Animasahun, 2017; Ojembe & Kalu, 2018). In addition, pension system information and preparation towards life in old age are inseparable (Dovie, 2019); these act to avoid old age poverty in an era of increased life expectancy (Kroeker, 2020). This is particularly important because financial literacy is a predictor of financial behaviour, whereas retirement preparation is a powerful predictor of wealth accumulation for life in old age (Baidoo, et al., 2018; Dovie, 2018). Consequently, these problems may force the elderly to move in with their older children, often leading to changes in family dynamics, lack of differentiation, conflicts, and elder abuse (Van Hook & Glick, 2020). Moreover, progressive physiological changes in old age can cause a gradual decrease in the elderly's functional capacity and independence (Marcos-Pardo et al., 2019). This, therefore, has necessitated different countries to embark on research studies on the elderly.

The perception of psychosocial wellbeing by the elderly in different parts of the world is uniquely specific to the individuals (Banerjee et al., 2020). In a community-based study in China during the COVID-19 Pandemic, Wang and Tang (2020) noted that the elderly reported worsening feelings of hopelessness, loneliness, and depression related to emotional maladjustment and varied negative states. In the same study, the elderly noted feelings of insecurity, vulnerability, isolation, and a perceived lack of attachment figures because of lost networks. It is worth noting that the absence of significant others, who gave a sense of belonging, and lack of household income led to hopelessness which made the elderly lonely and not feel a part of their community (Atzendorf & Gruber, 2022). Participants in urban areas were noted to have higher levels of hopelessness,

loneliness, and depression, but those who had jobs were not so affected (Wang & Tang, 2020). Therefore, these findings showed that the elderly peoples' own perception of their psychosocial wellbeing is dependent on their environment.

America is concerned with the psychosocial wellbeing of its growing elderly population. This has attracted studies on this phenomenon to help them cope (Reich et al., 2020). In their study in the USA, Tkatch et al. (2017) stated that the new health concerns in old age left the elderly, who had been healthy most of their lives, confused and frightened. In addition, the elderly felt overlooked and not attended to. On the other hand, interventions to defray stress and depression, which are key to the elderly's psychosocial wellbeing, were unfortunately not being addressed. Furthermore, resilience, which is a coping mechanism, is limited in old age, as reported by Palmes et al. (2021) in their study in the Western Philippines. This therefore means the elderly can do with support networks through telephone counselling to deal with their psychological concerns.

A study by Tyler (2020) found that online support groups taking into consideration different levels of literacy could be formed to address the psychosocial wellbeing of the elderly. On the other hand, the identification of intervention programmes with psychological and social components would meet the needs of the elderly in a holistic way, which was confirmed by Meinert, et al., (2020). It is worth noting that the findings could not be generalised to all the elderly people who live in different settings in other parts of the world. Consequently, the findings and recommendations might not be applicable to this study since the participants might not have facilities like those in the developed world, like America. This therefore means, there is a gap to be filled by the current study in a bid to find out what is applicable regarding the psychosocial wellbeing of the elderly people in Karen, Langata.

European countries are also experiencing a surge in the elderly population. A study by Kovavalenco and Spivak (2018) in Poltava, Ukraine, found that low levels of psychological wellbeing is common in the elderly. The study also noted that wellbeing is not related to the elderly's daily activities or relationships, although those relationships provide them with opportunities to have a purpose in life. The elderly people who were not lonely and who communicated with other people were found to be socially active and had higher levels of psychological wellbeing. This was also noted by Van Hauwelingen et al. (2022) and Macdonald et al. (2021). This then implies that being in touch with others improves the elderly's wellbeing.

The study by Koravalenco and Spivak, (2018) also found that levels of desolation and communication with others are not related to the elderly's independence or autonomy. The elderly who lived alone had higher psychological wellbeing. Conversely, they had problems with their autonomy and independence in navigating their environmental factors and daily living activities; this was also noted by Banerjee, (2020). Moreover, the research also found that lonely elderly people experience the lowest psychological wellbeing; this was also noted by Siette et al. (2021) in their study in Australia.

Another study by Halaweh et al. (2018) in the West Bank, Palestine, on perspectives of older adults based on their perceptions of their psychosocial wellbeing, revealed that autonomy and independence were key to ageing well. The elderly thereafter valued personal independence and self-reliance (Lee et al., 2020). Their level of personal independence was also related to their physical and mental health (Toledano-González et al., 2019). Their higher level of functioning therefore enabled the performance of daily activities and the fulfilment of their social roles and recreational activities (Chen et al., 2021). Good health was equated to staying active through walking and eating healthy food (Kass et al., 2021). On the other hand, the elderly feared falling

as it would inhibit their social functioning, restrict their activities and lead to social isolation, as observed by Lee et al. (2020) in their study in Singapore. Mental health was also maintained through reading, playing mental games, eating nuts, and staying active (Yen et al., 2022). This therefore meant that autonomy, independence, and exercise were key to psychosocial wellbeing in the elderly (Buedo et al., 2019).

Saadeh et al. (2020) in Kungsholmen, Stockholm, Sweden, found that older adults who had higher psychological and social wellbeing tended to have better self-perceptions of ageing. They practised preventive health behaviours like exercising, taking supplements, and being screened for diseases. In addition, high levels of social wellbeing bring a sense of belonging, self-esteem, and access to material goods. Consequently, this influenced their values, healthcare, and their levels of instrumental and emotional support (Appau et al., 2019). The elderly who had low subjective wellbeing were also prone to old age diseases, while those with high levels of wellbeing were resilient to stress and would easily recover from emotional and physiological stress. This was reflected by Diehl et al. (2021) in their study in Germany, who noted that self-perceptions determine and predict healthy functioning and longevity in old age. It is worth noting that the findings from the studies discussed reflected their settings, which is different from the current study. Therefore, the study on the elderly peoples' perception on their psychosocial wellbeing in Karen-Langata gave a different perspective of the elderly living in a different locality.

Most African countries experienced many people migrating from rural-to-urban areas in search of work (Mlambo, 2018). Lack of jobs, poor pay or meagre pensions landed them in slums (Akinola, 2021). In addition, dependence on significant others for their daily needs often leads to malnutrition, vulnerability, and diseases. Moreover, the emerging middle class in urban areas concentrate on their nuclear families since multigenerational households can no longer cope with

the growing number of elderly people. Fundamentally, there are no public programmes to replace families in family care giving (Douglass, 2015). The research thus sought to address this gap.

Sub-Saharan Africa, like the rest of the world, has experienced the growth of the elderly population. A study by Oluwagbemiga (2016) in Ibadan, Nigeria stated that the elderly population is faced with numerous health and social challenges. In addition, the research found emotional support, access to information, availability of financial support and companionship influenced the psychosocial wellbeing of the elderly. Another self-reported study on social support networks and psychological wellbeing in a community dwelling in Ghana discovered that social support from significant other networks strengthens interpersonal relationships and improves quality of life and psychosocial wellbeing (Gyasi et al., 2019). It is worth noting that the findings are largely contextual, and they cannot be generalised to other African contexts. Therefore, there was a knowledge gap to be filled by the current study.

There is a growing concern among the elderly about how the world treats the elderly people. A study by Kelly et al. (2019) in Cape Town, South Africa on the perception of the elderly living in the Metropole region noted that the elderly using public health care felt overlooked and not prioritized. Furthermore, the healthcare staff had negative, unhelpful attitudes towards them, but those who lived in affluent neighbourhoods only experienced a lack of patient-centred care due to the scarcity of medical personnel. This therefore shows the elderly experience different treatment from their communities depending on their station in life, and this affects their psychosocial wellbeing.

The social context of the elderly determines their perception of themselves and their psychosocial wellbeing. It also determines how they will be perceived and treated by those around them (Atetwe, 2020). In addition, roles played by the elderly in their families and the community

at large contributed to how the elderly people perceive themselves and how their significant others perceived them. Kyobutungi et al. (2010) posited that the elderly played important roles in society in their study of the well-being of the elderly in Nairobi slums. Moreover, they were arbitrators in disputes, gave wise counsel, provided leadership, were gatekeepers of development, while they continued to be breadwinners and caregivers to their grandchildren (McQuoid-Mason, 2021).

However, due to the changing family structures, some elderly people lived alone and had no social support. This made them vulnerable to loneliness, malnourishment, and diseases and compromised their psychosocial wellbeing (Gyasi et al., 2020). The study by Kyobutungi et al. (2010) noted that there was limited research on the wellbeing of the elderly in Sub-Saharan Africa and studies done in other parts of the world may not be applicable to the African setting. It is also worth noting that there is scanty literature on the perception of psychosocial wellbeing by the elderly, especially in affluent areas like Karen-Langata which is a more empowered area than the neighbouring Kibera slums. This is the gap the study intended to fill.

Problem Statement

. There is a global concern about the exponential growth of the aging population, which must be put into perspective. By 2019, there were one billion people who were 60 years of age or older. By 2030, that number is predicted to increase to 1.4 billion, and by 2050, it will reach 2.1 billion. (World population aging, 2019). Most of the studies on the elderly have been done in developed countries, which reflect their environmental contexts and may not be applicable in a different setting. However, the few studies on the psychosocial wellbeing of the elderly in Sub-Saharan African have been done in Nigeria and South Africa. On the other hand, studies on the elderly in Kenya have concentrated on the elderly living in the rural areas, poor urban settings, and old people's homes. Consequently, this study endeavoured to fill the knowledge gap in literature

by investigating how the elderly who attend mainstream churches in the affluent parts of Karen-Langata area perceive their psychosocial wellbeing. The study aimed at providing useful insights of how their self-perception on their psychosocial wellbeing influenced their everyday experiences. In addition, the study sought to identify policies that can mitigate the problems they face. The aim was to include this population of elderly people to be among those whose status of wellbeing is understood and therefore can be addressed where need be.

The Significance of the Study

An informed understanding of how perceptions of the elderly influence their psychosocial wellbeing should be welcomed to those who are concerned with the global exponential growth of the elderly population. The study adds knowledge to the existing literature on the elderly from their own lived experiences. In addition, the study provides knowledge to health practitioners such as doctors, psychologists, counsellors, and marriage and family specialists in their understanding of issues that influence the elderly. On the other hand, the study may benefit the church by shedding light on the church ministry policies on the care and ministry to the elderly in the church. The study will also contribute to the existing body of knowledge on how individual perceptions influence the psychosocial wellbeing of the elderly. Finally, the study will inform policymakers on policies and strategies to apply in coping with the growing number of the elderly.

Research Objectives

The study was guided by the following objectives: -

1. To explore the elderly peoples' perception on their psychosocial wellbeing in selected mainstream churches in affluent Karen-Langata Nairobi, Kenya.
2. To examine the elderly peoples' perception on their social wellbeing in selected mainstream churches in-affluent-Karen-Langata, Nairobi, Kenya.

3. To investigate the elderly peoples' perception in reference to their subjective wellbeing in selected mainstream churches in affluent Karen-Langata, Nairobi, Kenya.
4. To assess the elderly peoples' perception regarding their psychosocial wellbeing in selected mainstream churches in affluent Karen-Langata, Kenya.
5. To propose alternative policies to ameliorate the psychosocial wellbeing of the elderly population living in selected mainstream churches in affluent Karen-Langata Nairobi, Kenya.

Research Questions

The study sought to answer the following questions: -

1. How does the elderly peoples' perception on their psychosocial wellbeing influence their psychological wellbeing in selected mainstream churches in affluent Karen-Langata Nairobi, Kenya?
2. How does the elderly peoples' perception determine their social wellbeing in selected mainstream churches in affluent Karen-Langata, Nairobi, Kenya?
3. How does the elderly peoples' perception in selected mainstream churches in affluent Karen-Langata Nairobi, Kenya, influence their subjective wellbeing?
4. How does the elderly peoples' perception in selected mainstream churches in affluent Karen-Langata Sub-County, Kenya influence their psychosocial wellbeing?
5. What alternative policies can ameliorate the psychosocial wellbeing of the elderly population living in selected mainstream churches in affluent Karen-Langata, Nairobi, Kenya?

Assumptions of the Study

The study was based on the following assumptions: -

1. The elderly participants' perceptions influence their psychosocial well-being.
2. That the elderly participants would be in touch with their experiences.
3. That the elderly participants would be honest in the disclosure of their psychosocial wellbeing.
4. That the study would identify alternative policies that could ameliorate the psychosocial wellbeing of the elderly people.

Justification of the Study

The global expansive growth of an ageing population has elicited concern that has attracted research geared to understanding and dealing with this new phenomenon. Most of the studies on the elderly have been done in developed countries (Chung et al., 2021; Lopez et al., 2020; Saadeh et al., 2020). Studies on psychosocial wellbeing of the elderly in Sub-Saharan Africa were mainly done in Nigeria and South Africa (Animasahun & Chapman, 2017). These studies reflect the contexts they were done in, and the findings of their studies are tailored to their environments. In the same vein, studies on the wellbeing of the elderly people in Kenya have concentrated on the elderly living in the rural areas, the poor urban settlements, and in old people's homes (Henia, 2019; Kago et al., 2016; Kyobutungi et al., 2010). The study therefore sought to understand how elderly people who attend mainstream churches in Karen-Langata, which is a different setup, perceive their psychosocial wellbeing in their own context.

Scope of the Study

The study was carried out in Karen-Langata Sub-County in Nairobi, Kenya. Karen-Langata area was purposely selected because it has a rich diversity of people from different social, economic, and cultural backgrounds that will enrich the findings of this study.

The study sought to explore the elderly peoples' perception of their psychosocial wellbeing in the elderly population in selected mainstream churches in Karen-Langata. Churches offered the researcher a platform to select the participants who met the characteristics of the study population. The target population of this study was the category of the young and old who are 60–75 years old and who attend selected mainstream churches in Karen-Langata. Bowen's Systems Theory and Eric Erickson's theory of Human Development guided the study. The study used a qualitative descriptive phenomenological approach. Purposeful sampling method was used to select 11 respondents in the in-depth interviews and 12 respondents in the focus group discussions (FGD's).

Limitations

The study encountered the following challenges: - accessibility to the participants, fear of religious implications in their disclosure, time in carrying out in-depth interviews and focus groups, and cultural resistance when interviewing the opposite sex. To deal with these challenges, the researcher did purposeful sampling, which relied on the church clergy and the church administrators to help her identify the participants and assist in gaining accessibility to the participants. The researcher took time to explain why the study was being carried out. The participants were assured of anonymity to safeguard their privacy. The researcher was also multi-culturally sensitive since Karen is a cosmopolitan area. The participants were interviewed at their own convenience.

Delimitations

This study was delimited to the category of young-old elderly people who are 60–75 years old. These are the elderly people who had retired and were still able to attend church services. Another delimitation in the study was that it was only carried out in selected mainstream churches in affluent Karen-Langata, Nairobi. This was because Karen –Langata is a cosmopolitan locality

with diverse cultures which generated rich lived information from the target population. In addition, this is a qualitative study which purposefully selected the sample large enough to describe the subject of study, answer the research questions, aiming at a saturation point to avoid repetition where no more information was forthcoming. While there might have been other people's perceptions on what contributes to the psychosocial wellbeing of the elderly, the study only explored the elderly peoples' own perceptions on their psychosocial wellbeing.

Chapter Summary

The global rising numbers of the elderly population is a worrying trend. In the background of the study, the category of the targeted population who are in the young-old between 60-75 years were introduced. Constructs of psychological, social wellbeing and subjective wellbeing were defined. Challenges that come with old age were also discussed. Statement of the problem and the gap the study expected to fill was explained. In addition, research objectives, research questions, the scope, limitations, and delimitations were explained. The next chapter discusses the literature review which focused on the study objectives and the theoretical framework that guided the study.

Chapter Two: Literature Review

Introduction

This chapter reviews previous related works. The literature review explored what has been investigated to identify the gaps in research that needed to be filled. This provided evidence that could support the study and put the work into perspective. The study was guided, presented, and explained by the theoretical and conceptual framework. The gap in research was also identified and the chapter was summarized. Literature review was based on the objectives of the study. The areas that were covered in the review were how the perception of the elderly influence their psychological wellbeing, their social wellbeing, and their perception in reference to their subjective wellbeing. The review also covered the elderly peoples' own perception regarding their psychosocial wellbeing and proposed alternative policies to ameliorate the psychosocial wellbeing of the elderly population.

Old Age

There is no common agreement on the term "elderly" because old age is defined differently by different researchers. In the western world, the chronological age of 60 is considered old, while in most African countries, old age is not only measured by chronological age but also by changes in social roles and changes in the elderly's capabilities (Shofeyeke & Amoson, 2014). Old age is therefore marked by limited contribution to society when the elderly experience physiological and fecundity decline (Naja et al., 2017). The United Nations, however, defines old age as those who are 60 years of age, or older, who have retired and are receiving a pension. (WHO, 2019). Old age can be categorised into three groups, namely: - the 60–75-year-olds, who are the young old; the 76–85-year-olds, who are the old-olds; while those who are over 85 years old are the very old (Lee

et al., 2018). This study's population was the category of the young-old people who are 60–75 years old.

There are factors which have been found to have contributed to the global growth of the elderly, namely improved healthcare, economic advancement, and social development. In addition, these factors are thought to have led to a population of 709 million aged people in the world in 2019 (Zang, 2021). Moreover, there were one billion people who were 60 years and over by 2019, and the number is expected to rise to 1.4 billion by 2030 and to 2.1 billion by 2050. In 2019, there were 703 million old people who were 65 years and over. With the number expected to increase by 16% by 2050. That means 1 in 6 people will be over 65 years (World population aging, 2019).

By 2019, the total population of old people in Eastern and Southern Asia was 37%; 28.5% in Europe and Northern America; 8% in Latin America and the Caribbean; 5% in Sub-Saharan and North Africa; and 4% in West Asia. On the other, Kenya also experienced a surge of old people with 2.7 million elderly people, which was 6% of the total population of old people. Furthermore, old people who were 65 years and over in 2020 were 2.5 million (Kenya National Bureau of Statistics, 2019). The elderly experience a myriad of problems. This extraordinary longevity, where the elderly live longer than they used to, has made the ageing population a global phenomenon and a problem that must be addressed (United Nations, 2019). Additionally, actors like economic stress Park & Kim, (2018), demand for health care Maresova et al. (2019), and changes in family dynamics influence the self-perception of their psychosocial wellbeing.

Economic Stress

The elderly people are affected by economic insecurity after retirement, lack of social security or policies, individualism, and poor adjustment resulting in poverty (Animasahun & Chapman, 2017). In addition, according to the marital resource model, as posited by Thomas et al.

(2017), marriage increases access to economic, social, and health-improving opportunities. On the other hand, changes in the marital status, alter the environment of life and have an impact on wellbeing of those who are married. This therefore means, the elderly suffers from feelings of isolation and psychological distress due to low social and economic status after retirement and loneliness when their spouses and significant others die (Courtin & Knapp, 2017). Old age is also marked by retirement (Lyons et al., 2018); consequently, if there are no policies in place, the elderly may experience poor adjustment and even poverty. This may lead to feelings of isolation and distress.

The Demand for Healthcare

Old age also affects health and the psychosocial wellbeing of the elderly. In addition, aging is the accumulation of diverse damaging changes occurring in cells and tissues with advancing age that can cause diseases and even death (Ferioli et al., 2019). Moreover, the concept of ageing springs from the fact that human beings experience physiological, and fecundity decline at the end of the human life cycle (López, et al., 2013). This therefore means, older people are prone to chronic disease and a greater number of chronic diseases and mobility issues are linked to divorce or widowhood (Thomas et al., 2017). It is worth noting that half of the elderly population have at least three chronic diseases (Naja et al., 2017). Aging is therefore seen in a variety of molecular and cellular damage where there is a gradual decline in physical and mental capacity and a growing increase in disease. On top of that, commonly experienced diseases in old age include hearing loss, osteoarthritis, eye problems, depression, diabetes, and dementia (W.H.O., 2018). Yet, there is little information on health policies in Sub-Saharan Africa to promote access to health care for older people, which means that their mental health is completely neglected. Training and research on the elderly are also hardly supported by governments to boot (Saka et al., 2019).

Changes in family dynamics

Family dynamics are contextual; they refer to patterns of interactions between relatives, the roles they play, the way they relate, and the various factors that shape those interactions (Procentese et al., 2019). These interactions are affected when the spouses die, when they migrate in search of appropriate housing, when they retire, and when they experience empty nests. In addition, declining physical and mental health or inadequate finances sometimes force the elderly to move in with their families or significant others (Muhammad & Srivastava, 2020). Moreover, moving in with their grown-up children frequently causes changes in family dynamics, lack of differentiation, and sometimes conflicts in the family. This is because of the care-giving burden which may result to the elderly being vulnerable and to elder abuse. The gradual decline in the elderly will therefore mean that the elderly will have to rely on others and lose their functional capacity and independence, as well as have low subjective wellbeing and poor rated health (Ris et al., 2019). However, this is dependent on different contexts, sometimes based on different cultural backgrounds.

Self-perception

Self-perception refers to the way the elderly view themselves and how their environment affects their psychosocial wellbeing. A study by Mendoza-Nunez et al. (2018) on the self-perception of the elderly in a community dwelling in Hidalgo, Mexico, found that educational programmes have a positive effect on positive self-perception, self-care, and health-positive status, while negative self-concept results in poor health status. In addition, studies on the elderly have largely been done in the developed world and the studies done in Kenya have concentrated on the

elderly in the rural areas, poor urban settings, and old people's homes hence the need for this study. (Henia, 2019; Kago et al., 2016; Kyobutungi et al., 2010).

Elderly People Perception of Their Psychological Wellbeing

Psychological well-being refers to people's assessment of their lives (Horwood & Anglim, 2019). It consists of positive and negative affect in mental health, which is comprised of happiness and life satisfaction if it is positive, or anxiety and depression in ill mental health (Tadon, 2017). In addition, psychological wellbeing is contextual; it is a result of people's activities in the system of their real relationships with their environment. Similarly, it can also be defined as an effort by people to improve their lives to reach their potential (Lopez et al., 2019). However, there are two types of psychological well-being, namely: - Eudemonic and hedonistic wellbeing.

Eudemonic Wellbeing and Hedonistic Wellbeing

Eudemonic wellbeing or affective wellbeing focuses on a person's meaning and purpose in life appraised constructs like self-acceptance, environmental mastery, positive relationships, personal growth, and purpose in life (Boccardi & Boccardi, 2019). On the other hand, hedonic wellbeing measures feelings like happiness, sadness, enjoyment, subjective wellbeing, and positive emotions (Stelhow et al., 2020). Correspondingly, dimensions of psychological wellbeing spring from eudemonic and hedonistic wellbeing.

Dimensions of Psychological Well-Being

Psychological wellbeing consists of six distinct dimensions of wellness, namely: - environmental mastery, autonomy, having positive relations with others, having personal growth, having purpose in life, and having self-acceptance (Medveder & Landhuis, 2018). Conversely, according to Litzelman et al. (2017), environmental mastery is an individual's ability to manipulate their environment and make use of the most available opportunity and resources to meet their

needs. Accordingly, individuals who fail to master the environment may face consequences. They have a difficult time managing their environment to meet their needs and adjust to their surroundings situation through physical and mental activities. As a result, this may have an impact on their social lives and ultimately their psychosocial wellbeing (Oades & Mossman, 2017).

According to Bölenius (2019), autonomy is frequently used interchangeably with self-determination; it refers to the concept of individuals making their own decisions without being influenced by others. Besides this, it is also the ability to make personal choices regardless of one's ability to carry those choices out. Furthermore, this may make it difficult to apply the concept of autonomy to the elderly who require assistance and make decisions in collaboration with significant others. Having positive relations with others means having warm and trusting relations with other people (Erfani, & Abedin, 2018). Personal growth thus means being open to new ideas and experiences while at the same time realising one's potential (Kruse, 2020). Having a sense of purpose in this context refers to the presence of goals and meaning in the lives of the elderly (Lopez et al., 2020). Self-acceptance entails having a positive attitude towards oneself (Prichard et al., 2020). Individuals who have attained self-acceptance therefore have positive attitudes toward themselves and others (Cooper, n.d). This then allows them to understand and make sense of various aspects of themselves. Consequently, the elderly who believe that old age is a normal part of life adjust quickly. According to Medvedev and Landhuis (2018), self-acceptance is an essential component of psychological well-being. As a result, if this goal is not met, the elderly people are more likely to fall short of achieving psychological well-being.

Old age comes with many challenges for the elderly. The World Health Organization (WHO, 2017) posits that mental and neurological disorders account for 6.6% of those who are 60 years and over. About 15% of the elderly over 60 years suffer from old age diseases like mental

disorders, diabetes, hearing loss, and osteoarthritis. Dementia affects 5% of the population, depression 7%, anxiety disorders 3.8%, and substance abuse 1%. The elderly experience reduced capabilities and functional loss. Reduced mobility, chronic pain, and frailty result in their need for long-term care (Grimmer et al., 2019). Other factors such as spouse bereavement, decreased social economic status after retirement, and child bereavement become stressors, leading to isolation, loneliness, and psychological distress (Bedaso & Han, 2021).

The vulnerability of the elderly makes them susceptible to elder abuse, which may be physical, verbal, financial, or sexual and which may influence their psychological wellbeing (Malmedal & Anyan, 2020). The elderly may also suffer abandonment and neglect, which leads to loss of dignity and respect (Banerjee et al., 2020). According to Pak (2020), these factors can lead to lasting psychological problems like depression and anxiety, which would influence the psychological wellbeing of the elderly negatively, as corroborated by a study done in rural Turkey on the preference risk factors in elder abuse. The growing number of the elderly globally has therefore led to studies of their psychological wellbeing.

Cultural factors like living in co-residency with grown up children affects the psychological wellbeing of the elderly. This was a finding from a study by Almira et al. (2019) in Indonesia. Negative relationship with the children, lack of sympathy from them, intrusion, failure to help them and rejection made the elderly feel useless, lack confidence and the dependency on their children decreased their psychological wellbeing. Living with them brought tension and interfered with intergenerational support. It is worth noting that positive effects were not reported because it was a cultural norm.

In their study on psychological wellbeing among the older adults in a community dwelling in Spain during the Covid 19 Pandemic, Lopez et al. (2020) noted that family functioning was

important to them; that losing a loved one, health, gratitude, acceptance, and resilience were socio-demographic variables which were significantly associated to personal growth and purpose in life. The study posited that development of resources like resilience, gratitude and acceptance, family functioning, and perceived health was necessary to improve psychological well-being in times of crisis. This was also noted by McElroy-Heltzel et al. (2021) in their study on the elderly in America. Lopez et al. (2020) noted that the elderly people were inclined to stay at home and only went out for crucial groceries and to pick medication. The study also established that older adults have lower levels of personal growth and purpose in life as they get older. Meléndez et al. (2018) and Orang et al. (2018) in their study on the meaning of life and psychological wellbeing in Tehran also noted that the elderly had the greatest ability in terms of meaning in life, self-acceptance, positive relationships with others, personal growth, and life purpose. Studies on the elderly could not be generalized to other elderly populations living elsewhere because they were largely contextual. The current study therefore could fill the literature gap by understanding how perception of the elderly impact their psychosocial wellbeing.

Positive relations with others are one of the dimensions of psychological wellbeing. In a study by Hill et al. (2021) on social withdrawal and psychological wellbeing among elderly athletes and their spouses in St. George, Utah, United States of America, the findings established a significant association between shyness, avoidance, and unsociability and increased loneliness, regret, and decreased fulfilment in the elderly. This was also noted by Hajek et al. (2021). In addition, marital status, whether one was married, divorced, or widowed, was a factor moderating links between withdrawal and psychological well-being in old age. The study also noted that many elderly people experienced social and psychological problems when their loved ones died, forcing them to take up other social roles, and when they also faced physical decline. The elderly could

experience more social needs as they tried to make up for the many physical, emotional, and social losses they experienced (Ribeiro et al., 2017). Therefore, these experiences in old age had a negative influence on their psychological well-being.

In another study in Oyo State, Southwest Nigeria, on the attitude towards ageing and perceived health status of the elderly living in community dwellings, Cadmus et al. (2021) noted that there was scanty information in Sub-Saharan Africa about the elderly in Nigeria, despite the growing number of the elderly population. This study found that the elderly living in urban areas had good self-rated health and their attitude towards ageing was positive. The men had higher psychological positivity than women since they experienced higher status as they aged. Education and holding jobs led to better economic and social status and therefore better wellbeing. The elderly people who were in a relationship or married had high psychological positivity since the partners encouraged each other and acted as a buffer against stress. The study posited that high psychological wellbeing resulted in more resilience in physical health and increased life expectancy and higher life satisfaction (Reyes et al., 2020).

Although the study was based on elderly people's attitudes towards the ageing process, the results could not be generalised to other parts of Nigeria or Kenya as the results are generally contextual and experiential. The researchers noted the scarcity of literature on the elderly while recommending qualitative research that could get a better perception of the old people's understanding of their ageing process. It is in this vein that the study hopes to fill this literature gap.

In a mixed study on psychosocial factors affecting the wellness of the elderly in selected old people's homes in Nairobi County, Kenya, Henia (2019) focused on loneliness, inactivity, and dependence in the elderly. The study posited that the elderly moved into homes due to changing

values, while their significant others moved into cities in search of jobs. The homes brought them security, safety, companionship, and happiness. However, their immobility made them inactive and not involved in sports and activities like knitting, drawing, and baking. In addition, the study recommended family visits from their families of origin, which would facilitate their choice of participation in community affairs and give the elderly a sense of belonging, raise their self-esteem, and ensure their psychological wellbeing; this has also been suggested by (Ozic et al., 2020). Although this study was done in Nairobi County, it was done using mixed methods and in elderly people's homes, so the findings may not be generalised among other elderly populations living elsewhere. This therefore meant there was a gap to be filled by carrying out this qualitative study to explore the perception of the elderly who attend mainstream churches in Karen-Langata, Nairobi.

Elderly Peoples' Perception of Their Social Wellbeing

Social wellbeing is the appraisal of somebody's circumstances and functioning in society. It shows people's ability to meet basic needs while maintaining peaceful co-existence with others to ensure progress, while ensuring society functions to the utmost (Zang & Ma, 2020). It entails having adequate and functional social relationships, social support, having minimum social strain, inclusion in society, functional networks, and active involvement with life. This also means having no major chronic diseases, which can limit one's work (Waite, 2018). The dimensions of social wellbeing for the elderly include social integration, social acceptance, social actualization, and social coherence (Koo et al., 2016).

Dimensions of Social Wellbeing

Social Integration

Social integration and social acceptance are dimensions of social wellbeing (Bartels et al., 2019). Social integration alludes to attachments people keep to the larger society, which are measured by their organizational, occupational, and community roles through social participation. Social participation is a structured process in which individuals are defined by specific, collective, conscious, and voluntary actions that lead to self-actualization and goal achievement.

In old age, the concept of social participation leads to social integration, and it is highly valued because it is one of the determinants of the health of the elderly people (Aroogh, & Shahboulaghi, 2020). Informal social participation refers to casual and infrequent social interactions, such as meetings and contacting friends, and normally takes place through social and religious groups (Ang, 2018). Lack of social integration leads to social isolation and loneliness, which affects the elderly's social wellbeing (Hämmig, 2019). Although there is no universal definition, social isolation is commonly defined as the objective lack of meaningful social contact as measured by network size and community involvement (Leigh-Hunt, 2017). The elderly people are especially vulnerable to social isolation; being functionally very dependent on family members or community services, older adults are more vulnerable to social isolation and loneliness (Hwang et al., 2020). Their social ties may dwindle over time due to retirement, the death or institutionalization of friends and relatives, the possibility of living alone, and the increasing geographical mobility of their social network (Torres, 2018). Isolated older adults are more likely to have poor mental and physical health outcomes, and this influences their social wellbeing (Holt-Lunstad, 2020)

Experiences of loneliness and social isolation point to lack of social relationships and companionship, and these are indicators of social ill health. Loneliness can lead to stress, risk of chronic inflammation, sleep disorders, depression, heart diseases, poor dispensation, and cognitive decline (Kotwal et al., 2021). On the other hand, social isolation, which can be because of living alone and having no social networks, can lead to lack of emotional support (Menec et al., 2020). It may also result to lack of information and influence, as well as uninformed decision making which can affect one's health and at times lead to drug taking. Those who suffer from loneliness and social isolation feel left out and perceive social threats from their environment (Afshar et al., 2018; National Academies of Sciences, Engineering, and Medicine (2020).

Social Acceptance of Elderly

Social acceptance is a dimension of the social wellbeing. It is the process of being accepted by the members of a society and being assimilated into that society (Bartels et al., 2019). It is marked by increased frequency of interaction with neighbours or when other people show signals that they want to include the elderly into their groups or relationships. It also entails respecting the elderly and seeing that they have something they can contribute to the community. Social acceptance is seen in the interdependence in the community and social relationships, and it ensures everybody enjoys equal social support. Social relationships may be dyads made up of families, friends or colleagues who ensure physical, financial, and cognitive wellbeing of the elderly (Hsieh, & Liu, 2021). Social networks allow individuals to participate and to belong to groups and community organizations (Choi et al., 2018). This allows the elderly to give and get support from others, enjoy better sleep which lowers depression and ensure their social wellbeing. Social support can be in form of emotional, financial, and moral given by the elderly's dyads, which ensures social wellbeing by reducing stress. Women more than men have been found to have befriending

behaviours and maintaining social networks. This is because men find it hard to talk about themselves (Liddon, et al., 2018). As people age, chronic disease, disability, and cognitive decline set in and this calls a need for caregivers. This may affect families in terms of costs and stress due to changes in family relationships as they fit in the elderly in their schedules. The elderly become vulnerable to abuse, mistreatment neglect and sometimes abandonment (Waite, 2018). This can affect the elderly's social wellbeing.

The environment also contributes to the elderly's social wellbeing (Son et al., 2021). Living in a low-income environment, a house that is disorderly, having non-residential networks or having toxic relationships with family or neighbours can lead to sickness or difficulties in walking and this can affect the elderly's social wellbeing (Rook, 2018). There are studies in different parts of the world that have tried to explain the perception of the psychosocial wellbeing of the elderly.

In the developed world some of the elderly people live in community dwellings. Saadeh et al. (2020) carried out a quantitative study in a community dwelling in urban Kungsholmen district of Stockholm Sweden on social wellbeing of the elderly. The study found that high levels of social wellbeing provided a sense of belonging and esteem which enabled better access to resources and material goods. This impacted on their values, healthy behaviours, and health care. In addition, it impacted on their instrumental and emotional support, which were aspects of their social wellbeing (Waller, 2020). Although the study was done in an urban set up, the demographics may be different from the intended study. To measure the same variables, the everyday life of an elderly person living in Sweden might be different from one who lives in affluent Karen-Langata, Nairobi. Their social life might therefore not reflect the leisure activities studied in this study. The study is also different because it was a longitudinal study of 12 years and a quantitative study. The study is

qualitative, and it intended to find out the perception of the elderly who attended selected churches in affluent Karen, Langata, Nairobi.

Social Coherence

Social coherence on the other hand refers to the social connectedness and solidarity that give the elderly a sense of belonging in relationships and in the society, they live in. It is also seen in the willingness of the members to cooperate for survival (Hourzad et al., 2018). In turn, social cohesion is linked to a lower rate of depression; it therefore influences their social wellbeing (Miao et al., 2019). Experiences of loneliness and social isolation point to a lack of social relationships and companionship, and these are indicators of social ill health. Loneliness can cause stress, chronic inflammation, sleep disorders, depression, heart disease, poor health, and cognitive decline (Kotwal et al., 2021). On the other hand, social isolation, which can be because of living alone and having no networks, can lead to a lack of emotional support (Menec et al., 2020). It may also result in a lack of information and influence, as well as uninformed decision making which can affect one's health and at times lead to drug taking. Those who suffer from loneliness and social isolation feel left out and perceive social threats from their environment (Afshar et al., 2018; National Academies of Sciences, Engineering, and Medicine (2020).

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creates a need for caregivers. This may affect families in terms of costs and stress due to changes in family relationships as they fit the elderly into their schedules. The elderly become vulnerable to abuse, mistreatment, neglect, and sometimes abandonment (Waite, 2018). This can affect the elderly's social wellbeing.

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Aging well is interpreted differently in different parts of the world. Halaweh et al. (2018) conducted a qualitative study in the West Bank of Palestine to explore the perception of ageing well among the elderly living in community dwellings. The results showed that satisfying social relationships in the family and in the community made the elderly feel accepted and involved in family and community life. The study also noted that isolation and loneliness affected their social wellbeing. Rook et al. (2017) also noted that social relationships influenced the health of the elderly. Participation in community activities and having good neighbours made the elderly stay socially active. The study found that independence was connected to autonomy, where the elderly felt they were not a burden to others, hence they wanted to remain active and mobile (Tornero-Quiones et al., 2020). The study was qualitative, the participants were 60–81 years of age, and the setting was in a community dwelling in the West Bank of Palestine. The participants in the intended study will cover 60–75 years in a different setting to fill a gap in literature that will reflect the lived experiences of the participants in the intended study.

Social relationships and companionship are indicators of social wellbeing, while loneliness and social isolation are measures of poor social relationships (Waite, 2018). Social isolation refers to a lack of social contact with other people, having no social networks or living alone. Social isolation has been noted to result in early death, increased risk of developing dementia and frequent hospitalisation in the elderly. Loneliness, on the other hand, is the perception of being isolated (National Academies of Sciences, Engineering, and Medicine (2020)).

A study using mixed methods was conducted in Victoria, Australia by Lindsay-Smith et al., (2018). The study explored how loneliness could be changed by joining a community group. The findings noted that joining clubs helped the elderly develop new connections with people who shared their interests and experiences, and it also helped them maintain social connectivity after

retirement. The social groups gave them new roles and provided them with social activities, and this reduced loneliness. The groups gave them a sense of social support as they negotiated milestones like retirement, when they moved houses, or to new partners, or even when they were sick (Brooke & Jackson, 2020). This therefore shows being a member of a community group may improve the social wellbeing of the elderly.

Another study conducted in West Brabant, Netherlands, by Kemperman et al. (2019), discovered that loneliness in the elderly is related to their satisfaction with their networks and neighbourhoods, perceived safety, and satisfaction with amenities and services. The study also noted the mobility characteristics of whether the elderly used public or personal transport, or whether they walked in their neighbourhood, performed daily activities, or had frequent neighbourhood contacts influenced their perception of loneliness. This therefore shows the feeling of loneliness is personal.

In their study in Nigeria, Ojembe and Kalu (2018) described reasons for loneliness using a descriptive phenomenological approach and qualitative design. The study findings showed that the elderly had a perception of existing loneliness brought about by decreased family and social networks, which left the elderly to live on their own. The development of new family structures, disability due to ageing, and insufficient social programmes contributed to their loneliness. The study proposed coping approaches and strategies that would be tailored to the environment of the elderly to counter this loneliness. While this study adds to the scanty literature on the elderly population, the perception of the elderly in Nigeria might not resonate with other elderly people living in other parts of the world, so the findings may not be generalized. Although the current study shares some similarities with the study, like the use of a phenomenological approach and the study being a qualitative study, the lived experiences of the current respondents may be different

and so the findings might not be generalised to them. Therefore, there was a need to carry out the study.

In Kenya, Henia (2019) carried out a study on psychosocial factors affecting the wellness of the elderly in selected old people's homes in Nairobi County, Kenya. The study focused on loneliness, inactivity, and dependence in the elderly. The findings of the study were that the elderly found security, safety, and companionship among their aged mates in these homes, which brought them happiness. They were not fully dependent as they too cared for themselves. The study also found that self-rating of physical health was significantly correlated to subjective well-being of the elderly. However, their immobility made them inactive and not involved in sports and activities like knitting, drawing, and baking. The study recommended family visits from their families of origin, openness, which would facilitate their choice of participation in community affairs, and which would give them a sense of belonging, raise their self-esteem, and ensure their social wellbeing. Although this study was done in Nairobi County, it was in elderly homes and so the findings would not be generalised among other elderly populations living in other parts of the county as the demographics are different. The study also used qualitative and quantitative methods, indicating mixed methods. Most of the studies on the elderly in Kenya have also been done in the rural areas and in old peoples' homes. Little is known about the elderly living in elite urban areas. A study on the elderly's perception of their social wellbeing was timely.

Elderly Peoples' Perception of Their Subjective Wellbeing

Subjective wellbeing is about people's cognitive and affective evaluations of their lives (Pleeging, et al., 2021). It is composed of three components, namely: - evaluative, hedonic, and eudemonic (Tumanggor, 2021). The evaluative component encompasses a cognitive assessment of one's whole life or life satisfaction in specific areas like relationships and work. The hedonic

component is comprised of the affective every day feelings associated with people's lives; they can be positive or pleasant feelings like joy, elation, affection, contentment, or they can be negative and unpleasant feelings like guilt, shame, or anger, sadness, worry, stress, or even depression. The eudemonic component deals with the meaning and purpose of people's lives, supportive social relationships, and feelings of mastery (Douma et al., 2017; Rishworth et al., 2020; Maddux, 2018). Subjective wellbeing therefore denotes the quality of life which is based on people's appraisal of their lives and relies on what one perceives as important based on their own standards. This objective therefore interrogated how the elderly people determine their life satisfaction, their sense of belonging and how they determine their self-actualization, which were constructs of psychosocial wellbeing in this study.

Life satisfaction indicates how people evaluate their lives holistically, based on their own standards (Bidzan-Bluma et al., 2020). It includes relationships with others, satisfaction with one's health, and with their personal lives, contentment with their spatiality and fulfilment with their work (Kubiszewsk et al., 2018). A sense of belonging is focused on gaining acceptance, attention, and support from group members, while also providing the same attention to other members (Strayhorn, 2018). Social ties that come with a sense of belonging are a protective factor that aids in the management of stress and other behavioural issues (Van Orden et al., 2021). We are more resilient and often cope more effectively with difficult times in our lives when we feel we have support and are not alone. Coping effectively with adversity reduces the physical and mental effects of the situation (Neenan, 2017). A lack of belonging can lead to social behaviours that interfere with a person's ability to connect to others, thereby creating a cycle of events that further weakens a sense of belonging. Depression, anxiety, and suicide are common mental health conditions associated with missing out on belonging (Cohen, & McKay, 2020). Self-actualization

refers to fully realizing one's potential, as well as fully developing one's abilities and appreciation for life; it improves and influences life quality (Tripathi, 2018). Self-actualization in the elderly is felt when they reach their potential by getting satisfied with their lives, despite their limitations (Gholamnejad et al., 2019)

There are studies conducted in many parts of the world on subjective wellbeing in the elderly, as indicated hereafter. In a study conducted in Yunling County, Taiwan by Chung et al., (2021), they examined the relationship between the subjective wellbeing of the elderly and their satisfaction with social welfare and other facilitating factors in their lives that enable social connectedness, economic support, and technological acceptance. The findings of the study were that the elderly's economic support and welfare satisfaction influenced their subjective wellbeing. The study also found that social connectedness and technological acceptance were predictors of subjective wellbeing. However, the study noted that it was conducted among the Taiwanese elderly in rural areas and the research questions were limited by the original questionnaire used in the study. The results, therefore, may not be applicable to an elderly population living in other parts of the world or in an urban setting.

In another study by Appau et al. (2018) on integration at a neighbourhood level and subjective wellbeing in the United Kingdom, the participants were from diverse ethnic groups from rural and urban areas. Integration was measured by how often one interacted with neighbours, their perception of belonging to their neighbourhood or their nation, how long they had lived in the neighbourhood, and how much they trusted the neighbours over time. The results showed that subjective wellbeing is non-linear in respect to age. Married couples and women were found to have a higher level of subjective wellbeing, while those who had continued sickness for some time experienced lower wellbeing. On the other hand, higher income predicted higher social wellbeing

as concurred by Steptoe and Fancourt, (2019). Trust and a sense of belonging grew because of frequent interaction with neighbours and an increase in length of residency in a neighbourhood or country. The study also noted that community-based groups established by communities, but funded by the government, would ensure more social integration where citizens are happy with their lives and bring peace in the community as opposed to social isolation, which is a predictor of poor health and violent behaviour.

While this study found that social integration influences the subjective wellbeing of the communities living in the United Kingdom, the findings would not be generalised to this study population. This is because the study was based on a UK survey on rural and urban settings while this study was purely in an urban setting in Kenya. The community-based groups would have been different from what the respondents in this study perceived to help them achieve higher subjective wellbeing. It was important to find out if there were government-funded community groups in neighbouring Kenya.

In another longitudinal study in Japan on stability in wellbeing among the middle aged and older Japanese by Nikagwa et al. (2021), the study examined life satisfaction, positive and negative affect, which are the age-related changes in subjective wellbeing. The results showed that life satisfaction was higher in middle age and diminished and levelled off in old age. The results also noted that positive affect rises in midlife and dropped in late life, while negative affect was steady in middle age and rose in old age. The study posited that health, demographics and methodological correlates did not describe fully age-related changes in subjective wellbeing like negative affect in late life. The study concluded that life satisfaction was found to be steady in adulthood, which was different in positive and negative affect. The study observed that there was a need for further

research on cultural variations in subjective wellbeing in old age to understand people adapt to age related challenges elsewhere.

Subsequently, (Carandang et al. 2020) in another study, emphasized the important factors related to subjective well-being among community-dwelling senior citizens in the Philippines. The study found that Low subjective well-being may be protected by psychological resilience, positive self-rated health, and perceived social support. Psychological resilience and social support networks in the community should be built to improve their subjective well-being. The study recommended that the government should implement community-based resilience programs and encourage senior citizens to participate actively.

Although the study adds to the literature on the elderly, Japan is quite different from Kenya; the demographics are different, thus the findings cannot be generalized. The study also had a quantitative approach, but this study has taken a qualitative approach where the elderly people have given their own perception of what they consider to be their subjective wellbeing.

In Sub-Saharan Africa, Rishworth et al. (2020) conducted a study on the social and structural drivers of subjective wellbeing and how they vary by gender in the elderly. The location of the study was in Masaka rural and Wakisho urban districts of Uganda. The results posited that there was a remarkable direct and negative effect of age on subjective wellbeing. On the other hand, there were noteworthy differences in terms of gender. Men's subjective wellbeing is remarkably linked to education, providing support, working status, financial status, and improvement. Women's subjective wellbeing was connected to providing community support, having close friends or relatives, and taking part in group activities (Becker et al.,2019). The study noted that there was a need to address gender, social, and political inequalities in the elderly.

The research study noted that while there has been a lot of research on subjective wellbeing in high income western societies, not much has been done in sub-Saharan Africa (Kumari et al., 2021). The findings from studies done in high income western societies may not be generalized to Sub-Saharan Africa as they have favourable environments for higher subjective wellbeing with safety nets such as better healthcare systems and accommodating government policies, while Sub-Saharan Africa is riddled with poverty, social economic uncertainty, political turmoil, and low self-reported subjective wellbeing. More research is therefore needed to understand factors that lead to their wellbeing and what can be done in their context to improve their subjective wellbeing. Other than adding to the scanty literature on the elderly in Africa, this study was purely in an urban setting intended to establish what this group of elderly people perceive as their subjective wellbeing.

In Kajulu, Kisumu County, Kenya, Ingaiza, (2019) conducted a quantitative study on the correlation between self-perception towards ageing and subjective well-being in the elderly. The results of the study posited that self-perception towards ageing and subjective wellbeing was relatively weak. It was also found that employment status and poor self-perceived health in the elderly remarkably determined their subjective wellbeing. Marriage, having a source of income and secondary education greatly determined the subjective wellbeing of the elderly, as also noted by Ndayambaje et al. (2020). Lack of negative affect, positive affect and satisfaction with life were the greatest predictors of subjective wellbeing of the elderly (Zacher & Rudolf, 2021). The study noted that to make psychological interventions, one would have to understand the dynamics and interpersonal processes of self-perception towards ageing. They would also have strategies and policy programs to strengthen the subjective wellbeing of the elderly. The study noted that the

study on subjective wellbeing has been done in the west but not much self-reporting in the elderly has been done in Kenya.

Although this study was done in Kenya, it is worth noting that the cognitive, emotional, physical, environmental, and psychological changes the elderly go through are contextual. The changes shape their attitudes, beliefs, and feelings, which guide their perception of their subjective wellbeing. For this reason, the findings in one study cannot be generalised to another part of the country unless there are great similarities in the two settings. This therefore meant that there was a gap, which needed to be filled as the findings of the studies done in other parts of the world or the one done in Kajulu ward, Kisumu, are not applicable to the elderly population in Karen-Langata sub-County in Nairobi.

Elderly Peoples' Perception of Their Psychosocial Wellbeing

Marriage and family relationships play a significant role in the life of the elderly (Ghimire, 2018; Carr, (2020) posited that late family relationships include biological, legal, romantic and blood relatives of elderly people who are 65 years and above, although it is worth noting that old age starts from 60 years and above (WHO, 2019). The growing number of the elderly population has tested the capabilities of elderly care and resulted to inadequate public pensions, which influences the elderly wellbeing (Mao et al., 2020). Changes from the generational old age like divorce and remarriage, non-marital relationships like cohabitation and singleness by choice, have been experienced. Formation of stepfamilies and blended families have inheritance and caregiving challenges; this influences the psychosocial wellbeing of the elderly (Umberson & Thomeer, 2020). Traditional caregiving of the elderly has been a challenge due to adoption of new traditions since the world has become a global village and people have moved from their rural homes to urban areas in search of employment. The elderly people become elder orphans, who end up

growing old in towns with no relatives near to take care of them. Evolving technologies then have been seen to have the potential to meet the elderly caregiving and interpersonal needs (Fingerman et al., 2020). Family relationships become even more important to their well-being as people age, their needs for caregiving increase, and social ties in other domains such as work becomes less important in their lives. Family relationships provide resources that can assist an individual in coping with stress, engaging in healthier behaviours, and increasing self-esteem, all of which lead to increased well-being. Poor relationship quality, intense caregiving for family members, and marital dissolution, on the other hand, are all stressors that can have a negative impact on an individual's well-being (Thomas, et al., 2017). This then elicited the need to carry out studies on how family intervention can impact the psychosocial wellbeing of the elderly.

Liu et al. (2017) carried out a study in the United States on family relationships and depressive symptoms among elderly Chinese immigrants. The results posited that aiding relationships with children was important to both elderly men and women, as noted by Thomas et al. (2017). The results also showed that intergenerational support helped the elderly cope with practical barriers and emotional stress because of migration and this improved their wellbeing (Peng et al., 2019). The results also revealed that conflicts in family relationships resulted in stress, loneliness, sadness, and depression, and therefore poor wellbeing for the elderly (Srivastava & Muhammad, 2020). Spousal conflicts and criticism of coping mechanisms in a new environment activated stress (Bulanda et al., 2021). The study suggested a qualitative study to understand how marital relationships contributed to the wellbeing of the elderly, showing there was a gap in literature to be filled.

While this study contributed to the literature on the elderly, it is worth noting that the study was restricted to four indicators of aiding, confiding, demanding, and criticizing, which may not

fully capture variations in elderly family relationships. The Chinese also have an ingrained filial piety where children are expected to give unconditional social support to the elderly (Tan et al., 2020). These findings, therefore, may not be representative of other elderly people living in the United States or in an urban setting of the current study with multicultural inhabitants.

Another study was carried out by Prakash and Srivastava (2020) in Varanasi district in Uttar Pradesh, India on perceived social support and life satisfaction among the elderly who lived with grown-up children and family members and those who lived alone. The results of the study found that there was a remarkable difference in all spheres of multidimensional perceived social support from family, friends, and significant others in both groups. There was also a positive association between levels of satisfaction and perceived social support among the elderly (Gan et al., 2020). The study noted that those who lived with their grown-up children or family members had higher social support and life satisfaction than those who lived alone. Therefore, the support of grown-up children or family is important for the elderly's wellbeing. It is worth noting that the study was cross-sectional and comparative, which is different from the intended study. The results of the study may not be generalised to the study in an urban area in Kenya as it would not be a cross-sectional comparative study, but the objective would be on family relationships and one group of elderly Kenyans living in Kenya.

In a longitudinal study in Europe, Tosi and Grundy (2021) carried out a study to examine the influence of adult children returning to the parents' home. The study used longitudinal data in Europe from 2007-2015 from four waves of surveys of health ageing and retirement. The population sample were parents aged 50–75 who had multigenerational residency with at least one child. The results indicated that co-residency where the children returned home due to reasons like loss of employment and when the other children had moved away from home affected the parents'

quality of life and life satisfaction (Tosi, 2020). This was since adult children were supposed to have graduated to adulthood and independence. Returning home resulted in a lack of autonomy and unwarranted dependency by the grown-up children. This was a disruption to their empty nest life and their marital relationship and affected their wellbeing negatively. On the other hand, returning home by the adult children could also be a source of support and company for the ageing parents and is associated with their positive wellbeing (Collischon et al., 2021). It is worth noting that co-residency with elderly parents is seen as a duty in the African setting, although the trend is changing (Kimamo & Kariuki, 2018). It would be worth finding out if there is co-residency with their grown-up children and if they perceive it as a factor that influences their psychosocial wellbeing.

In their research on families' intergenerational bonds and ageing in Sub-Saharan Africa, Aboderin and Hoffman, (2015) noted that the elderly provided care and family support for orphans and vulnerable children, especially in the HIV/AIDS context in Sub-Saharan Africa. Urbanization and development are posited to have compromised the traditional intergenerational care for the elderly by their grown-up children (Peng et al., 2019). There was a gap in literature in the region on the quality of older adults' family relationships, intergenerational relationships, and the meaning given to the negotiation of family relationships as people age. Although studies on the elderly have been done in other parts of the world, especially in developed countries, their findings may not be applicable to Sub-Saharan Africa because they will not reflect African cultural realities. On the other hand, the study might not have identified the cultural context refinements, elaborations, and adaptations needed; therefore, their recommendations might not reflect individual perspectives of the elderly in Africa (Aboderin & Hoffman, 2015). The study hoped to capture the elderly's

perception of their psychosocial wellbeing and how it influenced their family relationships and therefore fill this gap in literature.

In their article, Kimamo and Kariuki, (2018) in Kenya on taking care of the elderly noted that there was a changing trend in family relationships with the elderly. Traditionally, the elderly people were highly respected, and they were the glue that bound the families. Taking care of them was a noble duty, but the changing family values due to the high cost of living and migration to cities and abroad in search of employment had led to the elderly's neglect and abandonment, especially in the rural areas (Abdulai, 2021). This was also posited by Thomas et al., (2017) that adult children frequently face competing pressures from work, raising their own children, and caring for aging parents. This had also resulted in loneliness and sometimes those who were lucky ending up in old people's homes (Henia, 2019). The article noted that the elderly homes were few and could hardly contain the growing number of elderlies. It is worth noting that this was an article and there was a need to verify the writers' assumptions.

Elderly's Policies That Ameliorate Their Psychosocial Wellbeing

Psychosocial wellbeing is the influence of social and psychological factors on an individual's mind or the policies that ameliorate the psychosocial wellbeing of the elderly. Psychological aspects of people's lives are related to their social, mental, and emotional health (Berx et al., 2021). Psychological well-being, therefore, involves having a purpose in life, aspiring for personal development, having self-acceptance, autonomy, and environmental mastery (Medveder & Landhuis, 2018). Social wellbeing involves the evaluation of people's circumstances and functioning in society. It includes social integration, social coherence, social contribution, and social actualization (Nishaat et al., 2021).

The well-being of the elderly is therefore the state of their being healthy, free from disease, comfortable and happy. It is a combination of physical, emotional, and social health factors in a person that are all geared to life satisfaction. The wellbeing of the elderly then reflects the quality of life, which includes the emotional, social, and physical aspects of their lives (Eiroa-Orosa, 2020). It is the ability to perform activities of daily living or have active social engagements (Animasahun & Chapman, 2017). Government policies reflect the societal values of a country (Fingerman et al., 2020). Due to the exponential growth of the elderly population in the world, there is a need to put in place policies to ameliorate the psychosocial wellbeing of the elderly.

According to Voit and Vickers, (2012), America involves the elderly people, their families, the caregivers, and government agencies to enhance the psychosocial wellbeing of the elderly. The National Institute of Aging (NIA) leads the federal government in conducting and supporting research on aging, health, and the wellbeing of the elderly. The 1965 Older American Act was passed to understand the ageing process, old age diseases, and conditions that involve aging. Grant programmes were established to assist states with community planning, social services, research and development projects, and personnel training to mitigate the wellbeing of the elderly.

Social and nutrition services are organised and delivered by the Administration on Aging to the elderly and their caregivers. There are home-delivered meal programmes for the elderly and disabled in Texas (Biegal et al., 2021). In Georgia, there are services that ensure the elderly have access to information while an Alzheimer's disease task force serves the people living with dementia and their families (Olivari et al., 2018). The alert bill (2008) was passed to report the elderly who cannot take care of themselves so that law enforcement can initiate an investigation. In addition, the Elder Death Review Bill of 2003 identifies suspicious deaths to rule out elder maltreatment, while in Hampshire, adult protection services help caseworkers detect elder neglect,

elder abuse, or incapacitated elderly by visiting their homes to ensure they are elderly-friendly (Hillman, 2020).

The American government also ensures the elderly are well versed in investment and taxes during retirement (Davis & Lastra, 2018). Long-term care patient access to pharmaceuticals ensures acquisition of drugs at a lower cost directly from the veteran's administration drug benefit program. On one hand, the elderly people enjoy insurance policies while, on the other hand, there are home care programmes like companions and licenced transport services at a fee. For the elderly in need of long-term care, there are nursing homes under the Medicare program. (Kline, 2020). To ensure the elderly are socially and economically independent and connected, Indianapolis has a senior transport programme (Wang et al., 2021). Illinois has volunteer drivers who drive the elderly, and there are also shared ride programmes at specific hours where the elderly pay 15% of the fare (Kirby & McGillivray, 2021). It is worth noting that America is a developed world, and the policies are based on its resources. Therefore, a study needs to be carried out to ascertain the resources on the ground to mitigate the psychosocial wellbeing of those who live in Karen-Langata.

According to the Swedish Institute (2021), out of a population of ten million, 20% of them are 65 years of age or older, with the number expected to rise to 23% by 2040. They have one of the highest life expectancies in the world, with 80.6 years for men and 84.29 for women. To mitigate the wellbeing of the elderly, the Social Services Act, which is funded by taxes and government grants, takes care of the elderly (Szebehely, 2018). The health of the elderly is deteriorating, and the municipalities oversee funding and placement of the elderly in their homes or in special housing. The homes of the elderly are built or renovated to be accessible for those who are 55 years of age and older and those with disabilities (Winblad et al., 2017). In addition,

the municipalities invest in preventive care by providing fixers to help the elderly fix their curtains and change the bulbs, which prevents the elderly from falling. On the other hand, physical activities, medication, and monitoring by doctors keep them fit and healthy. The elderly in old people's homes are encouraged to at least take part in music, films, reading, or painting. (Szebehely, 2018).

Ready-cooked food is offered and delivered to their homes, and communal meals are offered on special days for the elderly who are not able to cook their own meals, or the elderly cook in organised small groups. In addition, those who can no longer cope with the demands of everyday life are assisted by the municipality, while those who are extremely ill receive social and care round-the-clock services at home (Doheny et al., 2021). The Swedish Red Cross volunteers make home-visits to the elderly and, at times, accompany the elderly to doctor's appointments (Oppenheimer, 2020). Transport in taxis and special-adapted vehicles is provided at a fee for the elderly and the disabled. The elderly can also choose to retire at 62, although the legal retirement age is 64 years. Those who have been working receive their national public pension based on their income from the taxes paid when they were working. This consists of income pension, premium pension, and guarantee pension, which are administered by the Swedish Pension Agency. The pensions can be supplemented with private pension savings. (Axsen & Sovacool, 2019). It is also worth noting that the government, through the municipalities, is fully involved in planning and funding the elderly psychosocial interventions in Sweden. This study is needed to identify how elderly psychosocial mitigation should be to ensure the wellbeing of the elderly based on their contextual realities.

Japan mitigates the wellbeing of the elderly, even though of the country's population of 36 million, 30% are the elderly (Hamid et al.,2017). Caring for the elderly is not just a family

responsibility but a community responsibility, a fact concurred with. Furthermore, Japan's social care system provides care for the elderly through care managers who visit and monitor the elderly (Satake, 2016). They arrange transport for the elderly if they need to visit doctors, provide them with meals, bathe them, and send nurses to check on them. They also ensure that those who are over 65 live in elderly-friendly environments. Furthermore, with the help of the local councils, they have employees employed to look after them (Inagaki et al., 2020).

There is a provision of senior centres where the elderly can socialise and bathe, which keeps them connected. On the other hand, there are nursing homes for short and long-term stays for those who are unable to live on their own or when their family can no longer look after them. To keep fit and prevent illness, the elderly exercise in parks or are stimulated with activities (Omiya et al., 2021). According to Akiyama (2018), Japan has had a long-term care insurance (LTCI) since 2000, which covers the elderly who are 65 years and above. The comprehensive social care system therefore reduces family care. It is financed from mandatory premiums from all citizens above 40 years of age, from general revenues, and payment by users. The system focuses on prevention, building community support, promoting social ties, and establishing networks to secure the autonomy of the elderly. Universal health care, on the other hand, takes care of the elderly's health concerns (Iskandar, 2020). The intended study can borrow a leaf on elderly policies from Japan, depending on the available resources to mitigate the psychosocial wellbeing of the elderly. On the other hand, it is worth noting that the government can enact policies in education where children can be taught how to value and treat the elderly population. The government can also be involved in budgeting for the elderly population and ensuring that they are comfortable where they live and that they are receiving medical care.

In their studies in Sub-Saharan Africa, Saka et al. (2018) posited that there is scanty information on policies for the elderly. Although primary health care is encouraged, mental health for the elderly has been overlooked. Governments have not invested in research and training of the elderly; therefore, there has not been much progress in policy formulation and enactment on the elderly in Sub-Saharan Africa. It was also noted that only countries like Botswana, Mauritius, Namibia, and South Africa have formal pensions which pay a minimal fraction of the elderly population. This was also noted by Lloyd-Sherlock and Amaokoh-Coleman, (2020), who added that there was no great evidence of pensions and social insurance for the elderly. In addition, there was limited literature on the elderly, and the health interventions and policies for the elderly had been overlooked, which reflected bias against the growing elderly population.

Modernization and development in form of formal education and migration in search of employment in Sub Saharan Africa weakened the intergenerational exchange and reciprocity. This compromised traditional social values and networks that were used to take care of the elderly. Families were obligated to take care of the elderly. Therefore, in most African countries, there are no policies or registrations in place to take care of the elderly (Zalalem, 2021).

Because traditional family support and social networks are lacking, research studies are required to inform governments on how to implement policies that can alleviate the demographic, health, and social economic changes affecting the psychosocial well-being of the elderly in Sub-Saharan Africa (Gyasi, 2021). This study was very appropriate not only in Kenya but in Sub-Saharan Africa.

In her article, Maina (2017) noted that Kenya had no old people's policy although there was a draft written in 2009. There were no long-term care public insurance policies for the elderly, and the private insurance policies were inaccessible to most of the elderly population. In addition,

there were no special arrangements in hospitals or geriatric specialists to counter the health concerns of the elderly. The elderly care was left to the family members, and only a few could be placed in residential homes run by religious organizations. In short, the long-term needs of the elderly are not met.

In their study, Kimamo and Kariuki (2018) noted that the Older Person's Cash Transfer (OPCT) was started and funded by the government in 2007. The intention was to cater to the elderly who were over 65 years of age in poor households in Busia, Thika, and Nyando who received 2,000 shillings (200 USD) a month. By 2018, all the elderly people who did not receive a pension and were 70 years of age or older received the same stipend. Likewise, a study on policies on older people was appropriate to find out how the growing number of the elderly can be helped to negotiate their psychosocial wellbeing. It is worth noting that official retirement in Kenya is 60 years old, and only those who are 70 years or older receive the stipend. The study population consists of young-old people in the category of 60–75 years old. The study's goal is to learn about the participants' perspectives on policies that can improve their psychosocial well-being.

Theoretical Framework

This study was anchored on Bowen's Family Systems Theory (BFST) and Eric Erickson's Psychosocial Theory of Development. These theories informed the five objectives of the study namely: to explore the elderly peoples' perception on their psychological wellbeing, to examine the elderly peoples' perception of their social wellbeing, to investigate the perception of the elderly with reference to their subjective wellbeing, to assess the elderly peoples' perception regarding their psychosocial wellbeing and to propose alternative policies to ameliorate the psychosocial wellbeing of this elderly population. In addition, the two theories informed the study variables and the questionnaires used in the study.

Bowen's Family Systems Theory distinctly conveys relationships within a family structure and their impact on family members' behaviours within the family system (Cepukiene, 2020). The Psychosocial Theory of Development posits that people negotiate through the stages of development according to the adjustment of the social crises in each stage of development. Social crises dictate how they react to their environment.

Bowen's Family Systems Theory

Bowen's Family Systems Theory (BFST) was propounded by Murray Bowen (Abalogu, 2022). Bowen's Theory is a theory of human behaviour focusing on relationships and the way they shape people's behaviour, family functioning, social systems, and work. It deems the family as an emotional unit and postulates that families fall into the same model of emotional systems and are intensely and emotionally connected. Each family member has specific roles to play and certain rules to follow, but they are interconnected (Thompson et al., 2019). The behaviours of family members impact the other members (Aubel et al., 2021). Their roles and patterns of behaviour are developed within the emotional system. Behaviour patterns can lead to a balance or a dysfunction within the family system. Therefore, the family unit is important since it profoundly impacts the family members' actions and emotions (Bennet, 2020). The family members cooperate through resources. Stress can be passed from one member to another, making the interdependence emotionally toxic. One family member may absorb the whole family's emotions. According to the theory, families can work together to lower anxieties (Cepukiene, 2020).

Bowen's Family Systems Theory uses eight interlocking concepts to understand individuals as part of the family system (Shultz, 2021; Frost, 2019). These are triangles, differentiation of self, nuclear family emotional process, family projection process, multigenerational transmission

process, emotional cut off, sibling position, and societal emotional process. Bowen's four interlocking concepts of triangles, differentiation of self, family projection process, and emotional cut-off prompted the study in line with the study objectives to understand the elderly's perception of their psychosocial wellbeing in selected churches in affluent Karen-Langata Nairobi, Kenya.

Triangles

Triangles involve a three-person relationship, which is a building block and the smallest stable form of the family emotional system (Burnet, 2018). Tension between two people within the triangle regarded as insiders results in seeking out closeness with an outsider to diffuse the tension or ganging up against the other member in the case of chronic anxiety. The insiders might exclude the third party when tensions are low between them, making them feel distant and striving to get close to one of the insiders. This can cause familial problems. The third parties are usually the children who are either the first born or the last ones (Willis et al., 2021). In the study, economic factors impact the elderly people when they move in with their grown-up children because they no longer have an income, have health issues when they are ill or disabled. The elderly people therefore lose their purpose in life, they have no self-acceptance, and they are not open to personal development which negatively impacts their psychological wellbeing. Living with their grown-up children can bring tension in the dyad which results to unhealthy family relations when one partner takes a lot of time with the parent who is living with them. Consequently, the elderly people have no autonomy which makes them feel unwanted and this may affect their psychosocial wellbeing (Willis et al., 2021).

Differentiation of Self

Differentiation of self is the ability to achieve a balance between emotional and intellectual functioning without fusion (Bridge, 2019). Those who are differentiated have emotional maturity,

maintain independent thinking, and are capable of distinguishing thoughts and feelings even under stress. Self-regulation therefore enables emotional regulation, helps maintain a sense of self, and addresses autonomy and independent thinking (Bridge, 2019). The theory posits that people differ in the degree to which they develop their sense of self. This is largely influenced by familial relationships in childhood and adolescence. In each family, there are family members who have poor or strong differentiation of self. Levels of differentiation influence family emotional interdependence. Those with intense emotional interdependence will have weaker differentiation and poor adaptation to stressful situations affecting members of the whole family (Chavkin, 2020).

Lack of differentiation of self could be seen when the elderly people were forced to retire by their husbands or when they relied on the significant others because of dwindling finances after retirement or when they could no longer drive themselves around because of suffering from arthritis. This made them lose their autonomy to make decisions and resulted to lack of life satisfaction. This inevitably led to lack of differentiation as they conformed to the decisions of the significant others which impacted on their psychological, their subjective and psychosocial wellbeing. Their inability to carry out their daily duties compromised their autonomy. This therefore resulted to their self-acceptance, social integration and social coherence which also led to lack of social wellbeing.

The Nuclear Family Emotional Process.

The nuclear family emotional process is composed of four relationship patterns that deal with family problems (Keller, 2019). Marital conflict, dysfunction of one spouse, impairment of one or more children, and emotional distance. Marital conflict is when spouses displace their anxieties onto each other. Dysfunction of one spouse is when a partner presses the other to think in a certain way or exerts control over them, leading to high levels of anxiety. The impairment of

one or more children makes the parents focus on them, leading to a lack of differentiation and making them internalise family tensions (Delvin, 2021). In the study the elderly peoples' psychosocial wellbeing was impacted on when they lived with the significant others. They were made to conform to decisions that were not their own. This was especially when their children or significant others though they were incapable of making decisions. This was felt by the elderly people when their spouses died, and the children wanted them to hand them power of attorney in succession cases.

The Family Projection Process:

Family projection process is felt when parents transmit their emotional problems onto their children (Dumont, 2021). When parents project their marital anxieties onto their children, parents can focus extra attention on a child out of fear of something happening to the child, thereby confirming their behaviour without facts. Children who find themselves caught up in this parental anxiety are at risk of developing symptoms of anxiety (Delvin, 2021). It is applicable in this study when the children of the elderly people micromanage their movements especially when they can no longer drive their own cars by refusing to take them where they need to go in the name of protecting them from harm. This compromises their autonomy and affects their psychosocial wellbeing.

Emotional Cut-off.

Emotional cut-off is the separation or isolation from the family of origin to escape conflicts (Lampis et al., 2019). When members of the family distance themselves from the rest with the intention of managing unresolved issues. This leads to emotional independence, which can lead to emotional attachment issues and tension in the family. Struggling with emotional anxieties is usually a sign of unresolved attachment (Galloway, 2020). Unresolved family cut-offs in the

family lead to marital conflicts, withdrawal, un differentiation, and dysfunction in the family. This impacted on the elderly peoples' psychological wellbeing. It was especially experienced in the study by the elderly people when they encountered inheritance wrangles, and they kept off from their children for long periods of time. The same was experienced when the children did not want to take care of their ailing parents and therefore refused to visit them.

Psychosocial Theory of Development

The Psychosocial Theory of Development was developed in 1950 by Eric Erikson, who lived from 1902-1944 as cited in Henia, (2019). The theory proposes that human beings are unique with varied personality traits which can be positive or negative, inborn, or acquired and developed over a lifespan. It also posits that social relationships are crucial at each stage of personality development. Erickson believed that people make conscious choices in life regarding their social and cultural needs. They are also motivated to resolve psychosocial problems by the needs of society. This helps them to contribute to society and to lead meaningful lives (Maree, 2021).

Erickson's theory is based on epigenetic principles whereby human beings develop by unfolding their personalities in predestined eight stages of development from infancy to late adulthood (Colangeli, 2020). These stages are influenced by the social-cultural environment (Bailey et al., 2021). Each stage has a conflict or developmental task to accomplish. Therefore, the progress to the next developmental stage is determined by the success or failure of the previous stage of development. Failure to properly negotiate the developmental stages may lead to problems later in life (Center, N.O.B.P. 2021).

The Stages of Psychosocial Development

The eight stages have two opposing emotional or contrasting forces (Knight, 2017). These include Trust vs. Mistrust, Autonomy vs. Shame, Initiative vs. Guilt, Industry vs. Inferiority,

Identity vs. Role Confusion, Intimacy vs. Isolation, Generativity vs. Stagnation, and Integrity vs. Despair. These stages correlate with infancy, school age, young adulthood, and late adulthood. This study is on the category of young-old who are 60–75 years old. Young-old starts from 60-75 this means that the elderly in this age fall partly between the seventh psychosocial stage of development and the eighth stage of development. This therefore means the elderly who are between 60-65 years are in the stage of Generativity vs. Stagnation which is middle adulthood (Roy, & Panda, 2022). According to Eric Erickson the basic task in middle adulthood at age 45years to 65 years is development of Generativity, when one feels a sense of care and responsibility. There is an urge to mentor the young generation, expand one's influence and commitment to the family, to the society and to the future generations. A person who does not experience generativity experiences stagnation characterized by restlessness, bitterness. isolation from family, friends and society. Those who experience stagnation experience self-absorption, self-indulgence, and invalidism (Gilleard, 2020).

According to the theory, the elderly who are 65 years and above fall in the last stage of development, which is Ego Integrity vs. Despair (Maree, 2021). On the other hand, Orenstein & Lewis, (2020) noted that the theory provides a broad framework in relation to human development across a lifespan. In addition, it highlights the social nature of human beings and its significance in social relationships and development. However, the theory focuses on social expectations, which cannot be replicated in all cultures since different cultures mark adulthood differently. Therefore, adult roles cannot be generalized.

Ego Integrity vs. Despair

According to Orenstein & Lewis (2020), adults at this stage of psychosocial development strive for integrity and not despair. At this stage of life, one should have come to terms with their

successes and failures in life. This means one has reaped the benefits from the first stages of life. Having resolved the crisis in the previous stages of life gives them peace and a sense of actualization (Orenstein, & Lewis, 2021). It also gives them a sense of environmental mastery, especially when they can go about their daily chores independently. Reflection on their lives either gives them satisfaction or a sense of failure (Henia, 2021).

This theory helped the study assess the elderly to know those that have a sense of fulfilment and actualization and those who have regret and despair when they reflect on their lives (Lane & Munday, 2020). The psychosocial stage of life helped the elderly population in the study point out what brought them a sense of actualization or despair. The theory brought out that the elderly people who had fitted in the cultural script had a sense of Ego Integrity. On the other hand, factors like patriarchal patronage or male supremacy where the wives were forced to stop working or where their husbands owned everything they had brought regrets and despair. This had led to bitterness, lack of self-actualization and had negatively impacted their psychosocial wellbeing. The psychosocial theory of development helped in determining the interventions and policies that are needed to change that which brings despair to the elderly population and that which compromises their environmental mastery in their psychosocial well-being. The two theories were used together to establish the elderly's perception of their psychosocial wellbeing in line with the objectives of the study in selected churches in affluent Karen-Langata, Nairobi, Kenya.

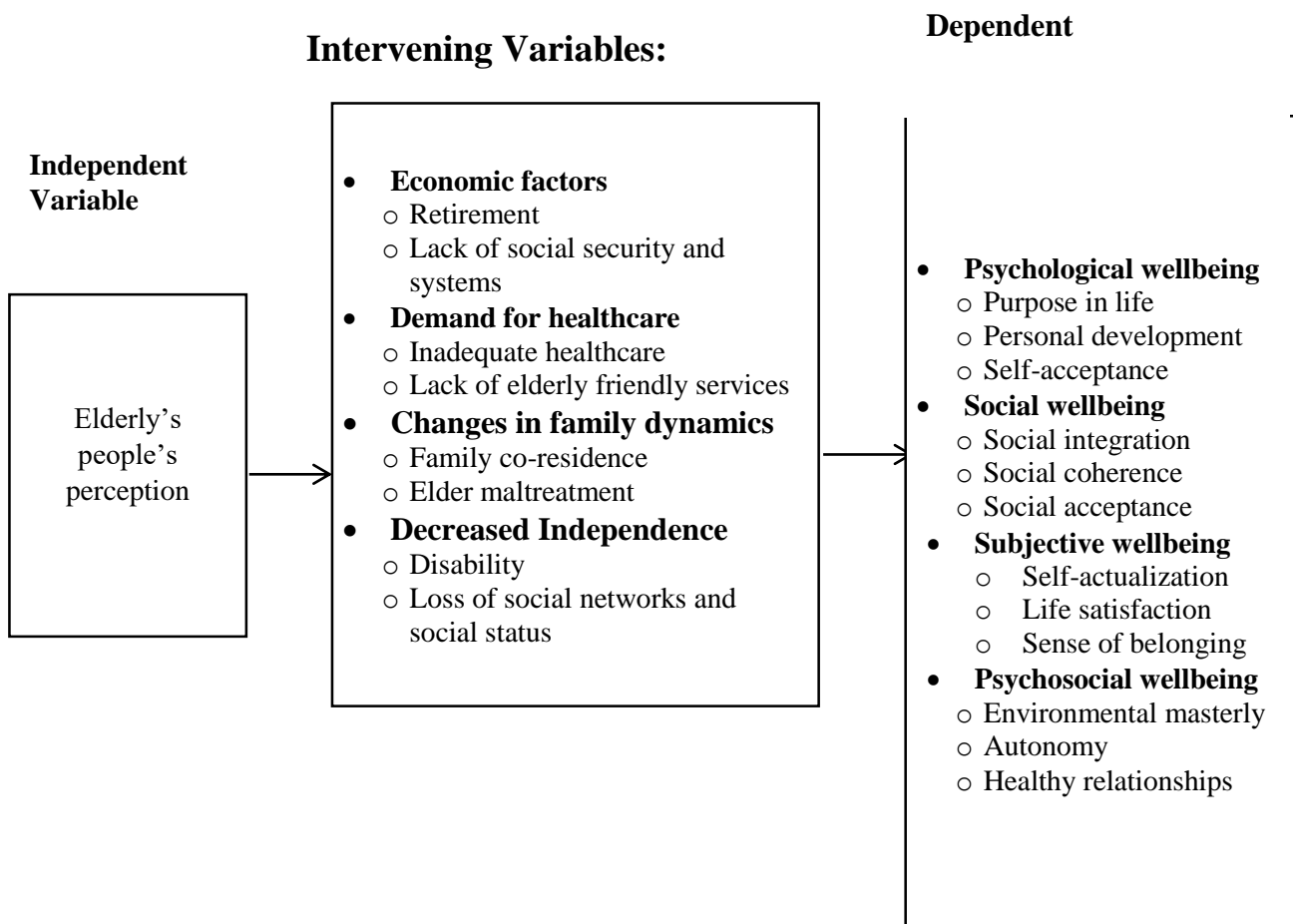
Conceptual Framework

The conceptual framework in this study demonstrated the feasible influence of the perception of the elderly people on their psychosocial wellbeing. Old age comes with challenges of economic stress due to retirement and at times lack of social systems and policies (Tanyi et al., 2018). Declining health due to old age necessitates more demand for health care, which becomes

a problem when there is inadequate health care, lack of elderly-friendly health services or scarcity of funds for proper health facilities (Veras & Oliveira, 2018). Old age will mean that the elderly will have decreased independence, loss of social networks and status when they stop working or when they can no longer move around because of illness or disability. Loss of income, illness, or disability could lead to reliance on family members or significant others (Kemperman et al., 2019).

The study demonstrated the influence of the elderly peoples' perception of their psychosocial wellbeing. The elderly peoples' perception is the independent variable. Intervening variables included economic stress, demand for healthcare, changes in family dynamics, and decreased independence. Dependent variables included psychological factors such as purpose in life, personal development, and self-acceptance. Social factors were social integration, social coherence, and social acceptance. Subjective wellbeing factors included self-actualization, life satisfaction, and a sense of belonging. Psychosocial factors are: - environmental mastery, autonomy, and healthy relationships.

Figure 1: Conceptual Framework



Research Gap

The exponential global growth of the elderly population remains a worrying trend. The elderly population has a lot of challenges, like economic stress, declining health, changes in family dynamics, and loss of independence (Partridge et al., 2018). All these challenges influence the psychosocial wellbeing of the elderly. Many studies have been done as the world faces the challenges of the growing numbers of the elderly. It is worth noting that the findings of these studies reflect the contextual needs of each country, and countries are at different stages of development (Benarjee et al., 2020). Most studies have been conducted in developed countries in the west, and their findings cannot be generalised to all elderly people worldwide (Chung et al., 2021).

Most of the studies in Kenya have concentrated on the elderly in the rural areas and in the disadvantaged areas of urban settings (Henia, 2019; Kago et al., 2016). This study captured the feelings of the elderly living in affluent Karen, Langata. In addition, most of the research studies have been quantitative, so there is a gap to be filled by conducting a qualitative study that captured the lived experiences of this elderly population. This study hoped to inform policymakers about their needs and the strategies needed to ensure their psychosocial wellbeing.

Chapter Summary

Chapter two has focused on the introduction and literature review of topics related to the study while exploring the gap which needs to be filled by the study. It also highlighted the theoretical framework and conceptual framework that has guided the study. The assessment of factors in old age which influence psychosocial factors were based on Bowen's Family Systems Theory's eight concepts and the eighth stage of Eric Erikson's Psychosocial Theory of Development. Finally, it had stipulated the research gap which was explored in the study.

Chapter Three: Research Methodology

This chapter presents the research methodology which includes: the philosophical worldview, the research design, the study population sample and sampling method, types of data and data collection methods, instruments, pilot study, reliability and validity, data analysis plan and ethical considerations.

The Philosophical Worldview of the Study

A philosophical worldview is a basic set of beliefs about the world shaped by discipline orientations, research communities, and the researcher's advisors, mentors, and past research experiences (Creswell, 2017). The philosophical worldview determines whether the research approach will be qualitative, quantitative, or mixed methods (Ramlo, 2020). There are four types of philosophical worldviews in research: post-positivism, constructivism, transformative, and pragmatism (Hakkanainen et al., 2020). Creswell (2017) states that the positivist world view is a deterministic philosophy. It identifies and assesses the causes that influence the outcomes, as in experiments. A transformative worldview focuses on the marginalised people in society; issues of power; social justice; discrimination; and oppression. It intertwines research inquiry with politics and has an action agenda to change the participants' lives by speaking to the issues of the day (Barnes, 2019). The pragmatic worldview applies to the mixed methods approach, which deals with both qualitative and quantitative research (Ryu, 2020). The researchers use methods, techniques, and procedures that will meet their needs and answer their objectives in their study. Researchers use various approaches to collect data, unlike in qualitative or quantitative approaches (DeJonckheere & Vaughn, 2019). Qualitative and quantitative data are used to help understand the research problem in a pragmatist world view (Kaushik & Walsh, 2019).

Constructivists or social Constructivists' worldview is seen as an approach towards qualitative research (Boyland, 2019). It seeks to understand the world participants' work and lives. They form the subjective meanings of the participant's experiences, which are directed at certain objects or things. The researcher looks for a complexity of views that are varied without narrowing them to specific classes. The researcher heavily relies on the participants' views about the study. The questions posed are broad and open-ended, allowing participants to construct their own meaning. Meaning is formed through interaction with others, and the focus is on specific contexts where people live and work. This helps to understand the historical and cultural settings of the participants. The world view does not begin with theories, but rather with inquiries that generate or inductively develop theories or meaning patterns (Bogna et al., 2020).

This study is affiliated to the social constructivism philosophical world view that relies on the participants' views of their lived experiences according to the objectives of the study (Tamminen & Poucher, 2020). The elderly's perception of their psychosocial wellbeing was dependent on a variable related to the lived substantive experiences of a person that could only be understood from their own interpretation. Using open-ended questions, the participants had room to share how constructs in old age like economic stress, demand for healthcare, decreased independence, and changes in family dynamics influenced their psychosocial wellbeing. The researcher focused on the context of the participants to understand their historical and cultural setting in relation to the subject of study. The interpretation according to the social constructivism worldview was shaped by the researcher's own experience and background, while the meaning of the study was from data collected after the interaction with the participants.

Research Design

Taguchi (2018) defines research designs as types of inquiries within qualitative, quantitative, and mixed methods approaches that provide definite guidance to a researcher on methods in the research study. The study adopted a qualitative design. Qualitative research tries to broaden and deepen our understanding of how things came to be the way they are in our social world, peoples' experiences, their views, and areas that are not properly understood or will help the researcher to understand the perspectives of the participants (Aspers & Corte, 2019). Qualitative research helped explore the meaning the elderly people gave to old age and how it influenced their psychological and social wellbeing and psychosocial wellbeing. Through open-ended questions, respondents shared in their own words their stories without restrictions, which helped the researcher to understand the perspectives of every participant. The researcher chose qualitative research design because it is flexible and rich in describing, capturing meaningful experiences, describing emotions and perceptions of individuals and groups (Hodge, 2019). This helped to address the study objectives.

According to Criswell (2017), qualitative research has five approaches: grounded theory, ethnography, case-study, phenomenological, and narrative research. The phenomenological research approach is based on strong philosophical foundations that use interviews (Thomas, 2021). The researcher focuses on the commonality of the participants' lived experiences with the phenomenon (Frechette et al., 2020). It has strong philosophical foundations that use interviews (Thomas, 2021). The study used the phenomenological design to explore the perception of old age and how old age constructs influenced the psychosocial wellbeing of the participants. The research design helped the researcher know from the in-depth interviews and focus groups the policies that can mitigate the deterrent factors to their psychosocial wellbeing.

Area of Study

The study was carried out in mainstream churches in affluent Karen and Langata in Nairobi, Kenya. The churches were: St. Francis Karen, Regina Caeli Catholic Church Karen, Africa Inland Church Langata, Presbyterian Church of East Africa Karen, St. Luke's Methodist Church Karen, and Karen Community Church. This is an urban setting with congregants belonging to different communities, making it a cosmopolitan setting. Karen has a rich diversity of people from different social, economic, and cultural backgrounds. The congregants in these churches are either residents of Karen-Langata or from the neighbouring areas. This heterogeneous population provided a diverse range of experiences that gave the researcher insight into what the target population perceived to be the psychosocial influence as they age.

Target Population

A target population is defined as a group or set of elements that a researcher would want to know more about (Glen, 2019). Although the study could have targeted all the old people, the study's target population was specifically in the category of young-old group who are 60-75 years old and who attend selected mainstream affluent churches in the Karen-Langata area. The key facilitators of the research were the clergy and church administrators.

Sample(s) Selected.

A sample size is the number of participants that represent a population in a study. According to Shetty (2021), in determining the sample size in a qualitative study, the researcher should ensure the right people are recruited, the appropriate designs are chosen, and the principle of saturation is maintained. The size should be large enough to describe the subject of study and answer the research questions at the same time, aiming at a saturation point to avoid repetition where no more information is forthcoming (Vasileiou, 2018). This therefore means that the data

should be large enough to offer varied opinions but limited to a point of saturation. The sample size for the study was 17. The criterion for sample size was based on data saturation and not on the number of the sample size. From the 17 respondents, 11 participants were in the in-depth interviews. There were two focus groups. In one of the groups, six respondents had taken part in the in-depth interview and 6 respondents from a fellowship group which met on Wednesday morning.

Table 1: indicates age, gender and the total number of respondents who were included in this study at St. Francis Karen, Regina Caeli Catholic Church Karen, Africa Inland Church Langata, Presbyterian Church of East Africa Karen, St. Luke's Methodist Church Karen, and Karen Community Church. Table 2 indicates: the respondents' demographic distribution in the Wednesday fellowship focus group discussion.

Table 1: *Demographic Distribution in the In-depth Interviews*

Respondents	Gender	Age	Denomination
R.01	Female	69	Anglican
R.02	Female	75	Baptist
R.03	Female	70	A.I.C.
R.04	Female	65	Methodist
R.05	Male	61	A.I.C.
R.06	Male	72	A.I.C.
R.07	Female	73	Catholic
R.08	Female	74	P.C.E.A
R.09	Female	65	Anglican
R.10	Female	74	Catholic
R.11	Female	63	Methodist

Table 2: *Demographic Distribution of the Wednesday fellowship Focus group discussion.*

Respondents	Gender	Age	Denomination
R.001	Female	65	Anglican
R.002	Female	75	Baptist
R.003	Female	68	P.C.E.A.
R.004	Female	75	Methodist
R.005	Female	68	A.I.C.
R.006	Female	64	Baptist

Sampling Method(s)

According to (Koerber & McMichael, 2008) sampling involves gathering participants, places, or phenomena of study. It is also a process of selecting several participants from a given population who have characteristics that represent the population of study. Sampling is then the technique of selecting the appropriate sample with the intention of finding out the attributes of the population under study. The sampling method was purposeful sampling, where the respondents were specifically selected. The reflective process of purposeful sampling provides the foundation for the subjectivity inherent in qualitative research (Kalu, 2019). This reflective process is crucial because qualitative evidence seeks to offer in-depth support while being particular to the characteristics of the population under study (Luciani et al., 2019).

The criterion for sample size is dependent on data saturation as opposed to concentrating on the number of the sample size (Aguboshim, 2021; Mwita, 2020). The clergy and the church administrators noted that most of the elderly people had not resumed church attendance since Covid 19 for fear of being infected. They identified the few elderly people in the category of 60-75 years in church by asking them to remain behind after the Sunday service. They also notified

the absent elderly people in this category that the researcher would call them as they shared their telephone numbers. The elderly people in this category who remained behind and those the researcher called were all invited and educated on what the study entailed. Most of the elderly people who were identified and educated on what the study entailed refused to take part in the study. The men were reluctant to talk about their personal issues and of the two who agreed to take part in the study the researcher had to use a male church administrator to call one of them. This therefore means, only the elderly people who volunteered took part in the study. The inclusion criteria used by the clergy and the church administrators was only the elderly congregants in the selected mainstream churches were the respondents. They also had to be in the category of 60-75 years old, able to express themselves with clarity to generate data specific to the study and willing to take part in the study. The churches selected were the mainstream churches in Karen-Langata Sub -County.

Types of Data

The study is a qualitative study. According to Creswell (2017), qualitative research is the collection of data in a natural setting where the respondents experience the problem under investigation. The choice of qualitative data for the study helped the researcher understand the perception of the elderly about how old age influenced their psychosocial wellbeing in their natural setting. The face-to-face interaction with the respondents helped the researcher gather different forms of data through in-depth interviews and focus group. The respondents felt free to participate without any constraints. The researcher, on the other hand, got a sense of what the participants thought about the study. This helped the researcher have a holistic account that mirrored real life experiences and eventually made sense of the data and organised it into codes and themes.

Data Collection Methods (Including Procedures)

According to Creswell and Cypress (2018), qualitative research data collection methods and procedures entail: setting boundaries for the study through sampling and recruitment, using unstructured or semi-structured questions, conducting interviews, observing documents and visual materials, and by establishment of a protocol for recording materials (Ayala & Elder, 2011; Campbell, 2020). The study used two focus group discussions of six respondents each and 11 face-to-face respondent's in-depth interviews. A demographic Questionnaire, in- depth questionnaire and focus group protocols were used to collect data. Each of these is discussed below.

Consent Form and Demographic Questionnaire

A consent form was signed by the respondents and the researcher before the data collection could begin (Josephson & Smale, 2021). Since their consent was requested, confidentiality was guaranteed. A quick demographic survey was also completed by the respondents prior to the interview. The survey asked about the respondents' age, gender, marital status, educational background, occupation, religious affiliation, and number of children. Any queries or requests for clarification made by participants during the five to ten minutes it took to complete the questionnaire were answered.

In-Depth Interviews

In the study, data collection involved in-depth interviews and focus groups. In-depth interviews involved intensive individual interviews where a respondent's perception and account of a particular idea or subject are intensely explored (Deterding & Waters, 2021). The study used in-depth face-to-face individual interviews, which involved semi-structured open-ended focused questions. In addition, the interviews were held via video conference, and they were recorded. The researcher chose this approach because the open and close-ended questions in semi-structured

interviews gave the researcher a complete detailed understanding of the topic at hand and led to the development of themes (Menon et al., 2022). It gave the elderly people in the study an opportunity to speak out in their own words about their own perception of their psychosocial wellbeing. The interview helped create rapport and bring mutual respect between the researcher and the participants.

The in-depth interview schedule and the focus discussion guide were guided by the two types of psychological well-being, namely: - Eudemonic and hedonistic wellbeing. Eudemonic wellbeing or affective wellbeing focused on the elderly peoples' meaning and purpose in life appraised constructs like self-acceptance, environmental mastery, positive relationships, personal growth, and purpose in life (Boccardi & Boccardi, 2019). Hedonic wellbeing on the other hand guided the elderly on constructs like happiness, sadness, enjoyment, subjective wellbeing, and positive emotions (Stelhow et al., 2020).

In-depth interviews ensured the respondents avoided bias as they shared their own opinions without the influence of others (Bergen & Labonté, 2020). In-depth interviews helped the researcher overcome resistance and minimised no-response. The researcher got a chance to get spontaneous reactions, which avoided misinterpretation of the respondents' meaning (Lota et al., 2022). The researcher came to the levels of the respondents and involved everybody in group discussions. The face-to-face interviews helped in observing their characteristics and their environment, which helped in interpreting the data, which ensured the validity of the study (Sato et al., 2020). For the elderly people who were still uncomfortable with face-to-face interviews after the Covid19 epidemic, the researcher used video calls to interview them. The interviews were transcribed, organized, analysed, and reported (Busetto et al., 2020). In-depth interviews, probes reminded the researcher to ask for more details or explanations from the respondents (Creswell,

2017). Some of the questions included: "Would you mind telling me more?" Could you please elaborate on your response or what you said? Would there be more information than what we have discussed? The probes gave the researcher an opportunity to learn more about the topic of study.

Focus Groups

One focus group was generated from face-to-face interviews with people who had similar characteristics relevant to the study (Kim et al., 2020). The other focus group was from a Wednesday fellowship group composed of women who attend different churches in Karen-Langata area. The number of respondents were 12 people. Each group had six respondents. The researcher was given a chance to introduce herself and the study. After the fellowship, the researcher educated the women about the study. Only six women who were in the category of 60-75 years were willing to take part in the study. The discussions were planned and tailored to the respondents' perceptions of the study. The topics and lists of open-ended questions were determined beforehand. The researcher chose the focus group because it helped getting varied information on the topic of research and to ensure there was saturation of the gathered data. The focus groups also helped to identify the beliefs, ideas, and opinions of the homogeneous study group. The focus groups discussions helped the researcher identify the needs of the elderly and the policies or programmes needed to develop interventions to ensure their psychosocial wellbeing.

Pilot study

A pilot study provided valuable information to the researcher and intended study by determining the feasibility of the study (Malmquist, 2019). The pilot study was smaller in size and done before the actual study. This guided the researcher in planning, modifying, and analysing the actual study. It also helped in assessing randomization and blinding while checking the suitability of recruitment and consent procedures (Ismail et al., 2018). The pilot study assessed the

acceptability of the study in the intended study population (Lacey et al., 2019). This therefore helped in the selection of the most appropriate outcome measure. At the same time, a pilot study helped minimise unnecessary efforts from the researcher and the participants (Busetto, 2020; In, 2017; Malmqvist et al., 2019).

The pilot study was done in five mainstream churches in Kiambu County namely: P.C.E.A. Kihumo, A.C.K. Emanuel Church Kikuyu, St. Peter The Apostle Kikuyu, Nairobi Baptist Church Kikuyu and P.C.E.A. Church of the Torch Thogoto. This was because Kiambu has mainstream churches and a cosmopolitan population like Karen-Langata. The pilot study helped the researcher determine whether the respondents made sense of the research instruments ~~study~~. The semi-structured and open-ended questions' clarity on the questionnaires was guaranteed by the pilot study. This was from the feedback from the evaluation of how the respondents were conceptualizing the research questions. Additionally, the questions were enhanced to produce data and elicit adequate responses to the research questions. It also enabled the researcher to estimate the length of time it would take to conduct in-depth interviews and to hold a focus group. The researcher adjusted the questions appropriately. The number of participants were five. One respondent from each church which also gave the researcher a diversity of responses.

Positionality of the Researcher

In qualitative research, positionality is key in relation to the question being investigated, the research design, and the study's methodology (Holmes, 2020). It is informed by aspects like personal knowledge, cultural values power, and preconceived ideas about the research topic (Shih, 2019). Researchers know their positionality through reflexivity when they critically look at their effect in their respondents or the effect of their respondents on them (Mason- Bish, 2019). According to Wiederhold (2015, p, 606), the researchers who conduct research in familiar

environments are said to be insiders or researchers at home. The researcher was considered an insider as she conducted her studies in a familiar environment in Karen where she has lived for the last 26 years. She is also in the age bracket in her study. However, this was to the study's advantage because any qualitative researcher who completely excluded himself might have diminished the significance of interpretative phenomenology. On the other hand, her age and her familiarity of the environment had the potential to create biases on how the results were interpreted. To reduce positionality, the researcher chose to do the study in different churches. In her selection method she used the clergy and the church administrators to identify the respondents who were unknown to her, and they therefore acted as her gatekeepers. The researcher also kept a detailed field journal where she practiced bracketing or “Epoche” to ensure the data was protected from her subjectivity (Neubauer et al., 2019). In the journal, personal views and presumptions were expressed in order to reduce judgments based on what has been heard and seen. The researcher had peer debriefing, supervision from her supervisors and therefore an increased awareness of bias throughout the study process which increased changes at every stage of the study (Hennink et al., 2020).

Reliability and Validity

Reliability and validity are two important aspects of all research (FitzPatrick, 2019). They are components of quality, of being exact, precise, thorough, and accurate (Huttunen & Kakkori, 2020). Without them, a research study would be worthless, a fiction of no use (Rose and Johnson, 2020). They give direction to study in its development and in the analysis of data. The strategies used to address validity and reliability in quantitative research are different from those used in qualitative research. While qualitative studies depend on trustworthiness and authenticity to determine reliability and credibility, quantitative studies use causal laws, statistical analysis, and empirical computations to determine reliability and validity (Cohen et al., 2017; Prasad &

Rupandehi n. d). In qualitative research trustworthiness and authenticity are operationalized through credibility, transferability, dependability, and conformability (Cypress, 2017; O'Connor & Joffe, 2020). To ensure the trustfulness of the findings of this study the following tactics were followed.

Credibility.

Credibility is a major construct in qualitative research. It promotes confidence and trustworthiness in the truth of the findings (Shufutinsky, 2020). This was done by the researcher spending time with the respondents to build a relationship while educating them on what the study entailed. The respondents were met at their convenience including attending their services, fellowships or arranging for video calls until saturation of data was achieved.

Transferability.

The ability of the study's findings to produce the same results in circumstances that are comparable is known as transferability, and is also referred to as fittingness (Daniel, 2019). The researcher ensured that transferability was achieved by documentation of every stage of research. There were detailed field notes with elaborative data and findings which future researchers can use to use to make future transferability of findings to different contexts (Creswell, 2017).

Conformability.

Conformability describes the degree of objectivity or the amount to which the results of a study are shaped by the respondents rather than the motivations or interests behind the research (Singh et al., 2021). This was done through keeping audit trail of audio taped interview recordings. Records of data analysis in progress, and field notes records were also kept. The researcher kept a self-reflective diary which captured the whole data collection journey from beginning to the end.

Dependability.

Dependability entails showing if the findings are consistent and can be replicated over time and conditions (Nguyen et al., 2021). Dependability of the study was as a result of a documentation of an audit trail of data analysis, continued supervisory discussions and revisions which resulted to consistency.

Authenticity.

In qualitative research, authenticity serves as the final measure for determining the study's quality and veracity. Authenticity is the researcher's capacity to fairly and truthfully describe the respondents' actual encounters (Amin et al., 2020). The authenticity of this study was determined by the researcher going back to the respondents to validate findings of the study.

Data Analysis Plan

A data analysis plan is a roadmap for how researchers are going to organise data (Lester et al., 2020). It is compared to the peeling of the layers of an onion, where it is segmented and put back together (Creswell, 2017; Richards and Hemphill, 2018). After the qualitative data was collected the audio recordings were transcribed (Mezmir, 2020). The researcher took time to verify the respondents' responses and cross checking them with the handwritten field notes to ascertain if the respondents' views were captured. The handwritten notes were also typed. The researcher read the data to get the overall meaning, identify general ideas and tones (Alam, 2020). The concepts were analysed and patterns among respondents were identified. This led to generation of themes. Intelligent transcription with minimal editing and minor paraphrasing to make a sensible read was used (Lester et al., 2020). Themes were used as headings and sub-headings to show different individual perspectives (Allan, 2020). The themes were also presented in tables and charts

in narrative forms. The respondents' responses were also included. Finally, the description was presented in a qualitative narrative (Kiger & Varpio, 2020).

Ethical Considerations

The study is about real-life issues where the respondents may be vulnerable when sharing their lives with strangers. To ensure the participants were not harmed, ethical considerations was put in place (Arifin, 2018). The researcher sought permission to conduct the research from Pan African Christian University's graduate school which facilitated a clearance letter from the Ethical Review Board (ERB), a research permit from the National Commission for Science and Technology and Innovation (NACOSTI), and an official letter to the clergy and church administrators in the mainstream churches. The researcher explained the purpose of the study and its benefits to the respondents. The participants were told that it was voluntary, and they could walk away if they chose to. They were assured of anonymity and confidentiality where coded language and pseudonyms were used. The researcher ensured that individuals and the focus group were debriefed after a session to address any issues that arose (McMahon & Winch, 2018).

Chapter Summary

A qualitative phenomenological investigation was carried out under the direction of social constructivism. The sample for this study consisted of a group of respondents that comprised the elderly in the category of young-old who were 60-75 years. Focus group discussions, in-depth interviews, demographic profiles, and field notes were the sources of qualitative data used in the study. The study featured 17 participants. There were 11 respondents in the in-depth interviews and 12 respondents in the focus group 6 respondents from the in-depth interviews took part in the focus group discussions. Informed consent, anonymity and confidentiality, methodological rigor and ethical implications were carefully considered.

Chapter Four: Results and Discussions

Introduction

This chapter focuses on data analysis, presentation of results, interpretation of findings and discussion. The chapter presents the demographic profiles of the respondents as well as the findings of this phenomenological study that investigated the elderly peoples' perception of their psychosocial well-being. The findings of the study presented in this chapter are based on the research questions and align to the five main objectives listed below:

1. To explore the elderly peoples' perception on their psychosocial wellbeing in selected mainstream churches in affluent Karen-Langata Nairobi, Kenya.
2. To examine the elderly peoples' perception of their social wellbeing in selected mainstream churches in affluent-Karen-Langata, Nairobi, Kenya.
3. To investigate the elderly peoples' perception in reference to their subjective wellbeing in selected mainstream churches in affluent Karen-Langata, Nairobi, Kenya.
4. To assess the elderly peoples' perception regarding their psychosocial wellbeing in selected mainstream churches in affluent Karen-Langata Sub-County Kenya.
5. To propose alternative policies to ameliorate the psychosocial wellbeing of the elderly population living in selected mainstream churches in affluent Karen-Langata Nairobi, Kenya.

Demographic Distribution of the Respondents

This section discusses the demographic characteristics of the study's respondents. The 17 respondents in this study were grouped into three: the elderly in the in-depth interviews and the elderly in the 2 Focus Group Discussions. The in-depth group consisted of 11 respondents. There were nine women and 2 men. The Focus Group Discussion groups were composed of six

respondents who had taken part in in-depth interviews and a different group of 6 women from different churches who met for fellowship every Wednesday. In the three groups, the study looked at the respondent's gender, age, marital status, occupation, number of children per respondent, level of education, and their denominations. Table 3 provides the demographic distribution of respondents in the in-depth interviews.

Table 3: *Demographic Distribution in the In-depth Interviews*

Respondents	Gender	Age	Marital status	Number of children	Academic qualification	Occupation	Denomination
R.01	Female	69	Widow	4	High school	Secretary	Anglican
R.02	Female	75	Married	3	Diploma	Teacher	Baptist
R.03	Female	70	Widow	4	High school	Secretary	A.I.C.
R.04	Female	65	Widow	3	Diploma	Banker	Methodist
R.05	Male	61	Married	5	Masters' degree	Water Engineer	A.I.C.
R.06	Male	72	Married	2	Diploma	Marketer	A.I.C.
R.07	Female	73	Married	3	Masters' degree	Statistician	Catholic
R.08	Female	74	Married	5	Diploma	Administrator	P.C.E.A
R.09	Female	65	Widow	5	High school	Banker	Anglican
R.10	Female	74	Married	4	Degree	Teacher	Catholic
R.11	Female	63	Widow	2	High school	Banker	Methodist

Codes: Each respondent is coded R. The number was given and used to identify each participant. The measure was used to protect the identity of the respondents.

The data presented in Table 3 indicate that nine of the in-depth respondents were female and two were male. The respondents who were between 60-65 were four. Those who were between 66-70 were two while those who were between 66-75 were five. The married respondents were six

while the respondents who were widowed are five. The respondents who had five children were three. The respondents who had four children are three. Those who had three children are three while those who had 2 children are two. The respondents who had high school qualifications were four. The respondents who had a diploma were four. Only one respondent had a bachelor's degree while the respondents who had a Masters' degree were two. There are two secretaries, and three bankers. The respondents who were teachers are two, one respondent is a water engineer, one is a statistician, one respondent is a marketer and one an administrator. The respondents who belonged to the denomination A.I.C. were three, two were from the Anglican Church, two from the catholic church, one from P.C.E.A, one from the Baptist church while two respondents were from the Methodist church.

Table 4 and Table 5 represented the demographic distribution of respondents in focus group discussions in group 1 and 2. In terms of gender, age, marital status, number of children per respondents, academic qualification occupation and denomination.

Table 4: *Demographic Distribution in Focus Group 1 Discussion.*

Respondents	Gender	Age	Marital status	Number of children	Academic qualification	Occupation	Denomination
R.001	Female	65	Widow	5	Masters' degree	Counsellor	Anglican
R.002	Female	75	Married	3	Masters' degree	Counsellor	Baptist
R.003	Female	68	Widow	3	Degree	Teacher	P.C.E.A.
R.004	Female	75	Married	4	Degree	Teacher	Methodist
R.005	Female	68	Married	3	High school	Secretary	A.I.C.
R.006	Female	64	Separated	4	Diploma	Pastor	Baptist

Codes: Each respondent is coded R. The number was given and used to identify each participant. The measure was used to protect the identity of the respondents.

Table 5: Demographic Distribution in Focus Group 2 Discussion.

Respondents	Gender	Age	Marital status	Number of children	Academic qualification	Occupation	Denomination
R.0001	Female	69	Widow	4	High school	Secretary	Anglican
R. 0002	Female	75	Married	3	Diploma	Teacher	Baptist
R. 0003	Female	73	Married	3	Masters' degree	Statistician	Catholic
R. 0004	Female	63	Widow	2	High school	Banker	Methodist
R. 0005	Female	65	Widow	3	Diploma	Banker	Methodist
R. 0006	Female	74	Married	5	Diploma	Administrator	P.C.E.A

Codes: Each respondent is coded R. The number was given and used to identify each participant. The measure was used to protect the identity of the respondents.

Gender Distribution of the Respondents

The study sought to find out the gender distribution of the elderly in both the in-depth interview and the focus group discussion. The data in Table 6 shows that nine out of eleven respondents in the in-depth interviews were female and two were male. The study intended to have equal number of men and women, and both were invited but the male respondents were not willing to take part in the study because culturally men find it hard to talk about themselves. Only two men volunteered to take part in the study. While twelve of the Focus Group discussions respondents were women. This information shows that there are more women who attend church services. The respondents in the focus group discussion were only women from different churches who met for fellowship every Wednesday. Group 2 of the focus group was composed of six respondents who had earlier taken part in the in-depth interviews. This supports a study by

Rishworth et al. (2020) which found that community support, close friendships, and participation in group activities were all related to women's subjective wellbeing. The women therefore join the fellowship group in pursuit of subjective wellbeing. Gender distribution showed more women were more willing to take part in the study than men. The men either had no time or did not turn up even when they had promised to come for the in-depth interviews. They were also hesitant to take part in the study because culturally men of that age find it hard to talk about themselves. The reason there are more women than men may be that women are good at making friends while men have difficulties of talking about themselves (Liddon, et al., 2018).

Table 6: *Gender Distribution of the Respondents*

	Male	Female
In Depth Interviews	2	9
Focus Group Discussions	0	12

Age Distribution of the Respondents

Age distribution presented in Table 7 shows that three female respondents and one male respondent in the in-depth interviews and four emails in the focus group are between ages 60-65. In the 66-75 years' age bracket there are six female respondents in the in-depth interviews and one male respondent. In the focus group discussion, there were eight female respondents who were in the age bracket of 66-75 years. Age Distribution of the respondents helped the study to understand the perception of the elderly in different ages. For example, the study found that the elderly who are in the 60-65 age bracket are still very active, R.05 (age 61), is still fully engaged while R.04 (age 65), R.11 (age 63), R.09 (age 65) in the in-depth interviews are busy running businesses and in building construction. The same was reported in the focus groups discussions where R.001 (age

65) and R.006 (age 64) were still involved in building construction and in the ministry, respectively.

Although in the whole group is in the category of young – old, between 60-75 years, in Eric Erickson’s psychosocial stages of development the elderly people in the age bracket 60-65 years fall under developmental stage 7 of Generativity Vs Stagnation. They are still raising children and contributing to the community. They are motivated, energetic, and autonomous as posited by (Roy, & Panda, 2022; Tornero-Quiones et al., 2020).

Table 7: *Age Distribution of the Respondents.*

	Age	Male	Female
In-depth Interviews	60-65	1	3
	66-77	1	6
Focus Group Discussions	60-65	0	4
	66-75	0	8

Marital Distribution of the Respondents

Marital Status distribution data presented in Table 8 from the in-depth interviews shows that of the married respondents two are male while four are females. The widowed respondents are five. From the Focus Group Discussions six females are married five are widowed while one is separated. Analysing the marital status of the elderly in this study was important because changes in marital status like divorce or death of a spouse has been linked to feelings of loneliness, isolation, low social economic status, psychological distress, and therefore poor psychosocial wellbeing (Rent et al., 2017). A greater number of chronic diseases and mobility issues are also linked to divorce or widowhood (Thomas et al., 2017). This therefore was meant to help the study understand the perception of the respondents’ psychosocial wellbeing in those status.

Table 8: *Marital Status Distribution of the Respondents.*

Marital Status	Male	Female
In-depth Interviews		
Married	2	4
Widowed	0	5
Focus Group Discussions		
Married	0	6
Widowed	0	5
Separated		1

Number of Children per Respondent

The data presented in Table 9 shows the number of children per respondent. In the In-depth Interviews two respondents had two children each, three respondents had three children each three respondents had four children each while three respondents had five children each. In the Focus group discussions six respondents had three children, three respondents had four children while two respondents had five children. The number of children per respondent helped the researcher to understand the decreased family networks when children moved out of home. How the new family structures influence the elderly peoples' social support, social wellbeing and therefore the perception of their psychosocial wellbeing as posited by (Halaweh et al., 2018; Ojembe & Kalu, 2018; Waite, 2018).

Table 9: *Number of Children per Respondent.*

In-depth Interviews: No. of children	Male	Female
2	1	1
3	0	3
4	0	3
5	1	2
Focus Group Discussion: No. of children	Male	Female
2	0	1
3	0	6
4	0	3
5	0	2

Academic Qualifications Distribution of the Respondents

The data presented in Table 10 from the in-depth interviews and Table 11 from the Focus Group Discussions shows the academic qualifications of the respondents. The respondents from the in-depth interview four had a high school qualification, four had a diploma, one had a degree and two had master's degrees. From the Focus Group discussions three respondent went through high school, four had a diploma, two respondents had degrees while three had master's degrees.

Table 10: *In-depth Discussion – Academic Qualifications Distribution of the Respondents.*

In-depth interviews	Respondents
High school	4
Diploma	4
Degree	1
Masters' Degree	2

Table 11: *Focus Group Discussion: Academic Qualification Distribution of the Respondents.*

Focus Group Discussion	Respondents
High school	3
Diploma	4
Degree	2
Masters' Degree	3

Occupation Distribution of the Respondents

This study was interested in finding out how the elderly peoples' perception of their occupations before retirement had influenced their psychosocial well-being. Figure 2 and Figure 3 illustrate the summary of their occupations. There were three bankers, two secretaries, two teachers, one engineer, one marketer, one administrator and one statistician in the in-depth interviews. In the Focus Group Discussions there were two Counsellors, three Teachers, two secretaries, two bankers, one Pastor, two bankers, one administrator and one statistician. Knowing the elderly's occupations, will help the study assess the elderly's sense of fulfilment and actualization and those who had regrets and despair when they reflect on their lives and how this has influenced their psychosocial wellbeing (Lane & Munday, 2020).

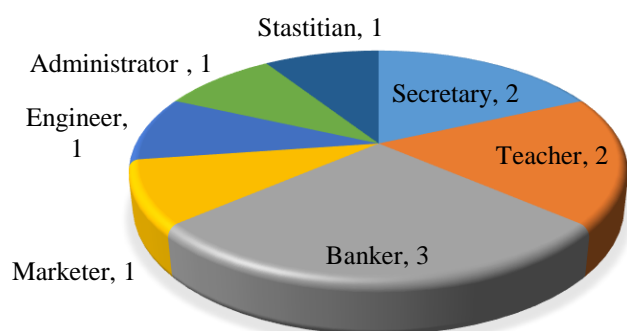
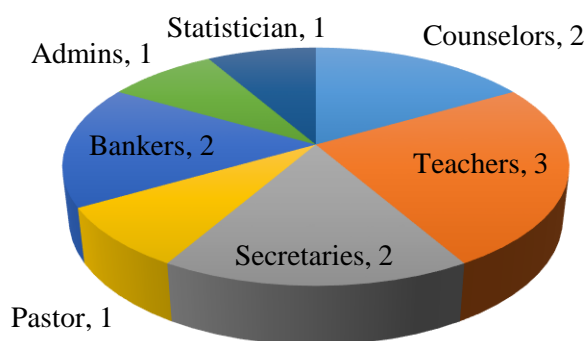
Figure 2: *In-depth interviews: Occupation Distribution of the Respondents*

Figure 3: *Focus Group Discussion: Discussion Occupation Distribution.*



Denomination Distribution of the Respondents

Figure 4 illustrated the distribution of denominations in the In -depth interview as follows, two Anglicans, one Baptist, three A.I.C., two Catholics, two Methodists, and one P.C.E.A. Figure 5 illustrated the denomination distribution of the focus group discussions of the respondents as: two Anglican, three Baptists, two P.C.E.A., three Methodist, one A.I.C., and one Catholic. Figure 6 illustrated denomination distribution of respondents in the focus group discussions. There were 3 respondents from Methodist denomination, 3 from Baptist, 2 from P.C.E.A., 2 from Anglican, 1 from A.I.C. and 1 who was a Catholic. The clarity on the distribution of the denominations was important as it ensured the study analysed the various perceptions of the elderly peoples' psychosocial wellbeing from different mainstream churches in Karen-Langata. This also ensured that the size was large enough to describe the subject of the study and answer the research questions. At the same time, it also helped at aiming at a saturation point to avoid repetition where no more information was forthcoming as posited by Vasileiou, (2018).

Figure 4: *In-depth Interviews Denomination Distribution of Respondents*

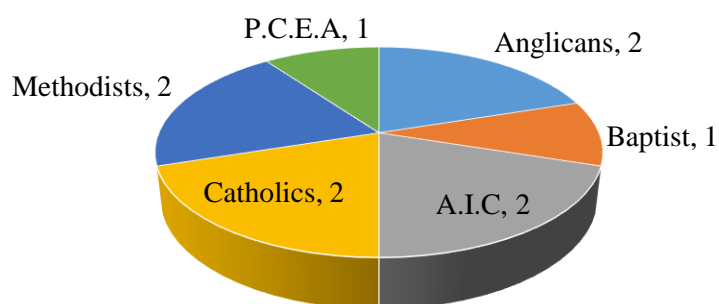
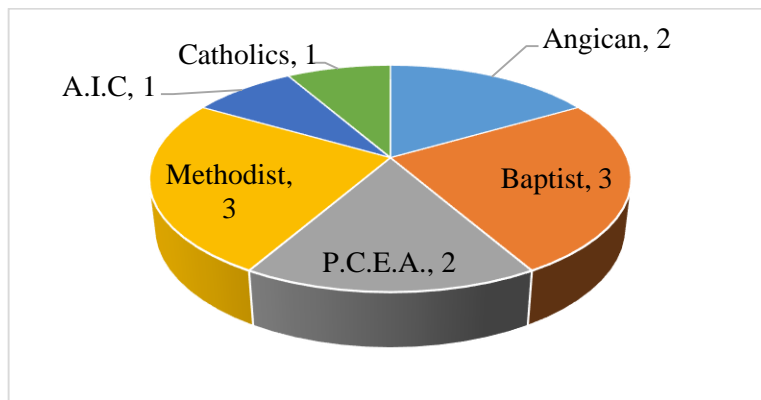


Figure 5: *Focus Group Discussion: Denomination Distribution of Respondents*



Presentation of Research Data by Objective

Each objective is presented below according to the themes revealed. As a result, the study's findings are discussed in terms of each objective and the responses linked to the research questions. Results from semi-structured interviews are triangulated with those from focus group discussions in accordance with the objectives. The comparison is used to make an analysis more understandable. The research explored five objectives.

The Perception of the Elderly on Their Psychological Wellbeing

The research question that the study sought to answer was, how does the elderly peoples' perception on their psychosocial wellbeing influence their psychological wellbeing? This objective attracted several themes as shown in the Table 12. To achieve objective one, the study interviewed the elderly on the elderly peoples' perception of purpose of their lives. To understand the perception of purpose of their lives the study interviewed them on their life before retirement, the motivating factors at old age and the demotivating factors and their quality of life. The study also sought to explore the elderly peoples' perception of their personal development. To understand the elderly peoples' perception of their personal development, the study interviewed the elderly people on their openness to new experiences, their lack of personal independence and self-reliance and their regrets and disappointments in old age.

Table 12: *Themes and Sub-Themes Indicators of Psychological Wellbeing.*

Themes	Subthemes
Elderly people' perception of their transition	- Life before retirement -Life at retirement
Elderly people' perception of impact of autonomy	-Motivating factors at old age -Demotivating factors and quality of life -Lack of personal independence and self-reliance -Lack of personal preparedness -Openness to new experiences -Regrets and disappointments
Elderly people's perception of their self-acceptance	-Self-acceptance -Adjustment in old age -Poor adjustment in old age

Perception of their Transition

This theme came forth as the respondents reacted to the question how old age had impacted on the elderly people's transition to their present age. The theme had several subthemes like life before retirement, relaxation and choice after retirement, motivating factors at old age and demotivating factors and quality of life.

Life of the Elderly Before Retirement.

This sub- theme sought to find out how the life of the elderly population was before retirement as intimated in the following excerpts.

R.02 (age 75) reported:

I was very busy, teaching, taking the children to school and picking them, marking, observing deadlines. I also had side hustles where I kept pigs and chicken through Mwalimu SACCO loans. I had a pickup which helped me collect food from schools.

Similarly, R.11. (Age 63) said:

“When I was working, I would wake up at 5:00 am to prepare the children, drop them in school and proceed to work. The weekends would be fully engaged with tuition, swimming, family visits, church and resting.”

Likewise, R.04. (Age 65) said:

Before retirement I worked from 8:00 am to 5:00 pm 5 days a week. I dropped and picked children from schools. I had a stable job and a salary and so I had financial stability. I chose to retire and started a business.

R.05. (Age 61) had this to say:

I worked in government in the ministry of agriculture for five years, World vision for 4 years went for Masters in Britain. When I came back, World vision sent me to Somalia,

and I refused and resigned. I worked for 3 years on my own. I became a director to replace the foreigners in Kapsowar from 2003-2009.

From the Focus Group Discussions, R.001 (age 65) said:

“I used to work with my husband in running our business, bringing up children, taking part in church and being involved in women groups.”

The analyses derived from the aforementioned excerpts show how the elderly individuals perceived their lives prior to retirement. R.02 led a very busy life as a teacher, raised a family and invested in pig rearing through loans. Similarly, R.11 was also busy working, raising a family and being involved in church. R.04 worked from 8 am to 5 pm 5 days a week and raised a family. R.05 was busy working in various places locally and abroad. From the Focus Group Discussion according to R.001, she was busy raising a family, running family business taking part in the church and in social groups.

Consequently, the findings indicated that, most of the respondents had led very busy lives characterized by routine in different professions before their retirement. They reported going to work, raising families, investing and generally being very busy. This is in line with Eric Erickson theory that the basic task in middle adulthood at age 45 years to 65 years is development of Generativity, when one feels a sense of care and responsibility. There is an urge to mentor the young generation, expand one's influence and commitment to the family, to the society and to the future generations (Roy, & Panda, 2022).

Relaxation and Choice after Retirement.

The study sought to understand how the elderly people perceived their lives after they resigned from work or when they retired. Their sentiments are as per the following excerpts.

R.02. (Age 75) noted:

There are no calendars or timetables. I take a day at a time. I wake up at 8 am and walk for 5-6 kilometres three times a week then I read the Bible and listen to music. I then take late breakfast do household chores, but I have someone who comes twice a week.

Similarly, R. 01 (age 69) reiterated:

I decide what to do when I wake up. Most of the time I am at home resting. Other times, I can decide to go shopping, go to the salon, or go to hospital if I have a clinic appointment to attend. Saturdays are spent attending weddings if there is any and on Sundays, I attend church service.

Likewise, R.04 (age 70) intimated that:

When I wake up in the morning, I do housework, sometimes check on our properties. I have a prayer meeting in town on Tuesdays and the widows' fellowship on Wednesdays once a month. We also have a neighbourhood fellowship which rotates in peoples' houses. We have a cousins' fellowship once a month where we contribute Ksh. 6,000 and share 100,000 while the rest is banked. We also buy land, plots like in Githurai where we have built rental houses.

Similarly, R.06 (age, 72), replied that:

I wake up at earlier than my wife at 5am, pray, exercise, read, listen to Don Williams to reminisce about my youth, make breakfast and wake up my wife before going out to meet my friend. I enjoy the company of some old friends. There is one I grew up with and has been my friend for as long as when we were in school in up country. We walk with him for 12-16 kilometres. I enjoy the countryside and the open places.

R.08 (age 74). said:

I started a business after retirement but retired from active engagement at 65. I am now in control of my day. There is no pressure, I have freedom of doing what I want, and I am at peace with my present life.

R.02. takes life easy. She has time to walk and read the Bible. She has a worker who works for her twice a week. R.01 (age 69) has a choice to do what she likes. She has time to rest and to attend social gatherings. R.04 chooses to do house chores. She also looks after her properties and investment as well as attending social gatherings. R.06 has time to pray, listen to music and walk with friends while enjoying the scenery. R.06 enjoys life with no pressure and is at peace with the present life.

They reported that they in their present lives they were in charge of their lives, they chose what they wanted to do, led a relaxed life free of routine while finishing projects they had started. Only two of the elderly people interviewed were fully engaged in their work five days a week. It is worth noting that most of the elderly people led relaxed lives after retirement, which is not dictated by any order, but they are in control of their lives and not under any guidelines or deadlines. This concurs with the study done by Lopez et al., (2020) which posited that the elderly people were prone to staying at home and only went out for crucial groceries or to pick medication.

On the other hand, there were other respondents who continued working although they were over 60 years as noted in the following sentiments:

R.04 (age 65) stated:

I have decided to take it easy I go to school any time from 9 O'clock. I am out the whole day and I'm normally back by four for five days a week. I can say I am semi- retired. That means I retired and went back to business. The business is now running and does not need

me much so I can take a break when I want. I am now kind of edging myself out of the business.

While R.05 (age 61):

I do not think I fall into the category of retirement because I still go for this mission work in Kabarak every week. I 'm involved in this project 5 days a week. Every day I wake up to meetings. It keeps me busy. I do not think I retired. I am not in full time employment but I'm now running a missionary project in Kabarak, I'm also a director in Samaritan Purse which is a Christian NGO.

It is worth mentioning that R.05 is aged 61, while R.04 is 65. They are both in good health and full of energy and still able to carry out their duties. The two felt working gave them satisfaction and fulfilment in what they did. This is consistent with Eric Erickson's seventh stage of psychosocial development where the elderly between 60-65 fall in Generativity Vs Stagnation in middle adulthood at age 45 years to 65 years when one feels a sense of care and responsibility (Orenstein & Lewis, 2020). They have an urge to mentor the young generation, expand one's influence and commitment to the family, to the society and to the future generations. That explains why the respondents who are 60-65 years are still working and contributing to the society (Gilleard, 2020). The study seems to show that when the elderly people in this category are in good health, they can lead active and independent lives that are fulfilling.

Perception of the Impact of Their Autonomy

This theme came about when the study sought to ascertain the elderly peoples' perception of the impact of their autonomy. The subthemes that came out of this discussion were goal setting before retirement, openness to new experiences, lack of personal independence and self-reliance and regrets and disappointments in old age.

Motivating Factors at Old Age.

The study was interested in understanding the motivating factors in old age which brought fulfilment to the elderly. Their sentiments are captured in the following excerpts:

R.04 (age 65) explained:

I value family, my children and my grandchildren and look forward to their Sunday afternoon visits in my house. It makes me know they are okay and gives me peace. After my husband passed on, I decided to finish a house he had started although we were all down with grief. I love being occupied and finishing a project like the house gave me fulfilment and motivated me to think of building others.

R.05 (age 61) said:

After I stopped being in a formal employment, I became a director with Billy Graham Foundation which hopes to restore infrastructure in mission hospitals. Restoring infrastructure of old mission hospitals gives me fulfilment and joy. It makes me know the patients will not be under leaking roofs. I love being involved in mission work. Supporting missionaries is my joy. I feel happiness and fulfilment when my children serve in our church. It shows they listen to what we teach them with my wife. Children motivate me to work hard to provide for them. When they excel in what they are doing and get careers of their choice, that gives me joy especially knowing they can take care of themselves.

Similarly, R.07 (age 73) said:

My children and how they are performing motivate me. Dropping and picking their children to and from school gives me joy. I run errands for my children as they live next door and are in the construction industry. I enjoy cooking for the whole family once a week. My

grandchildren are always in my house which makes me look forward to the next day. I am enjoying my sunset years.

R.10 (age 74) said:

I am usually a very private person and like most of my neighbours, I like minding my own business. Seeing my lonely elderly neighbour who has alcoholic children motivated me to start visiting her and help her with her shopping. I decided to be intentional, and I check on her often and let her know she can call on me whenever she needs me.

In the same vein, R.02 (75) added:

When I retired, I thought I had enough of classrooms but when my church requested for volunteers to teach a Pastoral program in a nearby public school, I felt motivated to enlist.

This changed my behaviour and sense of direction. I am committed to teach every Wednesday morning for two hours during the school term. It also makes me feel fulfilled.

From the focus group discussion, the elderly people said:

R.003 (age 68) said:

“What motivates me is coming for the Wednesday fellowship. The singing, the sharing and meeting others who are my age gives me the motivation to go on with life.”

R.04 (age 65) reiterated:

“What motivates me is knowing that I can start a project and finish it. The fact that my children and I agree on many issues, and I have siblings who look out for me.”

The findings indicated that seven of the elderly respondents felt what they valued motivated them and brought them happiness. However, four of the respondents did not find any motivation or fulfilment and happiness in their old age. The respondents revealed that they valued their families. They loved cooking for them and running errands for them. The family grieve together

when they lose a loved one as posited by R.04 and finish the unfinished projects they had started. R.05 is motivated by working in the church missions, while R.10 is motivated when she runs errands for older members in their community. R.02 is motivated by engaging in community work like voluntary teaching pastoral classes. R.003 from the Focus Group Discussion looks forward to meeting others for fellowship. The responses of the respondents reveal what they describe is in line with Lopez et al. (2017) that psychological well-being is situational. It is the result of people's actions in the system of their real relationships with their surroundings. It is also people's efforts to improve their lives and the lives of others to achieve valuable goals. The Respondents were motivated by the needs in their surroundings which changed their behaviour and changed their sense of direction. Meeting other elderly people and fellowshiping with them encouraged them, made them feel needed and therefore fed their sense of significance.

This also concurs with Lopez et al. (2019) that family functioning and old peoples' effort to improve their lives to reach their potential while coping with challenges like grief is important to them and it improves their psychological wellbeing. It also posits that the elderly people are motivated to engage in new ventures, engaging in community work, meeting others, finishing projects and this brings them happiness and fulfilment and therefore positively impacts on their psychological wellbeing in old age.

Demotivating factors and quality of life.

On the other hand, four respondents did not find old age motivating nor did they find any joy in it. Their sentiments are captured in the following sentences:

R.01(age 69) said:

I do not look forward to the next day. I have problems with my eyes, arthritis, diabetes, and high blood pressure. I hate the idea of choosing what I eat and feel helpless that I cannot

drive myself anymore. I have to look for a driver to drive my car when the children say they are unavailable. Two of my children live next door but they do not come unless they need something from me. I had hoped I would spend my old age playing with my grandchildren but even when they are sent to pick something it is like they are running away from me they don't want to stay and talk to me. I live a day at a time. I wake up tired, watch TV, cook, listen to music and sleep, Life is lonely.

R.11(age 63) had this to say:

There is nothing to motivate me or look forward to these days since I closed my shop in the market during Covid 19 Pandemic when the business went down. My husband died when I retired, the children moved to America, and I moved houses to unfamiliar neighbourhood, so I have no visitors. I miss the noise from the market since I closed shop. I wake up at eight have breakfast, clean up, sometimes go upcountry to see my ailing mother and even then, my siblings who live near her are not eager to see me. It makes me feel unwanted and an outsider.

R.01 posited that poor health in old age leading to immobility and feelings of helplessness when the respondent has to rely on her children or a driver to drive her car. Family break-up has led to loneliness and misses playing with her grandchildren after the death of a spouse and the grown-up children moving out of home. From R.11 it was noted that loss of business due to Covid 19 Pandemic, loss of a spouse, children relocating abroad resulted to feeling of loneliness while culture which prevented the respondent from living with her ailing mother made the respondent feel unwanted. According to Bedaso and Han (2021), stressors like spouse bereavement, reduced social economic status after retirement, can lead to isolation, loneliness, and psychological distress.

This is in line with what R.01 and R.11 were experiencing in old age resulting to lack of motivation and fulfilment which affects the elderly peoples' psychological wellbeing.

Lack of Personal Independence and Self-Reliance.

This study sought to establish how the elderly peoples' personal independence and self-reliance impact on their autonomy. Their subjective sentiments are captured in the sentences that follow.

R.07 (age 71) narrated the following:

My husband gave me 48hours to resign from my job at 49. He did not like my long working hours and my working out of the town sometimes. I was in the middle of a work assignment that was important. He said I had to resign to oversee the building of some houses we were putting up. I just left the office with my handbag and my personal files without any pension. Resigning was therefore not my idea and I had not made any plans for old age. I resigned to save my marriage.

Similarly, R.09 (age 65) had this to say:

At 32 years, after I gave birth to our fifth child my husband told me to go and resign to look after the children and to run our petrol station. I had not thought of life outside the bank, I loved my job and at that age I had not thought about retirement or old age. From then on money belonged to the family and my husband made the decisions. I had no salary or money of my own so I worked, he got the money and decided on how it would be used.

R.03 (age 70) said:

After I got married after one year my husband told me to resign and join him to run our Tour Company. I was selling the air tickets and he was running the tours. I did not set any goals for old age on my own. Whatever he decided was for the family.

From the focus group discussion, R.005 (68), said:

“I was told by my husband to resign to manage our firm and because my job paid me very little. He promised me he would give me an allowance much more than what I was earning which is a promise he did not keep. I would say I had not set any goals for retirement.”

The findings noted that three respondents had been asked to resign by their husbands to take care of the family businesses and to look after their children. They had not thought about setting goals of old age because resigning from work was not their decision and they were not prepared for it neither were they consulted about the decision. Lack of planning for old age or having any goals to look forward to in old age in these four respondents was attributed to the fact that the resigning was not their idea, but they were made to resign to meet family obligations by their spouses. The husbands made decisions for them to stop working without discussing the future with them. They would have preferred to continue working and had not thought of planning for old age. This could be seen as cultural script where there is patriarchal dominance. It can also be seen as lack of differentiation according to Bridge, (2019) where those who are differentiated have emotional maturity, maintain independent thinking, and are capable of distinguishing thoughts and feelings even under stress.

Self-regulation therefore would have enabled them emotional regulation, helped them maintain a sense of self, where they made their decisions to either remain working or quit their jobs without coercion from their spouses. This therefore compromised their autonomy and their psychological wellbeing. This is also seen as Bowen’s Nuclear family emotional process where one spouse presses the other to think in a certain way or exerts control over them, which causes high levels of anxiety (Delvin, 2020).

Lack of Personal Preparedness.

The study sought to find out the personal preparedness for old age before retirement. Their responses intimated by the following excerpts:

R.06 (age 61) said:

The company wanted me to go to Somalia and I had a young family, so I opted to retire at 40 to start my own company dealing with missionary support. I had no time to think about goals in old age I just resigned.

Similarly, R.08 (age74) said:

I retired at 50 years because of frustrations in my place of work. There was so much nepotism that one could only be promoted if you knew the boss. I was stagnant in one job group for many years. I just took an early retirement without thinking about old age. I had no goals.

R.01 (age 69) said:

I retired to run a dairy. I went for training and was sure it would be successful. I wanted to train other farmers in the area. This changed when my husband passed away and I started getting sick. I had no one to source for feeds and I had problems with workers. I sold the cows and forgot the dream. I did not think about old age neither had I planned for it.

R.05 (age 75) replied:

“I retired at 55 years because at that time that was the retirement age. We had thought of building some flats in a piece of land we had when we got the money.”

While R.06 (age 72) stated:

“By the time I retired our last-born daughter was still in school. The college fees were so high that we had no plans for our old age. We used the pension to pay for her.”

R.02, (age 74) indicated:

“I was so tired of teaching and had no strength to plan for old age. I just wanted to go home and rest.”

Similarly, R.11, (age 63) said:

“I did not plan for retirement age because all the money I got I used it to raise my children and took them to private University. I had thought of travelling but had not planned about it.”

R.10, (age 74), reported:

I had set goals of increasing my cows to make money equivalent to what the Teacher’s Service Commission was paying me when I was working so as to keep up my standard of living. I have surpassed my expectations and outdone myself. I had also planned to travel outside the country. I have been to America to visit my children twice. God has blessed me beyond my expectations, and this gives me joy.

The findings revealed that four respondents had retired early to start their own businesses while four respondents had retired at the right retirement age. In addition, the respondents noted that there was also lack of financial education on retirement. However, there were some respondents who resigned or retired voluntarily due to various reasons. From the sentiments by the elderly people, the study revealed that setting goals about old age was not prioritized. Therefore, those who resigned or retired early did not plan for old age. The reasons being that resigning was not instigated by them but by their spouses. Those who had volunteered to resign had different reasons. R.06 did not want to go on transfer, R. 08 was frustrated in her workplace, R.01 resigned to start a business. While R.02 retired because she was tired of what she was doing thus their old age was not planned for. In the group who had reached retirement age only one had planned or set goals for old age and was happy to see the goal had been fulfilled.

Openness to New Experiences in Old Age.

This study sought to establish how the elderly people were open to new experiences. Their responses are intimated in the following sentences:

R.02 (age 75) intimated that:

I have been open to new experiences like building a new house when my husband and I had difficulties climbing the stairs in our old house. We sold part of the land and built a house with no stairs which made life bearable. I also belonged to social welfare a group in church which helped people who had financial difficulties. The members thought of a better way of helping the needy instead of giving handouts, so we started a SACCO, and I became their treasurer. This helped the congregants especially those who had no jobs to take the loans to invest instead of waiting for handouts. I have also been teaching Pastoral classes to pupils from the neighbourhood public primary school 2hours a week. We started to walk 5-6 kilometres on alternative days with a neighbour to keep fit since I now have all the time. This makes me happy.

Similarly, R. 08 (age 74) reported that:

After retirement, I did business selling soap and trench coats for some time, but I later stopped when they flooded the market. I then went back to school to do a diploma in Psychology Counselling. I use the knowledge in the children's department to talk to the neglected children. I have been travelling out of the country and visiting the countryside excites me.”

R. 04 (age 65) similarly stated:

I went back to school and finished a higher diploma in Counselling psychology. I started two schools from a scratch which are still running. After my husband passed on, I

constructed a house which has a tenant now. I manage an up-country farm with trees, and I coordinate a financial table banking where I am a chair lady. In the church I have been a ministry leader in many ministries, and I am currently in the elders' court.

R.05 (age 61) similarly reported:

I Started an NGO, Mission Sustainability in Africa because when the missionaries leave, they create a vacuum. We are working with 25 missions under CHAK (Christian health association in Kenya) an evangelical umbrella of all missions dealing with health. We raise funds to support doctors in mission hospital. The NGO does not pay us a salary but Billy Graham Foundation where I am a member of the board of directors supports us through Samaritan purse. I benefit when they give me consultancy. The foundation gives three billion per year to Kenya and South Sudan. I have started building a mission hospital in Kabarak. We have raised 30 billion for the project. I will be the coordinator in Kabarak after the project is over. I will still be involved in rebuilding the mission hospitals infrastructure which will take 10 years.

From the focus group discussion, the elderly said this about being open to new experiences:

R.002 (age 75) said:

‘After I retired, I was still strong I went back to school. I did a diploma, a bachelors and a Master’s degree in Counselling Psychology. I also changed the profession. I am now a practicing Counselling psychologist.’

Similarly, another R.004 (age 75) said:

“I retired and just stayed at home. You need money to do anything, and the retirement money was not much.”

Most of the elderly between 60-75 reported that they were open to new experiences. Self-improvement was reported in new habits like exercising where four respondents either went to the gym or walked to keep fit. Nine respondents were involved in church activities and social activities. The respondents who took part in community development activities were nine. The elderly people reported development of new skills like building houses depending on their resources. Only one respondent from the in –depth interview had not built a residential house for the family. Some had improved their businesses through loans which gave them a sense of fulfilment and contributed to their psychological wellbeing. These sentiments reveal that good health and financial resources enable the elderly people to be open to new experiences.

Not all the Respondents felt they had been open to new experiences. R.09 had this to say in old age:

I have not done much on my own since my husband died. I have maintained what he had left. I have been busy paying debts and finishing what he had left. However, I have joined fellowships like widows' fellowship where we encourage each other. I donate to the needy without feeling guilty or having to explain to anybody and I have learned to make decisions on my own.

The elderly people reported that they started new ventures after resigning or retirement from work. These included building of homes and rental houses, engagement in community endeavours like, exercising and going back to school. Starting new ventures is consistent with the findings by a study conducted in the West Bank, Palestine, by Halaweh et al., (2018). The study found that the perspectives of older adults are based on their perceptions of their psychosocial wellbeing which revealed that autonomy and independence were critical to ageing well.

Personal Independence and Self-Reliance and Their Importance to the Elderly

The study sought to establish how personal independence and self-reliance were important to the elderly, how they contributed to their personal development and to their psychological wellbeing. The respondent's sentiments are reported here below.

R.01 also said:

I had started dairy farming but when my husband passed on, the children left home and I started getting sick, I had nobody to source the feeds and the workers were unreliable, so I sold the animals. I did not do anything new. I live a day at a time. Respondent No.06 stated that: As of now I do not do much. If I had resources, I would but we used all the money we had to educate our children to the best schools even outside the country. We have some rental houses which pay our bills other than walking with my childhood friend as a form of exercise I have not started anything new.

The elderly people reported that loss of mobility and ability to perform daily living activities, spouse bereavement, decreased social economic status in old age can lead to reduced capabilities and loneliness and psychological distress. These sentiments confirm the findings by (Bendaso & Han, 2021; Grimmer et al., 2019; Parra-Rizo & Sanchis-Soler, 2020).

Regrets and Disappointments in Old Age.

The study sought to find out whether the respondents had any regrets or disappointments in their personal development as intimated by the following responses:

R.01 (age 69) reiterated:

I wanted to have a mechanized dairy from where the community would learn about dairy keeping. I tried but my sickness, death of my husband who used to help me run it after he retired and the children leaving home and unreliable workers made me sell the animals and

killed that dream, Plus the children were not interested in running it. I cannot move from one place to another because of arthritis so even if I wanted to go for a walk I can't.

R.05 (age 61) said:

I had hoped to have bought land and built a house for the family but bringing up the children took most of our resources. My wife is retiring next year, and the children are busy with their lives. We have decided to settle in some land I bought that means only my wife and the young girl will live in that house so this for me is a regret.

Similarly, R.08 (age 74) said:

I retired early and had not prepared for it so lack of enough money to start a project stops from having personal development. The money belongs to my husband, and I really do not have a say on how it will be used. I regret not going on with school. I was not exposed to any career development. During my time you either became a teacher, a nurse, or a secretary. I think I would have had a good career because I was bright in school.

R.07 (age73) stated:

I regret retiring early without a pension. Although I helped in building the houses, I had to account for every coin I used. I was not really in charge and even when another piece of land was bought to build the houses that I was told are mine, to be collecting rent, the land is not in my name. It is in my husband's name, so I have nothing. This has affected my wish to develop anything in my name. From the two respondents there are cultural undertones of what belongs to the family and what belongs to the family members which results to disappointments.

R.11 (age 63) had this to say:

I was hoping to have a fulfilling marriage and family life but my issues with my stepchildren and my husband did not make it happen. I was also looking forward to a life of retirement with my children, but they relocated to America. I do not know whether to sell my property to join them or not. I had not saved any money for retirement and my relatives have been taking advantage of me, so I have been giving them my pension until I have decided to put up a building. I wish I had a saving culture I would have been very far.

According to the findings, four respondents said they were happy with how their lives had turned out. The other seven had regrets and disappointments of things they felt they should have done, and they had failed to do. From the above sentiments R.01 regretted a failed business, suffering from old age diseases like arthritis and diabetes, bereavement of a spouse and family feuds. Some reported lack of finances as some respondents had retired without any pension. Others like R.08 reported patriarchal patronage as culture dictated that everything she had belonged to the husband even when she had contributed. Other regrets were as a result of lack of financial education, not having gone back to school, not having enough money to carry out their plans, the fact that their husbands made them retire without pensions and having no saving culture.

This had impacted on the psychological wellbeing of the elderly. Similarly, a study in Ghana by Dovie (2018) and another one by Baido et al. (2018) noted that lack of financial literacy leads to lack of basic financial concepts which translates to unpreparedness in old age and hence poor personal development and therefore poor psychological wellbeing.

Perception of Their Self-Acceptance

This study sought to establish how the elderly people were open to self-acceptance in old age. Their sentiments are stated in the following sentences:

R.02 (age 75) stated:

I have health issues like I have arthritis. Retirement also meant I have no salary and the pension is not enough. There is also loneliness since I no longer have visitors, but I think I am doing well. I walk to keep fit and this helps me with arthritis. We now live in a bungalow, so I do not have to climb stairs. I live on what we get from rentals, and I read or join neighbours for a walk. I am doing what I can and living within my means. I can say I have adjusted to old age.

Similarly, R.05 (age 61) stated that:

“At 61 I do not consider myself to be old. Although I am not in formal employment, I’m busy five days a week running a project so I’m happy with my life”.

R.10 said:

I have issues with my health as I have diabetes and problems with my eyes but that does not stop me running my dairy farm. I follow the doctor’s instructions and move on with life. I change what I can but accept life as it comes.

On the same note, R.03 (age70) noted that:

I enjoy travelling and I have a lot of invitations the challenge is I have no one to leave at home. I feel lonely especially in the evenings when I am alone. I think I am still struggling with grief. I have to make decisions alone and I was used to sharing but there is nothing I can do about it I have accepted life now. I sing when I am sad and call the children when I need them and look forward to the widows’ fellowship.

From the focus group the discussion on self- acceptance the respondents said the following.

R.006 (age 64), said:

“The fellowship every Wednesday helps me to accept myself and sharing with others gives me hope that God knows all my struggles and he will see me through.”

From focus group discussion 2, R.0002 (age 73), said:

I have learnt to accept things I cannot change and move on with my life. My husband is a traditionalist and everything we have acquired has to be in his name. I cannot keep thinking about that, so I go out with my friends and enjoy myself.

The elderly people between 60-75years reported that they were open to self -acceptance to self and others. Those respondents who were self-accepting were nine. They reported that were living within their means, keeping themselves busy and joining church groups. Those who had trouble accepting themselves in their present age were two. In relation to self-acceptance, the study sought to find out the respondents’ challenges as revealed in their strengths and weaknesses which are components of self-acceptance.

Adjustment to Old Age.

The study sought to understand how the elderly people had adjusted in old age. Their sentiments are captured here below:

R.10 (Age 74) said.

I live a day at a time. I need to be self-sufficient and to look after myself and not be a burden to anybody. I have diabetes which I control by following the doctor’s instructions. My sight is also failing so when I need to deliver milk far from home or when I need to go upcountry, I normally ask my son to drive me.

Similarly, R.03 (age 70) also said:

When I'm lonely I normally sing, When I'm stuck in decision making, I hold online meetings with the children where we deliberate on the issues and agree on the way forward. The widows group helps me to share any concerns I might have.

Likewise, R.02 (age 75) reiterated:

When my husband and I could no longer negotiate the stairs, we sold part of our land and built a bungalow. We also rented our old house which gives us money to pay our bills and not to rely on our children for upkeep. We also have money left to pay for the health insurance just in case we fall sick.

R.003 (age 68) from the Focus Group Discussion said:

I bought a car which helps me to move from one place to another. I have a pension and I live within my means. This means I had to scale down my expenses. The fellowship gives a chance to connect with people my age especially when I lost my husband.

The elderly people said they had adjusted to old age. R.10 lives a day at a time, controls diabetes by following the doctor's instructions and is driven around by her son because of her failing eyesight. R.02 who has arthritis adjusting to old age meant building a bungalow because they could not negotiate the stairs with the husband and going for walks with neighbours to keep fit. R.03 sings when lonely, consults her children in decision making and has joined the widows' fellowship for company. R.003 bought a car to ease movement, she scaled down her spending and has kept busy by joining groups like the ladies' fellowship. They have also learnt to live within their means through the investments they had before their present age like rental houses Adjustment to old age means sculpting a meaningful life as an older person. It also means

experiencing good health and leading satisfying lives as a result of making sustainable lifestyle choices to age successfully (Steptoe & Fancourt, 2019).

Poor Adjustment to Old Age.

On the other hand, there were two respondents who had not adjusted to old, and they were not happy with their life. These were their sentiments:

R.01 (age 69) said:

I wake up alone, sometimes sick, the children have moved on, but life has to go on. I cannot force my children to leave what they are doing to look after me, so I sort myself out. They are still my children. I have no grudge against them. I accept them the way they are and move on with life.

In this regard, R.11(age 63) said:

There is nothing I can do about my life now. The neighbours are busy with their lives, and I have to get used to living alone. I decided to start building a house to keep busy. Building goes on when I have money and when I do not have money, I stop. I am yet to decide whether to relocate to join my children in America or not. As for now I live a day at a time.

R.01 has poorly adjusted herself to the present life. She is not happy the children are not looking after her but life for her has to go on. R.11 has also resigned herself to a life where neighbours have no time for her, so she immerses herself in a building project while wondering whether to join her children abroad or not. What came out from these two respondents was that they were lonely and not happy with their lives therefore they lacked self-acceptance and adjustment to their circumstances in old age which impacted their psychological wellbeing negatively. This is contrary to a study by Orang et al., (2018) that the elderly had the greatest ability in terms of meaning in life, self-acceptance, personal growth, and life purpose. On the other

hand, this is consistent with what Ryff and Singer, as cited by Medvedev and Landhuis (2018) noted that an individual's ability to accept various aspects of self, both positive and negative, is a step in the right direction toward increasing positive self-acceptance and therefore improving their psychological wellbeing.

According to the objective of the study, the elderly peoples' perception of their transition to old age, impact of their autonomy and their self-acceptance are likely to influence their psychological health. Most elderly people believed that their lives had meaning because of their proximity to family, their willingness to give back to the community, and their involvement in church activities. Prioritizing personal development goals before retiring was not done, but the elderly followed their cultural expectations. The elderly people were open to new experiences, but their health, financial independence, personal independence, spouses' deaths, and children moving out home, limited their ability to grow personally and psychologically. Most elderly people perceived that partaking in activities they valued, like having family close by, completing projects, and participating in social ventures gave their lives a meaning.

On the other hand, ill health that led to restricted mobility, the loss of loved ones, the dissolution of social networks, estrangement from the family, and children leaving the house was the cause of poor mental health. The elderly experience a lack of belonging due to cultural beliefs and inheritance disputes. The elderly believed they had achieved self-actualization when they conformed to the cultural norms of owning a home, raising a family, having sufficient financial means, and being able to go about their daily lives without assistance.

Elderly Peoples' Perception of Their Social Wellbeing

The second objective of this study sought to understand how the elderly's perception determine their social wellbeing. The research question that the study sought to answer was: How does the elderly's perception determine their social wellbeing? This objective attracted several themes as shown in the table below. To achieve this objective, the study interviewed the elderly on their social integration at their present age, how they had attained social coherence and in which way they had acquired social acceptance how it had influenced their social wellbeing. Under social integration the study interviewed the elderly on their roles in the community before and after their present age. Under social coherence, the study interviewed the elderly on their social networks before their present age, how often they met the community members now, the strength of their relationship and the sense of solidarity among members Under social acceptance, the study sought to find the sense of solidarity in the community, social inclusion in the community and their lack social acceptance, if there was social interdependence in their community and if they enjoyed the social support and how this contributed to their social wellbeing. The study also interviewed the elderly on how their age prevented them from having social wellbeing.

Data on how the elderly perceive their social well-being was obtained by extracting various expressions of respondents' subjective experiences. Table 13 displays the findings, which are represented by a summary of themes and sub-themes captured during the in-depth interviews and Focus Group Discussions as indicators of social well-being.

Table 13: *Themes and Sub-Themes Indicators of Social Wellbeing.*

Themes	Subthemes
Perception of social integration in old age.	-Social life before retirement/resignation -Social roles and contribution -Poor social integration in old age
Perception of their social coherence	-Social networks before their present age. -Social networks and social wellbeing -Lack of social networks and their social wellbeing
Perception of their social acceptance	-Sense of solidarity in the community -Social inclusion in the community - Lack social acceptance in old age

Perception of Social Integration in Old Age**Social Life before Retirement/Resignation.**

The study sought to ascertain the social life of the elderly people before retirement or before resignation as per the following excerpts:

R.01 (age 69) stated that:

I loved to have fun, going for parties, hosting, and going for drives and holidays with family and friends. I belonged to the women's guild in my church and was involved in neighbourhood events. I also was holding trainings when I had cows. I was active in church groups. We would visit the sick, help in the brigade or the youth. We also had women's groups where we would contribute and take loans.

While R.08 (age 74) added that,

In church I held positions which gave me satisfaction. I was a member of the women guild in church and a member of many women's groups some in which I held leadership

positions. I was also I m a member of the neighbourhood group. In up country I did not play any role because it was far, we only used to visit there over Christmas holidays.

While R.11 (age 63) stated that:

I was involved in sports in the bank. I was also involved in politics, and I campaigned for my husband, so I was involved in women groups and the youth in upcountry. I have been an usher and a Sunday school teacher, a life group member, prayer ministry member, I helped the international students from Africa International University in my church. I also supported those who have been bereaved from the neighbourhood.

Most of the respondents reported a vibrant social life, involvement in community, the church and family life. Most of the respondents held various roles in their communities before they retired. Those who were actively involved in their communities were eight while three respondents were too busy building careers and bringing up their children to get involved in community affairs. According to the respondents in the aforementioned excerpts, social integration led to people being happier and enjoying their connections. Others were given the chance to develop their leadership abilities within their social networks. Participation in the groups appears to be accompanied by support, such as in bereavement. It also resulted in advancements in leadership and humanitarian service.

There were those who were too involved in looking after their families to get involved in community participation. Below are their responses:

R.04 (age 65) said that: “I was working and growing the family, so I did not play any roles in the community”.

While R.02 (age 75) added that:

“There was not much involvement. I was busy with school and family although I was still involved in the church as an usher and women’s meetings and family retreats.”

R.09 (age 65) also responded that, “I was too busy working and bringing up the family to play any leading role.”

R.06 (age 72) stated:

“Before retirement I was so busy working and moving from one place to the other to get involved in community engagement.”

The findings indicate that many of the elderly people led vibrant social lives before retirement or resignation. They went for parties, hosted people in their homes and they were involved in church groups and in their neighbourhoods. They also held leadership positions, took part in sports, and supported the needy. At the same time, they were also raising families and supporting their spouses in their work. In Eric Erickson’s theory the basic task in middle adulthood at age 45 years to 65 years is development of generativity, which is the urge to expand one’s influence and commitment to the family, to the society and future generations. The study’s population is between 60 -75 years so the seventh developmental stage spills over to the eighth stage of Generativity Vs Stagnation (Roy, & Panda, 2022). This then explains why most of the elderly were involved in their communities and their families.

Social Roles and Contribution in the Present Age.

This study sought to find out the social contributions of the elderly in their communities at their present age. Their responses are captured in the following sentences.

R.02 (age75) said:

I'm involved in Deborah women's welfare where we do table banking once a month. I teach the word of God in a Primary school once a week, I organize to help the needy children in Hadassah children's home an orphanage once a year, I'm a member of the neighbourhood groups and I lead my bible study group life group.

Similarly, R.06 (age 61) also said:

I'm involved in raising money to build churches, I'm a board member in Kapsowar, Kabarak and I'm also in the board involved in coordination and the rebuilding of the infrastructure of missionary hospitals in Kenya. I encourage my children to take part in church functions and help in building churches upcountry.

R.04 (age 65) also reiterated:

I have been coordinating table banking. I'm the chair of the neighbourhood women group. In church I led women's and other ministries. Currently, I'm a member of the elders' court, the call committee in the church, resource mobilization committee, mother of Abigail family in the church and a mentor to many young people. I find myself coordinating families, weddings, and funerals.

R.07 (age 65) added:

I'm a member of Catholic Women Association, we are divided into cells we fellowship together every Monday evening. I belong to Jumuia (Small Christian community Meetings), which deals with a specific area where we meet to pray, take part in weddings or funerals once a month. As a member in CWA (Catholic Women Association), we each have a day to lead prayers. A member of MGR merry go round of 12 women in the neighbourhood which tries to bring the neighbours together to know each other. We also

have a group called “Kenyu na kenyu” (unity is strength) meet every month in each other’s house laugh and do merry go round. We were in school together from form one to form six. We know each other’s family in and out. We have been friends for almost 40years. We have a what’s up and we share. If it is good, we celebrate if it is bad, we pray for each other. We are too close. I also belong to golden mothers who contribute some money every month. We are about 50 and almost the same age and we meet once a month. They also are almost the same age. The meetings make me feel lively and happy I don’t want to miss them.

The findings revealed that eight respondents were still involved in their communities. They had membership in women’s groups, involvement in churches, community economic ventures which promoted their social wellbeing. On the other hand, three elderly people were no longer involved in their communities. The findings from the above extracts revealed that the elderly people had membership in social groups. They were involved in their churches, in their neighbourhoods and in economic ventures which led to their being integrated in their communities. Social participation gave the elderly people social, emotional, spiritual, and economic support. It also brought them happiness, raised their self -esteem where they felt they were still valuable and therefore contributed to their social wellbeing. These findings agree with other studies that in old age, the concept of social participation leads to social integration, and it is highly valued because it is one of the determinants of the health of the elderly people (Aroogh, & Shahboulaghi, 2020; Hämmig, 2019). The study also found that respondents who lived in gated neighbourhoods which shared community facilities like security were more integrated than those who lived in their own compounds. Some respondents had social networks they had kept since they were in school which helped in their social wellbeing.

Poor Social Integration in Old Age.

The study sought to find out how the elderly experienced poor social integration in old age. Their various sentiments were captured in the following narration.

R.01 (age 69) narrated that:

Losing my husband and getting sick brought uncertainty and changed my social life. The social connections when I was working are no more. People do not visit me anymore and I miss company. They only come when I have an occasion. They also do not call. I have no more social roles since I'm no longer mobile. In the church the roles are given to young people and by the time the church is over I'm so tired I just go home to rest. The grandchildren I hoped to spend my old age with do not even want to talk to me or come near me. They only come when their parents send them, and they are always in a hurry. I don't know whether their parents speak ill of me.

While R.08 (age 7) added:

"I retired in the church at 65 as a leader to allow the younger generation to serve. I'm a church member who attends meetings, I still belong to women's guild, but I'm no longer actively involved in social groups".

R.01 (63) said:

I moved houses and in my present neighbourhood there are young people who are busy raising families. I only see one who checks on me and who looks after my house when I have travelled. I'm no longer involved in the roles I played before. I lead a quiet life.

Some elderly respondents had poor social integration which compromised their social wellbeing. This was because of bereavement of spouses, dwindling social networks, lack of social roles, broken family ties leading to isolation and loneliness. R.01 reported that of death of her

husband, sickness, which led to immobility, dwindling social networks, lack of social roles, and broken family ties led to poor integration. In addition, her friends and her children had stopped visiting her. The broken family ties meant she was no longer in touch with the family. The roles the elderly held when they were young are now given to the younger people. R.01 lacks social involvement in her community as she no longer has social roles, has no connection with social networks. She is lonely and has self-pity, which is consistent with the findings of Hämmig, (2019) who noted that lack of social integration leads to social isolation and loneliness, which affects the elderly's social wellbeing. Furthermore, she has emotional cut-off from the family as she suffers from the separation or isolation from the family of origin and her children and grandchildren seem to avoid her to escape conflicts as earlier posited by Lampis et al. (2019).

R.08 and R.11, have less network involvement, meaningful social contacts, and community involvement which are not dependent on family members and community services. This makes them vulnerable to social isolation, loneliness and therefore compromises their social wellbeing as noted by Hwang et al. (2020). It is also worth noting that the social ties have dwindled due to retirement, death of friends and relatives, resulting to their living alone as in R.01 and R.11 and this has affected their social wellbeing as was also noted by Torres (2018) and Holt-Lunstad, (2020).

Perception of Their Social Coherence in Old Age

This theme came forth as the respondents responded to the question how old age had impacted on the elderly people's perception of their social coherence in old age. The theme had several subthemes like: Social networks before their present age, social networks and social wellbeing in old age, and the elderly peoples' lack of social networks and their social wellbeing.

Social Networks, Before Their Present Age.

This study sought to establish social networks of the elderly people before their present age. The sentiments are captured in the following conversations.

R.07 (age73) narrated:

We have a group called Kenyu na kenyu meet every month in each other's house laugh and do merry go round. We were together in school together form one to form six. We know each other's family in and out. We have been friends for almost 40years since form one.

R. 04 (age 65) added:

I had friends from work, but the friendship ended when I stopped working. I have been close to my siblings. We used to have family friends when we were younger but after my husband died the friendship dwindled. They no longer visit or call us.

At the same time R.03 (age 70) explained:

I had many friends when I was running a business. I also had a chance to travel with them since we could get free tickets. We hosted many of these friends and visited them too.

Since I stopped working and my husband died, I don't like seeing any of them.

R.11 (age 63), stated:

"I had no real friends in school, nor did I have lasting ones at work. I can count those I can call friends. No one visits me now since my husband died."

Most of the respondents reported they had rich social networks before their present age. The analyses derived from the aforementioned excerpts indicate that some elderly people had close connections some since they were in school. They group met regularly and provided social and financial support. Some networks stopped when the elderly people stopped working, when their

business ended and when their spouses died. This resulted to lack of connectedness and feelings of lack of sense of belonging and loneliness.

Social coherence refers to the social connectedness and solidarity that provide elderly people with a sense of belonging in their relationships and the society in which they live. It can also be seen in the members' willingness to work together for survival (Hourzad et al., 2018). Social relationships, which can be dyads of family, friends, or co-workers, ensure the physical, financial, and cognitive well-being of the elderly (Hsieh & Liu, 2021). Individuals can use social networks to join and participate in groups and community organizations (Choi et al., 2018). From the respondents, sentiments the respondents reported that they had rich social networks before their present age.

However, R.11 reported that she had no real networks before her present age neither did she have any social network at her present age. The death of a spouse, loss of jobs and loss of businesses affected the elderly peoples' networks. These losses affected their social wellbeing this then means that if one suffers a loss then they need to be helped to go through their grief.

Social Networks and Their Social Wellbeing in Old Age.

The study also sought to establish what social networks the elderly had and how they had impacted on their social wellbeing. Their sentiments are recorded in the following sentences.

R.05 (age 61) noted:

I'm a member of an engineers' group of 300 who we studied with in the university. We raise money to help each other in case of a problem, we check on each other through online chatting platform and we invite each other for our children's functions. If there is one of us who is unwell, we send those who live near them to check on them. If money is needed, we will raise it. When we can, we will visit. This gives me a sense of belonging.

Likewise, R.06 (age 72) also said:

I still have friends I grew up with. Like the one we walk with in the morning we have been friends since we were growing up. I have others I have acquired as I worked and in church, although we do not meet often, we touch base through the phone.

R.07. (Age 73) stated:

I belong to a merry go round of 12 women in the neighbourhood. We were trying to bring the neighbours together to know each other. I'm also in group called Kenyu na kenyu (unity is strength) where we meet every month in each other's house to laugh and do merry go round. We were in school together from one to form six. We know each other's families in and out. We have been friends for almost 40years. We have an online chatting platform group and where we share our lives. If it is good, we celebrate if it is bad, we pray for each other. We are too close. I'm in another one called the golden mothers. We contribute some money every month we about 50 almost the same age we meet once a month. These meetings make me lively and happy I never want to miss them.

R.08 (age 74) indicated:

I belong to a church group we are close to each other; this helps us speak out. If there is a crisis the 3 elders help you with prayers. There is trust and they make you comfortable. For example, if there are losses of a loved one even before you tell your family, they will mobilize other church members. They will come home to see what you people need and arrange whatever needs to be arranged. They are dependable, trustworthy and they offer their presence and organize prayer.

According to the findings out of eleven respondents six said they had strong social networks which had positively impacted on their social wellbeing. The respondents belonged to

welfare groups and church fellowships which gave them economic support, social support, and a sense of belonging. This impacted positively on their social wellbeing. From the above discourses it is clear that the respondents had maintained social networks through welfare groups, church fellowships and friends they had some from high school. They also felt socially accepted and had a high social wellbeing. The respondents whose strong networks exuded happiness and looked forward to meetings with their social networks. Additionally, they had a sense of belonging where they felt a connection with those they related with. This brought about a sense of social acceptance and an attachment to the outside world. There was an interdependence where each enjoyed economic and social support, and a willingness to rise to any occasion required of them from their friends.

Lack of Social Networks and Their Social Wellbeing in Old Age.

On the other hand, five of the respondents said they had no social networks which had impacted on their social wellbeing. Their sentiments are indicated in the following responses:

R.11 (63) reiterated that:

I don't have networks from where I used to work or where I went to school. We, however, have a Sunday school teachers' group and we check on each other once in a while and we meet monthly. In case of an emergency, we have a neighbourhood online chatting platform group where we communicate information. It is not an intimate group and I'm just a member, so it does not impact on me in any way.

Similarly, R.04 (65) said:

"I don't have very close friends from where I went to school and from work. I have five phone friends, but my true friends are my neighbours".

The same sentiments were noted by R.09 (65) in the following sentences:

“I resigned at 32 years so I don’t have work social networks neither do I have networks from school I can talk of. The groups I have are not very close to me to make any impact”.

R.01 (69) said:

I have no social networks since I don’t go out because of arthritis. I used to go to the club but because of lack of resources I no longer go there. I don’t have any merry go rounds neither do we meet as a family. I go to church for the church service and come home. There are no church groups for people my age.

The discourses above revealed that the respondents who had strong networks exuded happiness and looked forward to meetings with their social networks. Those who had no existing social networks either from the schools they had attended or places they had worked felt isolated and not socially accepted. Sickness and lack of mobility was a contributing factor to some of them experiencing isolation, loneliness, lack of social acceptance and therefore poor social wellbeing. Limited finances and failure of the church to factor the elderly in groups also made the elderly to lack social networks. They experienced loneliness and self-pity and hence low social wellbeing. This is consistent to a study by Wang and Tang (2020) in China which posited that because of lost networks, the elderly reported feelings of insecurity, vulnerability, isolation, and a perceived lack of attachment figures especially in urban areas.

Perception of Their Social Acceptance in Old Age

This theme came about as the respondents responded to the question on how they perceived social acceptance in old age. The theme generated several sub-themes like sense of solidarity in the community, social inclusion in the community and lack social acceptance of the old age.

Sense of Solidarity in the Elderly Peoples' Community.

This study sought to establish the sense of solidarity in the elderly peoples' community.

R.0005 (age 65) from a focus group discussion said the following:

Some of my neighbours are very close to me. Whenever I have had an emergency, they are the first to arrive. The same applies to me when they have emergencies like bereavement or if their siren sounds, I will be concerned about it.

In addition, R.03 (70) responded:

In my family of origin, I play the role of the head of the family since my brothers died that means there is nothing that can go on in the family without me getting involved. The two children who are living outside the country call me all the time and come to visit with their families when they can. My son who lives next door checks on us with my daughter who lives with me. We have a family conference call once a week. The neighbours and the members of the church visit when a calamity like when I lost my husband struck. The neighbours and the larger family involve me in their occasions. They can even postpone their functions when I'm not available.

While R.07 (age73) also added:

When they don't see me, they ask what is wrong and look for me. If it is a wedding, I don't wait to be invited. I go and ask what I can do or how I can help. I'm supposed to be there I'm completely involved in their social lives.

R.11 (age 74) said:

"The church is like a family. We are zoned into groups. If I have an issue, they are there for me. The neighbours also give me the same assistance when I need it."

From the focus group discussion, R.002 (age 75) noted this:

One of the members of this group has a big car and her driver come picking all of us who can't drive or have no cars and drops us after the fellowship. We also check on each other and send apologies when we miss out. If one is sick those close to them will check on them.

Social coherence refers to the social connectedness and solidarity that provide elderly people with a sense of belonging in their relationships and the society in which they live. It can also be seen in the members' willingness to work together for survival (Hourzad et al., 2018). Social relationships, which can be dyads of family, friends, or co-workers, ensure the physical, financial, and cognitive well-being of the elderly (Hsieh & Liu, 2021). Individuals can use social networks to join and participate in groups and community organizations (Choi et al., 2018).

From the above conversations the study found that the elderly people did not visit each other in the neighbourhoods but would have occasional meetings like if they were invited for functions or if there was a calamity like death or if there was a common problem. It also emerged that the relationships of the elderly in this community was not so close, and that the closeness was mostly occasional. Other meetings were periodical like church meetings and family meetings. On the other hand, those who belonged to the Wednesday fellowship group were close as the fellowship had been going on for 30 years. Those who had their children as neighbours visited them. The rest of the people did not check on each other but their meetings were periodical necessitated by things they had in common like the church or matters to do with neighbourhood security.

Social Inclusion of the Elderly in the Community.

This study sought to establish how the elderly felt they were socially accepted in their community. The following are the respondents' disclosures:

R.02 (age 75), said:

The neighbours normally invite me to their functions and when I need them, I invite them, and they come. Like when I invited them for my son's wedding those that I invited came. They remember our wedding anniversary and birthdays and send gifts. I'm also given roles to play like praying in their functions.

In addition, R.03 (age 70) also retorted:

When I had a problem like when I lost my husband, the neighbours all came to help in the funeral arrangements. I'm free to call them any time I need them, and they also call me when they need me. They are warm towards me.

R.06 (age 72), also said:

They call upon me when they have medical camps. They also invite me to be a member of Board of Management in local high schools' up country. I'm one of the leaders in the Neighbourhood and they come for consultations when they need me. It also the locals who have a say on who they want in their boards this then shows they know I have something to offer along with the local academic giants like Professors who are the other members of the board.

R.07 (age 73), added that:

When I have a problem, they visit me and provide financial aid. They also invite me in their own houses for their functions. They will not hold functions without me and receive my help. If I find many cars outside their home, I will just go and ask if they are okay.

The results indicated that nine of the respondents felt they were socially accepted in their communities when they were given roles to play in the community, invited to functions and when they received or gave aid when there was an emergency like sickness or death. These responses indicate that the elderly people feel that they are accepted in their community, and this translates to their social wellbeing. Social acceptance is the process of being accepted by the members of a society and being assimilated into that society. It is marked by increased frequency of interaction with neighbours or when other people show signals that they want to include the elderly into their groups or relationships (Bartels et al., 2019). This is noted when they are given roles play in her neighbours' functions and when they attend children's weddings, remember each other's' birthdays and anniversaries. This makes them feel valued and have a sense of belonging. Social acceptance also entails respecting the elderly and seeing that they have something they can contribute to the community. This is when the community acknowledges R.06 can give his expertise in medical camps and R.07 is concerned with what goes on in her neighbourhood. Social acceptance is seen in the interdependence in the community and social relationships, and it ensures everybody enjoys equal social support. This is noted when the neighbours turn up as noted by in case of death.

Lack of Social Acceptance in Old Age.

The study sought to find out how the elderly people experienced lack of social acceptance. Their responses are capture captured below:

R.01 (age 69) had this to say:

The social connections I had when I was working are no more. People do not visit me anymore and I miss company. The neighbours only come when I have an occasion and that is when I invite them. They also do not call or check on me. I have no more social roles

since I'm no longer mobile. In the church the roles are given to young people. I don't think the community cares for old people like me.

R.11 (age 63) had this to say:

The neighbours live their own lives. None of them call me and I don't feel free to call them or visit them. In the church only my Sunday school group can check on me when they don't see me in the monthly meeting. There is a widow's group in church which I declined to join because I felt it was labelling. There is no other women group based on age. I have not been factored in by the local government in any social support group.

From the focus group discussion, R.003 (age 68), said:

The church does not include the elderly in their functions, I don't even know my neighbours. If you live in a gated community, then you have things in common but for me who live in my own compound alone if anything happened to me it would take so long for others to know.

According to the findings, the respondents who felt the community did not socially accept them were two. This was because the neighbours ignored their invitations, they were not given social roles in the community, nobody visited them, they had loss of mobility, they were not being factored in social groups, or they lived in isolated neighbourhoods. This therefore negatively affected their social wellbeing. It is worth noting that R.01, R.11, and R.003 are widows whose children have left home and they live alone. They feel they are not socially accepted by their communities. R.01 said she felt that nobody cares for the elderly people. The neighbours do not visit her, and the church does not give the old people roles to play. R.11 felt unaccepted since the neighbours were oblivious of her existence. In addition, she did not want to join the widows' group as she felt labelled. This might have been because she may have been going through the grieving

process as she had lost her husband. R.003 did not even know her neighbours as she lived in her own compound. The respondents lacked emotional and social support. This is consistent with the finding by Menec et al. (2020) that social isolation which can be caused by living alone and having no networks can lead to lack of emotional support and therefore poor social wellbeing.

High levels of social acceptance, coherence, and integration were present in many of the elderly study participants. Age-related social integration was higher in gated communities with common roads, neighbourhood events, and security. However, emotional cut-off in families has been linked to elderly people experiencing social isolation, loneliness, and separation from their families. The elderly felt a sense of social cohesiveness, solidity, and belonging during occasions like weddings, funerals, and church gatherings. In addition, the elderly felt socially accepted when they were invited to other people's events, given financial and social support when they were in need, and given leadership roles in their communities.

The study found that neighbourhood ties were random and only developed during events like weddings, funerals, and church meetings, which gave the elderly a sense of social cohesiveness, solidity, and belonging. The elderly felt socially accepted when they are invited to other people's events, receive financial and social support in times of need, and hold leadership positions in their communities. However, because they had lost their social networks, the church did not give them roles to play, and they lived in unfriendly neighbourhoods, the elderly felt abandoned, afraid, and unaccepted, all of which had an effect on their social wellbeing.

Elderly Peoples' Perception of Their Subjective Wellbeing

The third objective of this study proposed to understand how the elderly peoples' perception influenced their subjective wellbeing. To achieve this objective, the study attracted several themes like the elderly peoples' perception of life satisfaction the elderly peoples' perception of having a sense of belonging and the elderly peoples' perception of self-actualization in old age. The themes also attracted several sub-themes such as the meaning of aging well for the elderly people, factors that contribute to aging well, factors that inhibit life satisfaction in old age, factors that contribute to the elderly's sense of belonging, challenges of effecting a sense of belonging in old age, accomplishment of life's set goals and regrets of life's set goals in old age. Data on how the elderly perceive their subjective well-being was obtained by extracting various expressions of respondents' subjective experiences. The findings are represented in Table 14 by a summary of themes and sub-themes captured during the in-depth interview as indicators of their subjective well-being.

Table 14: *Themes and Sub-Themes Indicators of Subjective Wellbeing*

Themes	Subthemes
Elderly peoples' perception of life satisfaction.	-Meaning of aging well for the elderly people. -Factors that inhibit life satisfaction in old age -Patriarchal patronage
Elderly peoples' perception of having a sense of belonging	- Factors that contribute to the elderly's sense of belonging -Challenges of effecting a sense of belonging in old age
Elderly peoples' perception of self-actualization in old age.	-Accomplishment of life's set goals -Regrets of life's set goals in old age

Perception of Life Satisfaction

Meaning of Aging Well for the Elderly People.

This study sought to explore the perception of the meaning of aging well for the elderly.

Their sentiments are captured in the following sentences:

R.01, (age 69), said this about aging well:

I think I have aged well because I can take care of myself. I live in my own house. I have money to go to hospital when I'm sick. I have houses I rent out which help me to pay my bills. I'm in control of my life and I'm not a burden to anybody.

Similarly, R.02 (age 75), said:

I have aged well, we live in our own house, I have no diseases, my children are grown, I have no responsibilities, no stresses, I now live in a house with no stairs, I'm in a good neighbourhood, a supportive church and we had invested on rentals which pay our bills. I feel fulfilled and blessed.

R.04 (age 65) retorted:

I have aged gracefully. I have no struggles, still mobile, I run a school I have just completed a house and it has a tenant so I'm financially stable. I don't have a health condition and when I get sick, I still have a health cover so I can see a doctor. I bite what I can chew. I have accepted my present age and I'm happy.

While R.06 (age72) said:

I have no old age diseases and I walk 12 kilometres with friends. I rarely get sick, I have a small body, we live in our own house and have some rentals which feed us and pay our bills, our children live in America, and we do not burden them with our upkeep. I can say I have aged well.

From the focus group discussion R.0004 (age 63) said:

My husband's pension makes me feel secure because I go to hospital when I'm sick. I'm independent because I do not rely on my children. When they have no time for me, I pay a driver to take me where I want to go, or I take a Taxi.

R.0004 (age 64), from a Focus Group Discussion said:

“My sense of satisfaction comes from reading and sharing the word of God, coming for fellowship and visiting the members when they have problems.”

Life satisfaction reflects how people assess their lives as a whole based on their own standards (Bidzan-Bluma et al., 2020). It includes interpersonal relationships, satisfaction with one's health and personal lives, contentment with one's spirituality, and fulfilment with one's work (Kubiszewsk, et al., 2018). This translates to a feeling that one has aged well.

The respondents reported that aging well for them entailed having homes, being self-reliant where they can take care of themselves, leading a comfortable life, having no health conditions, having a health insurance to take care of them in case of sickness and being mobile to. The result of this study revealed that ten respondents felt they had life satisfaction because they were living in their own homes and not in rental premises and in good neighbourhoods. Failure to build a family home emerged as source of regret from the elderly. Six respondents pegged their life satisfaction and their aging well to the fact that their children were through with school and had jobs. On the other hand, five respondents felt they had not aged well because either their children had dropped out of school, or had not secured any jobs making, some had no families, making them dependent on the parents at their old age. Having self-reliance where they were financially independent, leading a comfortable life, having no health conditions, having a health insurance to take care of them in case of sickness and being mobile to move to where they want to

go meant that they had aged well. Three respondents attributed their aging well and life satisfaction to good health.

All the respondents credited their life satisfaction to their spirituality and from being involved in church functions and fellowships. This can be attributed to the fact that the study was on those who attended mainstream churches in Karen, Langata in Nairobi Kenya. This is consistent with the findings by Bidzan-Bluma et al. (2020) and Kubiszewsk, et al. (2018) that life satisfaction reflects how people assess their lives as a whole based on their own standards and it includes: interpersonal relationships, satisfaction with one's health and personal lives, contentment with one's spirituality, and fulfilment with one's work .This is the reason why it was imperative to do this study to get a phenomenological meaning of the factors that contribute to self- satisfaction of the elderly.

Factors That Inhibited Life Satisfaction in the Elderly People.

The respondents in the study felt there were factors in their lives that hindered them from fully attaining life satisfaction as captured in the following responses:

R.11 (age 63) narrated:

I wouldn't say I'm satisfied with life. My husband died when I retired and as if that was not enough my children relocated to America and I moved to a new neighbourhood. This has made me feel lonely. I was also recently diagnosed with diabetes and arthritis all these things have compromised my happiness.

While R.09 (age 65) said:

After my husband died the children started fighting for inheritance even after we shared what was there. Two children misused their money while the other three invested theirs. The two have even taken me to court and the judge ruled in my favour. I never knew I

could stay for a year without talking to my children. I have cut ties with them. I have decided everybody should stay in their own houses. I hope they will come back someday.

This of course makes me unhappy.

From the Focus Group Discussion R.003 (age 68) had this to say:

Death of my husband, health challenges, lack of a health insurance, limited finances and children living abroad hinders my life satisfaction. I'm lonely that is why coming for fellowship is good for me. The insurance brokers find the elderly like me to be high risk.

According to the study findings, limited finances, poor health, and lack of a health insurance, contributed to the elderly peoples' lack of self-satisfaction in old age. Death of a spouse, inheritance wrangles, family cut-offs for fear of conflicts also contributed to lack of self-satisfaction for the elderly. On the other hand, children relocating abroad, or moving to a new neighbourhood made the elderly experience loneliness which made some of them look forward to attending the church functions. Many of the respondents were managing diseases like diabetes, high blood pressure and arthritis and their perception of these diseases were compromising their life satisfaction in old age and therefore their subjective wellbeing. This was consistent with the study by Carandang et al. (2020) that self-rated health determined the self –satisfaction of the elderly and therefore their subjective wellbeing.

Patriarchal Patronage.

R.07 (age 73) narrated:

There are factors that hinder my life satisfaction in this age. The fact that my husband makes sure everything we own is in his name. One of our daughters cannot be given any property because she is married while my husband has gifted our daughter who is not married and our son a house where we live. This made my other daughter become withdrawn and made me wonder if getting married was a crime. This frustrates me and makes me feel like my needs are not taken care of because I'm a woman.

The same was stated by R.08 (age 74) said:

I'm not as vibrant as I was health wise, I have arthritis that slows me down. I'm on pain killers and I fear their side effects. I also retired early, and my husband and I invested together. Unfortunately, everything we have is in his name. Whenever we get the money, I have no say on how it is used. This of course does hinder my satisfaction and leaves me bitter.

R.09 (age 65) recounted her life:

After retirement at 32 years after having the last born the routine changed. I joined my husband in business to run a petrol station. This was not my dream, but I was told to resign. I had no formal salary or my own income. I felt disorganized since I had not planned for it. Relying on my husband to give me money was very difficult for me. I was angry at times. It depended on my husband's approval on what to spend. Working hours were erratic and unpredictable. I felt like I was floating.

The results of this study revealed that patriarchal patronage where the husbands controlled when the wives would stop working to excluding them from owning of property or their daughters'

inheriting property hindered their life satisfaction. The daughters were locked out of inheritance because they were married making them withdrawn and affecting their elderly mothers who felt that it was unfair. Forced early resignation or retirement, disorganized them since they had not planned for it. They invested with their husbands in family businesses while their husbands controlled the finances, left the elderly women bitter and unsatisfied with their lives. Relying on their husbands to give them money not only curtailed their financial freedom but made them angry at times as their husbands had to approve on how the money was spent. This amounted to following cultural scripts of patriarchal patronage where the husbands were the head of their households owning everything and controlling all the wealth. The belief also that women inherited wealth where they were married and could not be considered in sharing wealth in their families of origin. This would also reflect Bowen's Nuclear emotional process where one spouse presses the other to think in a certain way and exerts control over them leading them to having high levels of anxiety (Delvin, 2021).

Perception of Having a Sense of Belonging

This study sought to assess the elderly peoples' perception of their sense of belonging and therefore their subjective wellbeing. This theme attracted subthemes like factors that contribute to the elderly's sense of belonging and challenges of effecting a sense of belonging in old age.

Factors That Contributed to The Elderly Peoples' Sense of Belonging.

Social ties that come with a sense of belonging are a protective factor that aids in the management of stress and other behavioural issues (Strayhorn, 2018; Van Orden et al., 2021). To understand the subjective wellbeing of the elderly, the study interviewed them on the relationships within their contexts or the factors that contributed to their sense of belonging. Their responses are captured in the following sentences:

R.02 (age75), said:

I have a close-knit family. My sisters and brothers and their children are free to come and ask for help from my husband and I. We have educated most of them. Where I am married, we are also close. Our monthly meetings bind us and make us know each other. The church and social groups I belong to give to give me a sense of belonging.

R.06 (age72) also recounted:

The fact that I have a family who care for each other gives me a sense of belonging. The death of our last born brought my extended family closer. I have friends who I can rely on and who check on me. My neighbours and the church are also like family to me. The schools where I have been a member of the board and the upcountry neighbours are also like family to me.

Similarly, R.05 (age 61) said:

My family gives me a sense of belonging. I am a member of a group of 300 engineers who were in university with me. We raise money to help each other in case of a problem and this gives me a sense of belonging. Being a member of my church, a director of the Kabarak mission, the Samaritan purse, and the Billy Graham foundation

Likewise, R.09 (age 65) explained:

I get my sense of belonging through fellowship from various groups like the widows' fellowship in church. When my neighbours invite me when they have occasions, when they include me in the neighbourhood trips, calling to check on me or dropping by and inviting me to take walks with them. The church and the neighbourhood give me leadership roles.

The results of this study revealed respondents gained acceptance, attention, and support from close family ties, the church, social support from friends and being included in

neighbourhood functions. In addition, having leadership positions in the community gave the elderly a sense of belonging.

Challenges Affecting a Sense of Belonging in The Elderly People.

On the contrary, there were respondents who felt like they had no sense of belonging.

Their disclosures are picked from the following discourses,

R.01 (age 69) said:

I do not really have that sense of belonging I'm not close to my children but they at times come when I call them. My grandchildren who live next door only come to my house when their parents send them, and they are in a hurry to leave. My two sisters at times check on me. The Reverend can come when I miss to go to church like three times or send the elders to check on me.

Similarly, R.11 (age 63) explained:

My family of origin makes me feel like a stranger. When I go to help my mother, I am not sure whether my help is acceptable or not. I cannot leave my house to stay with her and she refuses to come and live with me because I'm her child, yet she is getting weaker every day and my siblings do not get involved in looking after her. I do not know whether to go and settle in my late husband's up-country home without an ancestral home, a husband, and the children. I do not fit in where I'm married since my stepchildren inherited the matrimonial home when my husband died, and I can't start building when my children relocated to America. This makes me feel lost and not have a sense of belonging.

According to the findings of the study, family breakups, due to conflicts, death of a spouse inheritance wrangles, stepchildren problems leading to family cut-offs as noted by Lampis, et al. (2019) compromised the sense of belonging of the elderly. Children living abroad or moving to a

new neighbourhood impacted on the sense of belonging of the elderly. Other challenges included culture that prevented the elderly from living with their ailing parents because they were married also affected the sense of belonging of the elderly people and their subjective wellbeing.

Perception of Self- Actualization in Old Age

This theme came about as the study sought to understand the elderly peoples' perception of self-actualization in old age. The theme attracted other sub-themes like accomplishment of life's set goals and regrets of life's set goals in old age.

Accomplishment of Life's Set Goals.

The study interviewed the elderly on their accomplishments of life's set goals, to better understand how self- actualization influences the subjective wellbeing of the elderly. The findings were captured in the following conversations.

R.02, (age 75) said:

I might not have set goals on retirement, but I live in my house, so I do not have to worry about rent. I have a car and I can drive from one place to another I also took children to school, and they are grown. Two are working but one is still looking for a job. I can still move from one place to another without any assistance and I do not have a major health problem.

Likewise, R.11 (age 63) responded:

I had not set any goals in life. Like any other woman my age I had a cultural script. To grow, go to school, get a job, get married, get children, have grandchildren, and grow old gracefully. I have lived a meaningful life and I am happy. I am waiting for grandchildren if God blesses my children, but unfortunately, I have to lead life alone since my husband passed on.

R.06 (age 72) also said:

I went to school, got married, raised a family, I can feed myself and I am financially independent. I built my family a home in Nairobi and upcountry. I took my children to the best schools abroad. Worked in good companies and rose through the ranks and became a regional director. I think I met most of the goals I had set.

Similarly, R.04 (age 65) replied:

I had not really set the goals. I had a supportive husband. We raised a beautiful family, we have a home in Nairobi and upcountry, and live in a good neighbourhood. Both of our families with my late husband have been loving and supportive. I would say I have lived a meaningful life other than the fact that I did not go back in school. Other than the feeling I should have travelled more I would say I am happy with my life.

From the Focus Group Discussions:

R.001 (age 65) narrated:

“My late husband told me to resign and join him in running the office. I had not thought about retirement at that age and therefore I had not set any goals.”

According to the findings of the study, many of the elderly had not set any goals. They had to fit in within the cultural scripts of going to school, working, getting married, raising a family, and waiting for grandchildren which made them feel they had attained most of the goals they were supposed to have accomplished. This is consistent with the findings of Chung et al. (2021); Lopez et al. (2020) and Saadeh et al. (2020), that studies reflect their environmental contexts and cannot be applicable in a different setting which justifies this study. This also agrees with Maree (2021) that people make choices in line with their social cultural needs and therefore the elderly needed not to have made personal goals in life but fitted in with the needs in the society. Self-actualization

is the process of fully realizing one's potential and developing one's abilities and appreciation for life. It enhances and influences the quality of life (Tripathi, 2018). It is experienced by the elderly when they reach their full potential by being content with their lives despite their limitations (Gholamnejad et al., 2019) The attainment of self –actualization led to Ego-Integrity according to Eric Erickson’s eight stage of psychosocial development (Henia,2021).

Regrets in Life Set Goals in Old Age.

On the other hand, some respondents felt they had not fully attained their self-actualization as captured in the following conversations:

R.01 (age 69), said:

I live on my late husband’s pension because I retired early, and my business failed and had not planned for retirement. We had issues in my marriage and my husband used to harass me. Sometimes I think the children treat me badly because they grew up seeing their father harassing me. Other than one of my children who went to America, three of my children did not do well in school. They dropped out of school in form four and they do not have good jobs. This makes me feel inadequate when other parents are talking about how well their children are doing. I ended up giving them a place to live in and sometimes it breaks my heart to see them struggling to feed their families.

Similarly, R.09 (age 65) explained:

Retiring at 32 was not my idea and sometimes it brings regrets when I see how my workmates rose in their careers. I also wished I could have gone on with school instead of dropping out at form four to get employed because I was a bright student. I also had a violent family life with a husband who was at times unkind. The fact that I am estranged from some of my children makes me wonder where I failed as a mother.

The findings revealed that although the circumstances of resignation were different for R.01 and R.09 the two respondents attributed their failure to achieve self-actualization to control from spouses and aggression they experienced which impacted on their subjective wellbeing. The two had difficult marriages with their late spouses and their children were estranged from them. This also impacted on the children up bringing where they dropped out of school, and they treat their mother with disrespect as they saw their father doing. This can be seen as triangulation where the father sided with the children against the mother, or the children sided against their mother. The two respondents have also an emotional cut-off from their families to escape familial conflicts with their children due to inheritance feuds according to (Lampis et al., 2019). There are the regrets of failed businesses and failure to not to have continued with education. The elderly people also expressed regrets that their children dropped out of school in form four, cannot hold good jobs and they are dependent on them. The effect of conflictual marriages and impact of control from a spouse and aggression experienced earlier in life is noted in later life from two respondents who are widows who have emotional cut-off from their children due to inheritance wrangles as their grown-up children depend on them.

On the other hand, R.07 (age 73) explained:

“I would have done a bit of investment on my own. Something I could call my own like a plot. It would have helped me later in life.”

The same was echoed by R.11 (age 63)

I would have gone back to school this would have improved my life. I was not a good saver I should have invested better. I still struggle with financial discipline. I should have taken better care of my health. Construction has made me more financially accountable, and I am now health conscious.

While another R.05 (age 61) said:

“We now live in a rented house, but I had planned to have my own house by the time I was 60”.

These sentiments are in line with Erik Erikson’s eighth stage where the elderly at this stage of psychosocial development, strive for integrity rather than despair. Resolving the crisis in this manner provides them with peace and a sense of accomplishment (Erickson (1950), as reviewed by Orenstein et al., (2020). Reflecting on their lives provides them with either satisfaction or a sense of failure (Henia, 2021).

According to the objective of the study, the elderly people’s perception of their life satisfaction, sense of belonging and self-actualization are likely to influence their subjective wellbeing (Orenstein, & Lewis, 2021). Most elderly people believed that they had aged well when they had a home, financial independence, no health conditions, health insurance, mobility, spiritual wellness and when their children were settled. When they felt fulfilled with the life they had led as posited by Kubiszewsk, et al., (2018). However, Patriarchal patronage, bereavement of their spouses and poor health were factors attributed to inhibit their subjective wellbeing. Most of the elderly people felt that gaining acceptance, attention, and support from close family ties, the church, social support from friends and being included in neighbourhood functions having leadership positions in the community gave them a sense of belonging. Most of the elderly people felt they had attained self- actualization in old age because they had fitted in with their cultural script of raising a family, being financially independent, having a home, and living in a good neighbourhood. Failed businesses, failure to continue with education, children dropping out of school in form four and therefore not holding good jobs and depending on their parents’ brought regrets in some of the elderly people.

Elderly Peoples' Perception of Their Psychosocial Wellbeing

The fourth objective of this study investigated how the elderly peoples' perception influenced their psychosocial wellbeing. To achieve this objective, the study attracted several themes as noted in table 14. The elderly peoples' perception of how healthy relationships influence their psychosocial wellbeing, the elderly peoples' perception of how their autonomy influences their psychosocial wellbeing and their perception on how their environmental wellbeing influences their psychosocial wellbeing. The themes attracted several subthemes namely: family relationships before old age, changes in family dynamics in old age, the elderly's decision making in old age, limitations in decision making in old age, impact of old age on the elderly peoples' daily activities and family members intervention in the environmental masterly of the elderly.

Table 15: *Themes and Sub-Themes Indicators of Psychosocial Wellbeing.*

Themes	Subthemes
Elderly peoples' perception of healthy relationships.	-Family relationships before old age -Changes in family dynamics in old age.
Elderly peoples' perception of their autonomy	-The elderly peoples' decision making in old age. -Limitations in decision making in old age
Elderly peoples' perception of their environmental masterly	-Impact of old age on the elderly peoples' daily activities -Family members intervention in the environmental masterly of the elderly

Perception of Healthy Relationships

Family Relationships before Old Age.

The study sought to explore how the elderly's family relationships were before old age. To achieve this, the study interviewed the elderly. The following were their responses:

R.01 (age 69) said:

I was close to my family of origin when I was working. I took care of my parents with my older sister until they died. I educated my younger siblings a brother and a sister, lived with them and got jobs for them until they settled in their homes. We lived with my family, my husband and four children, and life was good. I had a salary and other than my husband sometimes harassing me we led a normal life.

Another R.03 (age70) said:

My in-laws were very close to us. We lived with my father –in –law when he was sick until he died. I would then visit my mother-in-law and spend time with her when she was widowed. I was close to my siblings before I retired, and I continue to lead them now that my parents passed on. Those who live abroad trust me to run errands for them including doing business transactions for them. In the family where I am married, I was the secretary who organizes family parties until my husband passed on when I withdrew to give myself time to grief. My children are close to me. We especially grew closer when their father died. Two of them live in Finland with their families and they keep checking on me through *WhatsApp*. The eldest has built his house next to where I live, and he checks on me daily. The third born decided not to move out although she has a good job to keep me company.

R.05 (age 61) responded:

“I enjoyed close a relationship with my nuclear and extended family members and I have lived with relatives and my children in my house without problems.”

R.09 (age 65) explained:

Before retirement I was busy working with the bank and looking after the family. After giving birth to my fifth born my husband told me to retire to join the family business. He was a

Kikuyu man who expects the wife to do as he says. We lived together and brought up the family. We would visit the extended family sometimes and hosted their side of the family every Christmas.

R.06 (age 72) retired marketer explained this:

I did not agree with some of my siblings because they failed to look after our elderly parents. I lived with my father when he was unwell for one year while some of the siblings out of seven children did not even come to see him.

The study findings revealed that nine respondents had cordial relationships with members of their families. The study also found that the elderly people felt that raising a family, taking care of their siblings, and their elderly parents brought them fulfilment and a sense of psychosocial wellbeing. This was also seen as a duty and noble job in the African traditional setting (Kimamo & Kariuki, 2018). Lack of financial independence and cordial family relationship impacted negatively on the elderly peoples' psychosocial wellbeing. In addition, when they were working before resigning, they reported that life was good because they had financial independence, but it changed when they stopped working.

On the other hand, not all the elderly had warm relationships with the members of their families. There was sibling rivalry in the family of R.06 as his siblings failed to take care of their aging parents and left him to do it alone. This rivalry made him bitter and resulted to lack of warm relationships with his family and therefore negative psychosocial wellbeing. This was found to be true by Fingerman et al. (2020) who posited that traditional elderly care has been difficult due to the adoption of new traditions as the world has become a global village and people have moved from rural to urban areas in search of work. Sometimes the elderly people are abandoned and left to be taken care of by some of the children who might have mercy on them.

While R.11 (age 63) stated that:

We don't have a cordial relationship with my husband's family. My step- children and my husband's relatives and I are not my friends. They are older than my children. The oldest daughter is 60 years divorced and has no child. The second born is a son 58 and not married and has no known children. The third born a daughter 56 and is married with two boys and two girls. The fourth born is 49 a son is married and has two girls and one boy. The fourth born is a son 48 is married with two daughters. We never had a relationship before my husband died and we only meet when we are dealing with succession issues. The first three live in America. My siblings and I are close to me and my children.

The study also found that bereavement of spouses brought stepchildren problems and inheritance wrangles as posited by R.11. The finding is consistent with the study by (Umberson & Thomeer, 2020) that Stepfamilies and blended families present inheritance and caregiving challenges and this has an impact on the elderly's psychosocial well-being.

Changes in Family Relationships in Old Age.

The study sought to understand changes in family relationships in old age. To achieve this the study interviewed the elderly. The following are their responses:

R.01 (age 69) explained:

After retirement I went into dairy farming, but when it failed, I had to rely on my husband for upkeep and that was hard, and it brought conflicts between us. When he retired, he went into golf and had no time for me. I also went for courses on animal husbandry. When he passed on the children became difficult. They do not listen to me, and they are rude and disrespectful. They talk and take sides against me. They want to share in their father's pension because the younger daughter lost her job and wants me to feed her and her three children. I had to allow

her to live in the servant quarters when her husband passed on, but I refuse to share my late husband's pension. One of the sons decided build in one of our plots next to our home. Sometimes when I need to be driven somewhere they refuse and say they are busy which frustrates me. When I could not stay alone, I decided to go and live with my younger sister I had brought up but one day the husband came home drunk and asked me why I had to leave my big house to go and squeeze in their small house. I just took a taxi and came back to my house crying. When I visited my daughter in America the family never would speak to me when I asked why they were behaving that way my daughter banged the table and told me it was because her children and I had no relationship, so I had to fly back home.

From the excerpt above the family dynamics for R.01 changed in old age. Her husband went into golf while she went farming. There was a family disagreement on inheritance after her husband died. Her children and her siblings do not give her support when she needs it. According to Srivastava & Muhammad, (2020), conflicts in family relationships result to stress, loneliness, sadness, and depression, and thus poor well-being for the elderly. This is consistent to what the respondent is going through as the conflicts in her family escalate because of her failed business, lack spousal attention, her husband's death, children who are triangulated because they have no jobs and who decide to live in one of their plots. The traditional reciprocal feeling that you take care of others so that in your old age they will return the favour no longer works as siblings and one's children reject their mother. This is contrary to what Kimamo and Kariuki (2018), expected the children to behave in a traditional setting.

R.11 (age 63), said:

I was widowed after retirement. Part of my life revolved around my husband in meetings with siblings, family visits and in weddings. My son left soon after to join the sister in America.

This was not what I had anticipated, and it affected me. The empty nest and the loss of my husband brought physical and emotional loneliness. I visit the children in America once in a while for a month and they spoil me.

Similarly, R.04 (age 65), explained:

I live with my daughter who is looking for a job. I also support my second son financially who has a struggling business. He and his wife have no stable jobs. Supporting my children because of lack of jobs and their children is a struggle. The family meetings allow me to know their needs. I wait for them to ask for help. I make sure I don't run their lives. We have an open-door policy. I'm disappointed at how they run their lives at times, so I give my opinion without infringing on their personal space and I keep boundaries.

R.10 (age74) also responded:

The older children bought their own houses and moved out. Although one stopped working when their company downsized, she is self-reliant. They help us and do not wait to be asked for assistance. Since I cannot drive for long distances, they are willing to be sent. They also keep checking on us. The youngest son has to live with us in the guest wing where he also has an office, he drives us around and helps in distributing the milk.

From the Focus Group Discussions, the elderly had this to say about changes in family dynamics.

R.001 (age 65) Replied:

“My husband died 10 years ago when 2 of our children were working abroad. The other 3 followed so I live alone but I have tenants who are my neighbours”.

The study findings were that most of the elderly people lived without their children. Loss of jobs made some of the grown-up children to reside with their parents. There were those who lived near their parents because the parents had given them land to settle their families and some because

they depended on their parents for the upkeep of their families. From the focus group discussions, two respondents lived alone since their husbands had died and the children were living abroad. Two Respondents lived with their husbands as the children had moved out. Only one respondent lived with her husband and the youngest daughter who was working.

Some grown up children provided social and financial support to their aging parents. This had also been noted by Collischon, et al. (2021) who posited that, returning home by adult children, could be a source of support and company for the elderly parents and is associated with their positive wellbeing. On the other hand, most of the respondents found it a struggle looking after their grown-up children and their families in their old age. This was consistent to the findings of (Tosi, 2020) which had revealed that co-residency, in which the children returned home due to reasons such as job loss and when the other children had moved away from home, had an impact on the parents' quality of life and life satisfaction.

Perceptions of Their Autonomy

The Elderly's Decision Making in Old Age.

The study sought to explore the effectiveness of the elderly's decision making in old age and how it impacted their psychosocial wellbeing. To achieve this the study interviewed the elderly. The following are their responses:

R.02, (age 75) stated that:

I make my own decisions on what I want to do. I can still drive myself around. I don't have a live-in help, so I do my housework. My husband helps around. Our children do not live with us. One lives in America and another with his family the last one also stays alone. We meet online every Sunday so in case of a decision we want to make we inform them and consider their input, but the decisions are largely our own.

Similarly, R.01(age 69) retorted:

I do not trust them, so I do not include the children when I make decisions. I can involve my younger sister and her son. In their homes I'm not involved in their decisions. Sometimes I hear from other people what is going on in their homes.

R.11 (age 63) also said:

I make my own decisions because I don't rely on the children to finance me. Whenever I seek their opinions, they are supportive, but the final decision is mine. They trust my wisdom. I face some challenges in that the children live in America, and they are not interested in coming back home. They would like me to change my investments from immovable to movable. I'm not sure if that is what I want.

R.09 (age 65) explained:

Since my husband passed on, I took over running the company and paid any debts we had. I'm in charge especially when I found the children were not reliable. I make decisions on every day running of the office and my home without involving them only could be mentioning what I'm doing to the last two.

From the Focus Group discussions, R.004 (age75) responded:

“We sometimes rely on our children to drive us around. We also include them in our decision making if it is something to do with family property, but the final decision is ours.”

According to Bölenius (2019), autonomy and self-determination are frequently used interchangeably; it refers to the concept of individuals making their own decisions without being influenced by others. It is also the ability to make personal decisions regardless of one's ability to follow through on those decisions. This may make applying the concept of autonomy to the elderly who need assistance and make decisions in collaboration with significant others difficult. Positive

relationships with others imply warm and trusting relationships with them (Erfani, & Abedin, 2018).

Many of the respondents were still autonomous as they made their own decisions and felt they were still in charge of their lives, they could still finance the decisions they made, inform their partners or their children but the decisions would finally be theirs. Some respondents made decisions with their children especially if it had to do with family property. Others did not consult their children because of unresolved family anxieties which were signs of unresolved attachment and family inheritance feuds which had brought emotional cut-offs as reported by R.01 and R.09 (Galloway, 2020).

Limitations to Decision Making in Old Age.

The study sought to understand the limitations to decision making in old age. To achieve this the study interviewed the elderly. The following are their responses:

R.07 (age73) replied:

“My husband does not consult me in decision making. He only consults me when it is necessary or when our son is not around.”

Similarly, R.08 (age 74) stated:

“My husband rarely consults anybody when making decisions. He makes all the major decisions.

This used to bother me, but I have since learnt to live with it and to mind my own business.”

Likewise, R.01 (age 69) replied:

I’m now not able to go to places I would want to go because of my health. I can’t drive anymore so my going anywhere will depend on the children or if I have a driver, Money also limits me. I live on my late husband’s pension so I can only do what fits that amount. I would have wanted to settle in America, but my daughter was not willing to have me so

that also is beyond my control. I would also want family unity, but the children choose to stay apart.

R.06 (age72), also said:

“Although I would want to make decisions I’m limited by finances. A lot of money was used on our children’s education, but we can still live comfortably on what we have.”

R.04 (age 65), said:

“Sometimes I’m not sure of the decision I want to make since my husband died and we used to consort. I look for professionals, ask the children’s opinion or a trusted friend.”

The study revealed that four of the respondent’s decision making was limited by their spouses who made all the decisions. This was as a result of cultural beliefs where decisions are made by male heads of the families. Eight of the respondents’ decision making are affected by their health. Loss of mobility limited one of the elderly peoples’ freedom to navigate their day-to-day activities. This meant that they relied on their children to drive them to various places. This at times led to frustrations especially when there was an emotional cut-off between them. Loss of their spouses in five respondents from the in-depth interviews and two from the focus group discussion revealed that their decision making was limited by lack of support systems from their spouses. Lack of healthy relations with their children was revealed to inhibit decision making in three of the respondents. These findings concur with a study by Koravalenco and Spivak (2018) that those who lived alone had a problem with their autonomy and independence in navigating environmental factors.

Perception of Their Environmental Masterly

Impact of Old Age on The Elderly Peoples' Daily Activities.

The study sought to assess the impact of old age on the elderly peoples' daily activities. The study asked the elderly how their present environment affected their day-to-day activities. To answer this question, the Respondents had this to say:

R.01 (age 69), explained:

My house has stairs, and this is a challenge for me. It is also too big for me. It has six bedrooms. I have a lady who comes to clean and wash clothes once a week. I carry everything I need in the morning and only climb the stairs when I am going to bed in the evening. We did not have a bedroom downstairs otherwise I would have moved in there.

Likewise, R.04, (age 65), retorted:

My driving is now limited so when my children are not available, I will look for a driver or a relative. We have a bedroom downstairs where I moved in when I broke my leg. If there is a time when going upstairs will be difficult for me then I can permanently move in there.

R.06 (age72) had already planned ahead he said:

We thought of old age when we demarcated our property and ended with a bungalow. I had learnt that when I was working in UK/ Manchester. I had seen how the elderly were suffering climbing stairs, so I was exposed.

R.11 (age 63), also explained:

I have mild arthritis which is manageable. I live in a bungalow so moving around is not a problem. I have a good car which helps me navigate my travels. The environment is age

friendly although the roads are terrible that means the car has wear and tear, so I have to take it for service quite often and this means using more money than I had budgeted for.

Environmental mastery is the ability of an individual to manipulate their environment and make the best use of available opportunities and resources to meet their needs (Litzelman et al., 2017). Individuals who fail to master their surroundings may face repercussions, have a difficult time managing their environment to meet their needs and adapt to their surroundings situation through physical and mental activities, which may have an impact on their social lives and, ultimately, their psychosocial well-being (Oades & Mossman, 2017).

The study findings were that six respondents lived in bungalows. One respondent had recently built one because she and her husband could no longer climb the stairs. Five respondents lived in houses with stairs. Respondents who had no problems climbing the stairs were three, but two respondents struggled to climb the stairs. Only one respondent had planned for old age by virtue of travelling abroad and having been exposed to how to people prepare for old age. The rest of the respondents seemed oblivious of planning houses for old age. In the focus group discussion, the elderly people reported that they were struggling in living in houses they had built in their youth where they had no bedrooms downstairs and they struggled climbing stairs in their old age. This is in line with a study by Winblad et al. (2017), who noted that in Sweden it was noted that the health of the elderly was deteriorating, and the municipalities oversee funding and placement of the elderly in their homes or in special housing. The homes of the elderly are also built or renovated to be accessible for those who are 55 years of age and older and those with disabilities.

Family Member's Intervention in Environmental Masterly of the Elderly.

The study also sought to know how the family members intervened in the elderly's environmental masterly to make them comfortable. The elderly person's answers are captured here:

R.04, (age 65) answered:

“I had a broken leg sometimes ago, so my daughter does the shopping and runs errands for me. When she is not there, I send the other children when the need arises as I can no longer run around like I used to.”

Similarly, R.07 (age73) explained:

We have financial provision from the children which makes the family have no conflicts. Most of the time it is our daughter-in-law who comes to check on us. We have lunches together in our house. They take my husband and I to hospital when I cannot drive.

R.08 (age 74), said:

After my husband failed to buy me a car and mine kept breaking down, the children bought me one on my 60th birthday. They also gave us a full package to Dubai on my 70th birthday and on my husband's 80th birthday they took us to South Africa. They also send us money and check on us.

The findings from this study established that six of the respondents had interventions from their grown-up children in their old age. This was in form of helping them financially or in their daily activities. This is reported by R.4 whose daughter rans her errands when she broke her leg, R.07 has a daughter in –law who checks on then while the other children drive them to places when there is a need. R.08 children also bought her a car when the husband failed to do so. The children also take them for holidays. This concurs with Hsieh and Liu, (2021) that social

relationships which can be dyads made up of family members, friends, or colleagues ensure the elderly peoples' physical, financial, and cognitive well-being. This would enable them to maintain their autonomy in making decisions on their daily activities without stress.

However, five of the respondents did not get intervention from their grown-up children as reported in the following excerpt:

While R.09 (age 65), explained:

The children actually make me uncomfortable. They have dragged me back by taking me to court for inheritance. My first-born daughter and my third born son even blackmailed me. Only the second born helps me in servicing the cars. The others are not interested in my comfort only in getting money from me.

Similarly, R.01, (age 69) equally said:

“Unfortunately, children are not interested in me. I do not think they care much how I’m doing.”

According to the findings, five of the elderly people did not get interventions from their children because, three of the children were either living outside the country or because they did not need any intervention. On the other hand, two respondents R.01 and R.09 had unresolved family issues after the death of their spouses. As a result, there was an emotional cut off in the family which led to the children challenging their decisions. This also concurs with Galloway, (2020) who noted that family feuds can lead to emotional cut-offs where family members keep off from their significant others to avoid conflicts and therefore this interferes with the autonomy and the psychosocial wellbeing of the elderly.

According to the objective of the study the elderly peoples' perception of their healthy relationships, their autonomy and environmental mastery are likely to influence their psychosocial wellbeing (Litzelman et al., 2017). Most elderly people believed that raising a family, taking care

of their siblings, and their elderly parents brought them fulfilment and a sense of psychosocial wellbeing (Thomas et al., (2017). Most of the elderly people felt that making their own decisions and only including their significant others where necessary gave them autonomy and a sense of psychosocial wellbeing. On the other hand, cultural beliefs, inadequate finances, family cut-offs and lack of spousal support limited their decision making in old age. The elderly people posited that arthritis, problems in negotiating the stairs, reliance on others for driving impacted on their daily activities (Animasahun & Chapman, 2017). However, family members made life bearable by running errands for them, driving them around and even buying them cars and taking them for holidays (Collischon et al., 2021).

Policies That Ameliorate the Psychosocial Wellbeing of the Elderly

The fifth objective of this study examined policies on the elderly that ameliorated their psychosocial wellbeing. To achieve this objective, the study attracted several themes as listed in the Table 16. The study interviewed the elderly on the perception of issues they experienced in old age. Their perception of their present policies and how they influenced their psychosocial wellbeing. Their perception of policies that can ameliorate their psychosocial wellbeing. Under the issues experienced in old age, the study looked at health issues and how the elderly coped with them, housing issues and how they coped with them and under standard of living the study looked at the economic issues, how they influenced them and how the elderly coped. Under the present policies, the study looked at how their neighbours, their churches, the County and National government helped them navigate these issues. The study also looked at how else they think the authorities can help them ameliorate the issues affecting them in old age.

Table 16: *Indicators of Policies that Ameliorate the Psychosocial Wellbeing of the Elderly.*

Themes	Subthemes
Elderly peoples' perception of issues they experience in old age	-Health issues and how the elderly cope with them -Economic issues experienced by the elderly and coping with standard of living
Perception of their present policies.	-Church policies on the elderly, -The County and National government policies on the elderly people.

Perception of Issues experienced by the Elderly in Old Age

Health Issues Experienced by The Elderly.

The study sought to understand the health issues experienced in old age and how the elderly people coped with them. The elderly answers to this question are captured here below:

R.01 (age 69) explained:

I do not like sickness. I Have diabetes, arthritis, and high blood pressure. It has been very difficult because I have no health insurance. They are not friendly to people my age especially when you have lifestyle diseases like me. So, when I am sick, I pay for myself although I have NHIF which help pay for the bed if I'm admitted in a hospital. I cannot drive anymore, and I am at the mercy of my children. I need someone to drive me around even if I have a car. I fuel it and rely on my nephew more than my own children.

Similarly, R.05 (age 61) explained:

Being 60 has come with high blood pressure which although being in the borderline has made me be careful with what I eat. I was recently admitted in the hospital with food poisoning which was scaring as I have never been admitted in a hospital with any illness. I have never taken an insurance cover since there was no reason to have one, but I have

NHIF. Now that I was admitted in the hospital, I am considering taking one when my wife retires because she has one in her place of work.

On the contrary, R.11(age 63) said:

I have mild arthritis which can make the joints to be painful sometimes. I have to be conscious of what I'm eating all the time. My blood pressure is on the borderline, so I have to be careful with stresses of life. About coping, I have a health insurance which caters for this. I also go for medical check-up twice a year or when the doctor asks me to take them up.

From the focus group discussion, R.006 age 64) also retorted:

I do not have any insurance because the insurance companies that insures people my age are too expensive, and I do not have that money. Even paying for NHIF which will only pay for the bed when one is admitted is not easy.

The findings revealed that the elderly people experienced health issues. R.01 had diabetes, arthritis, and high blood pressure. R.05 had high blood pressure. R.11 had mild arthritis and borderline diabetes. The study also revealed that most of the elderly people did not have insurance policies as reported by R.01, R.05 and R.006. The elderly people found the insurance covers too expensive and most of them could only afford NHIF (National Hospital Insurance Fund) which according to R.006 can only pay for a bed in case of admission in a hospital. This is consistent with a study by Naja et al. (2017) that chronic health problems associated with old age reduce the well-being of the elderly, their families, the country's health systems, and economies, and it is thus a problem that must be addressed. The findings were also consistent with the findings of the study by Marcos-Pardo et al. (2019) that progressive physiological changes in old age can result in a gradual loss of functional capacity and independence in the elderly. The findings were that five of

the respondents have no insurance covers and they pay out of pocket when they get sick. The elderly people found the insurance covers too expensive and most of them could only afford NHIF which according to R.006 can only pay for a bed in case of admission in a hospital. This impacted on their wellbeing. The study revealed that six respondents had insurance covers. Four of the respondents who had retired from the government service and taken KARO (Kenya Association of Retired Officers) insurance under NHIF.

Those who were not working with the government found it hard to get an insurance cover as the brokers found them to be high risk. This is consistent with a study by Maina, (2017) who noted in her article that Kenya had no old people's policy, despite a draft written in 2009. She also posited that there were no long-term care public insurance policies for the elderly, and most of the elderly population could not afford private insurance.

Economic Issues and How They Coped with Them.

The study sought to explore the economic issues experienced by the elderly people and how the elderly coped with them. The elderly answers to this question are captured here below:

R.01(age 69) explained:

I have now learnt to live within my means. I live on my husband's pension and from the two houses I collect rent from, I make sure I have food, especially cereals. I budget realistically. I hold on to the bars when walking up the stairs to avoid falling and going to hospital. I use a driver or an Umber (a taxi) to get around.

Similarly, R.11 (age 63) stated:

I am living on a pension; my standard of living has not been affected much. I can still live on the pension because the children have completed school and other than seeing my mother once in a while, I am not paying fees or looking after the children.

R.06 (age 72) responded:

Things are expensive but I planned for it and get by. I lead a simple but sustaining life. For example, we use traditional foods a lot like arrowroots, sweet potatoes and traditional maize and peas. We also have rentals which give us an income.

R.03 (age 70) responded:

After retirement, the finances went down but my husband and I invested the money we had in rentals and that helped us pay fees for those who were still in school and paid our bills. After he passed on, I renovated and added more units. That is what I use although the children help me by doing shopping and paying for my insurance and the bills.

The findings were that ten of the elderly people in in-depth interviews had invested in rentals. The reason being that Karen is within Nairobi County and those who work in in the city would need somewhere to live. The one respondent who did not invest in rentals had invested in stocks and was waiting for the wife to retire to relocate to another town where they had interests. This then meant that the elderly had an income to live on and their standard of living was not low. This therefore means that the elderly did not experience low economic status as a result of retirement therefore they do not experience psychological distress and economic issues cannot be tied to their psychosocial wellbeing. Their psychological distress could be tied to other factors other than economic issues since they were coping well economically.

Present Policies for The Elderly

The study sought to assess the present policies that were in place for the elderly. Under the present policies the study interviewed the elderly on policies in their respective churches and in the County and National government.

Church Policies on The Elderly.

The study sought to understand the policies on the elderly that were in place in their churches and how they helped the elderly cope with issues arising in old age. The elderly peoples' answers to these questions are captured here below:

R.02 (age 75) stated:

“The church concentrates on children and the youth matters. There is no kitty for the elderly neither does the pastor nor the elders call or visit the elderly when they miss going to church.”

Yet, R.01 (age 69) retorted:

My church has no policies for the elderly. They only take holy communion to the elderly who cannot go to church, but they rarely visit them. If you do not have transport and cannot walk to church, then that is your problem. One can even go without food or be sick in the house and the church will not check on you.

R.10 (age 74), noted:

My church has a group for widows which meet regularly. Some elderly people live alone, and it is lonely if anything can happen to any of them no one will know. A lot of people live in poverty and the neighbourhood cannot cope. The church has an elderly population and has no policy for the elderly. There is no kitty in the church for those who may not have the money. They have no transport at times when they cannot take themselves to church.

From the focus group, R.001 (age 65) replied:

“The church only turns -up when the elderly die to conduct the mass. They have forgotten the existence of the elderly. The elderly people do not feature in the church programs even when they are willing to volunteer.”

The study found that the churches sampled had no policies in place for their elderly population. The church did not arrange for the elderly visitation neither did anybody call to check on them as reported by R.01. From the findings some elderly people missed going to church because they either had no transport and could not walk to church, or they had the vehicles but could not drive because they were sick as stated by R.01. On the other hand, R.10 noted that some elderly people had no money, yet the church was oblivious of their struggles. From the focus group R.001 noted that the elderly people felt they were a forgotten lot, and the church remembered their existence only when they died. This feeling that they did not matter could affect their psychosocial wellbeing. This is unlike Japan where there is a social care system with the assistance of local councils where care managers visit and monitor the elderly. They arrange transportation for those who need to see doctors, feed them, bathe them, and send nurses to check on them (Satake, 2016; Inagaki et al., 2020).

The County and National Government Policies on the Elderly People.

Government policies reflect a nation's societal values (Fingerman et al., 2020). Policies to improve the psychosocial wellbeing of the elderly must be implemented due to the exponential growth of the elderly population worldwide. The study sought to establish the County and National governments policies that were in place for the elderly. The elderly's answers to this question are captured here below:

R.02 (age 75) replied:

“The government seems to have forgotten the elderly other than giving Ksh. 2,000 to those who do not receive pensions they have forgotten those who retired and sometimes the pensions are so low”.

R .01 (age 70) explained:

Nyumba kumi is not functional like in the countryside. The chief does not look like he/she knows who the residents of Karen are leave alone the elderly. I do not think he/she has data of the elderly in this area. I have never seen the chief in my area. The local and national government is not felt as there are no community health workers to monitor the health of the elderly. I do not have any stipend from the government, yet I do not have a pension.

R.07 (age 73) stated:

I resigned at 49 years, so I have no pension. I have never known where people register for the money as the government gives the stipend to those who are 70 years and above. Besides, I think Ksh. 2,000 is too little. What do they want the elderly to do with it?

From the focus group forum these were their responses on the same.

R.004 (age 75) explained:

I retired when our salaries were so low so even the pensions are so low. That means since I get a pension, I cannot get any money given to the elderly. I think that is unfair. Although Ksh. 2,000 is not much I would not mind getting it. It would buy some shopping.

R.005 (age 68) retorted:

I retired early and so I did not get any pension. We started a business, but I do not have a say on how the money is used. I am at my husband's mercy when it comes to money. I would not mind the Ksh. 2,000 but you see I have to wait until I am 70 years so what happens to the elderly between 60 to 70?

According to the study findings none of the elderly was getting the Ksh 2,000 stipend given to the elderly. The respondents from the in-depth interviews who had retired early and were not receiving a pension were seven. In this group, four respondents were above 70 years. In addition,

four elderly people who received pensions felt that they retired when the salaries were too low. Moreover, they felt that the government should also factor them in the group to receive the stipends. From the focus group discussions two respondents were over 70 years and both of them received pensions. Those who were below 70 years were four and only one was receiving a pension. The other three did not receive pensions. This therefore means that the elderly people were not benefiting from the government's programs on the elderly. The chief in the area had neither interacted with them nor was the *Nyumba Kumi* program that was supposed to know what happens in every ten households functional in their urban set up.

This concurs with a study by Saka et al. (2018) that Governments have not invested much in policy formulation and enactment on the elderly in Sub-Saharan Africa. The findings also agreed with Lloyd-Sherlock and Amaokoh-Coleman (2020), who posited that there was no great evidence of pensions and social insurance for the elderly in Sub-Saharan Africa.

Policies to Ameliorate the Psychosocial Wellbeing of the Elderly.

The study sought to examine Policies that elderly would think can help them navigate the issues affecting them to achieve their psychosocial wellbeing. This study asked the elderly how they would like the church, the national and county governments to help them to ameliorate the issues they are facing so as to achieve their psychosocial wellbeing. The answers they gave were captured in the following quotes.

R.01 (age 69) proposed:

The national and local government should take everybody from 60 years and above as elderly and not only give Ksh 2,000 which they give to those who are 70 years and above. The county government should advise those who are building houses to plan them with old age in mind. There should be insurance that are elderly friendly, and they should be given

free medical services. More homes for the elderly should be built the ones which are there are church based, and they are few. Even when the elderly live with their families the government should have social services people checking how they are treated to avoid mistreatment. If I had nothing my children would mistreat me.

R.04 (age 65) suggested:

The churches should have a policy for the elders, visitations, arranging for people to pick them to church where they cannot make it to church. The church admin can call them to find out how they are doing. National government should ensure planning is done with the elderly in mind and there are provisions of ramps, lifts, and bedrooms downstairs. There should also be elderly friendly insurance policies or a way to have them be treated free after all they are no longer working. The government should have a compulsory elderly payment plan for their retirement. Everybody including those who have a pension should be included in the stipend given to those who are 70 years and above and Ksh. 2,000 is not enough for them. It should be increased.

Similarly, R.06 (age 61) submitted:

The church should have programs for the elderly my church does not factor in this. They should find out who has insurance and see how they can find ways of effecting this. The government should ensure all the elderly have free NHIF. Money given to the elderly should start at 60 and should be increased. There should be social workers who should be employed to look at the welfare of the elderly.

R.07 (age 72) noted:

A lot of people live in poverty and the neighbourhood cannot cope. The church has an elderly population and has no policy for the elderly. There should be a kitty in the church

for those who may not have the money. They need transport at times when they cannot take themselves to church. The government needs to revisit the 2,000 they give to those who are over 70years. Chiefs need to find out who are old in their area and what their needs are.

Equally the respondents from the focus group discussions had this to say:

R.002 (age 75) advocated:

Churches should have programs for the elderly. Although our fellowship gives us hope, there should be home visitations especially for those who do not go to church to avert loneliness. Nyumba Kumi should be functional like in the countryside to help in monitoring the elderly. The chiefs should know have the data of the elderly in their areas.

R.05 (age 65) noted:

“All the elderly from age 60, should be considered in the old people’s money and the 2,000 should be reviewed since it is too little”.

The study findings were that the respondents felt that their respective churches were concentrating so much on children and the youth programs, and they should have programs which included the elderly. The policies that can ameliorate their psychosocial wellbeing should include: the church having transport arrangements for those who cannot not make it to church, the church should also have the church Administrators calling to find out how the elderly were doing and arrange for home visits. There should be a kitty that caters for the elderly who could not have money for the basics. Respondents felt the church could find out if the respondents did not have health insurances and see how they could help them. This would help the elderly to mitigate the issues they were facing and help them achieve their psychosocial wellbeing.

The influence of social and psychological factors on an individual's mind, or policies that improve the psychosocial wellbeing of the elderly, is referred to as psychosocial wellbeing. Government policies reflect a country's societal values (Fingerman et al., 2020). The world's rapidly growing elderly population calls for policies to improve the psychosocial well-being of the elderly. From the National and County government, the elderly people suggested that they should review the Ksh. 2,000 given to elderly. All the elderly from 60 years, which is the retirement age should be considered. They also felt that it was too little and should be increased. They suggested that there should be free medical services for elderly since they were no longer working or elderly friendly insurance schemes. Social workers should be assigned to monitor the elderly. The chiefs should keep data of the elderly and educate them on their rights. They proposed that the County and National governments should ensure planning is done with the elderly in mind to ensure there are provisions of ramps, lifts, and bedrooms downstairs.

According to the objective of the study the elderly peoples' perception of issues they experience in old age and the policies they have in old age impact their psychosocial wellbeing. Policies then need to be put in place to ameliorate the psychosocial wellbeing of the elderly. The elderly people experienced health issues which included diabetes, arthritis, immobility, and lack of health insurance for some of them. In addition, they experienced economic issues like inadequate finances. However, they had learnt to cope by investing on rentals and stocks for some, adjusting to live within their means and by leading simple lives in old age.

The elderly people felt that the church had no kitty for the elderly, no transport arrangements for those who could not make it to church, and they had concentrated on the youth and forgotten about them. Some elderly people reported that they did not get the Ksh. 2000 meant for the elderly although they did not have any pension. Those who had pension felt that they too should be

considered for the stipend as the pensions were too low. All the elderly submitted that the church, the local and national governments should prioritise old peoples' policies to impact on their psychosocial wellbeing.

Discussion

Ways The Elderly's Perception, Influence Their Psychological Wellbeing

The first objective of this study explored ways, the elderly's perception, influence their psychological wellbeing. The study findings were that before retirement, most respondents had led very busy lives characterized by routine in different professions. They were busy raising families, working in different professions or starting businesses. Culture was noted to have determined their resignation and retirement. Fitting in the cultural script where patriarchal patronage was observed was a source of stress as it inhibited the elderly sense of self-actualization in old age. Reflecting into their lives where they were made to stop working, brought them a sense of failure instead of satisfaction. (Henia, 2021). The findings of this objective revealed that in their present ages they were in charge of their lives. Those who were between 60-65 were still energetic, running businesses working and enjoying what they did. This concurred with Lopez et al. (2020) that the elderly people have a purpose of life when they perceive their lives have meaning, direction, and goals. Those who are still energetic continue working towards their goals and have a feeling that their lives matter. They have an urge to mentor the young generation, expand their influence and commitment to the family, to the society and to the future generations. That explains why the respondents who are 60-65 years are enjoying their work and contributing to the society. This is also consistent with Eric Erickson's theory as cited by Gilleard, (2020) that those who are in the seventh stage of psychosocial development of Generativity Vs Stagnation have an urge to mentor the young generation, expand their influence and commitment to the family, to the society and to

the future generations (Orenstein, & Lewis, 2021). Higher purpose of life gives the elderly a greater will to live, which allows them to bear more short-term discomforts because they understand why discomfort is worth enduring and this contributes to their psychological wellbeing (Kim et al., 2020).

The study established that seven elderly respondents felt what they valued motivated them and brought them happiness. Many of the respondents valued their families. Those who lived near their children enjoyed having them in their houses for meals, helping them with the grandchildren and this contributed to their happiness and to their psychological wellbeing. The study found that the respondents in both the in-depth interviews and focus group discussions were involved in church activities and in community work. Serving in the church and going for fellowships enabled them to connect with other elderly people giving them happiness and fulfilment and therefore promoting their psychological wellbeing. This is consistent with a study by Lopez et al. (2017) which noted that psychological well-being is situational. Starting new ventures, they enjoyed is the result of the old people's actions in the system of their real relationships with their surroundings.

Poor health, family feuds death of a spouse, moving into new a neighbourhood and therefore loss of social networks leads to social isolation, loneliness, was noted to be the reasons behind lack of motivation and fulfilment which affected the elderly peoples' psychological wellbeing. These findings are in consonance with previous studies on psychological wellbeing positing that it is the state of being healthy, free from disease, comfortable and happy (Vander Weele et al.,2020); Gronning et al., 2018).

The study established that most of the elderly had not set goals for old age. They fitted in with the cultural script where one was born, grew up, went through school, worked, got married, brought up children, grew old and retired. The study also established there was lack of

differentiation according to (Bowen 1966 as cited by Bridge, 2019) in families where three respondents who were married women were coerced by their husbands to resign from work to either look after the children or join the family businesses. The study established there was Nuclear Family emotional process where the husbands being the heads of their households pressed their wives to think in a certain way like making them to resign causing high levels of anxiety therefore compromising their psychosocial wellbeing (Delvin, 2020). The respondents who were made to resign by their spouses had not planned any goals for old age. The study established that goal setting for old age was not a priority for four respondents who had retired early to start their own businesses or even for the four that retired at the right age. The study found that although goal setting was not prioritized in old age it impacted on the psychological wellbeing of the elderly. This calls for education programs to sensitize people to think about the future and not to only think about fitting in the cultural script.

The study established that majority of the elderly people between 60-75 reported that they were open to new experiences. Self-improvement was reported in new habits like exercising, walking to keep fit, getting involved in church activities, going back to school, and getting involved in community development activities. Most of the elderly people also reported development of new skills like building houses depending on their resources. The elderly who had built residential houses for the family were ten and only one respondent had not built a house and he regretted that he had not. The study then found out that building a family home gave them a sense of fulfilment and contributed to their psychological wellbeing. Some elderly people had improved their businesses through loans which gave them a sense of fulfilment and contributed to their psychological wellbeing. These sentiments revealed that good health and financial resources

enable the elderly people to be open to new experiences as intimated by Animasahun, and Chapman, (2017) in their study in Nigeria.

The study also revealed that where the respondents had resources that could pay their bills in old age gave them personal independence, and self-reliance. When the respondents felt sick, lost their loved ones and children moved from home, this impacted on their personal independence as some of them had to stop their businesses and this also impacted on their psychological wellbeing. These feelings corroborate the findings of Grimmer et al. (2019); Bendaso and Han, (2021); Parra-Rizo and Sanchis-Soler, (2020) that loss of mobility and ability to perform daily living activities, spouse bereavement, and decreased social economic status in old age can lead to diminished capabilities, loneliness, and psychological distress.

The study found out that four out of eleven respondents said they were happy with how their lives had turned out. The other seven had regrets and disappointments of things they felt they should have done, and they failed to do. The respondents regretted having failed, marriages, and businesses due to illness, loss of their spouses, not building a house for the family, no goal setting as a result of financial illiteracy, lack of career exposure hence not pursuing studies, being pressed by the husband to retire and having not taking part in financial decision making as the husband is the head of the household. This is consistent to a study conducted in Ghana by Dovie (2018) and another conducted in Brazil by Baido et al. (2018) which found that lack of financial literacy leads to a lack of basic financial concepts, which translates to unpreparedness in old age and thus poor personal development and thus poor psychological wellbeing.

The study established that nine of the respondents were self-accepting, had a positive attitude about self and others and therefore self-acceptance in their present age in consistent to (Cooper n: d). On the other hand, two had trouble accepting themselves in their present age but

they had adjusted by coping with the various challenges which came with their age like ill health and economic issues and death of their spouses which had led to loneliness. Some respondents were still busy with their lives and were happy with that. The findings also concurred with Bowen's Family System's Theory which states that differentiated people have the ability to deal with rejection, conflict, and separation. Have better coping skills under stress and show flexibility and adaptation, emotional, independence and therefore are more self-accepting (Hiefner 2014 & Bridge, 2019).

The study established that where spouses died, and the children moved out of home led to loneliness making the respondents to choose coping mechanisms like getting involved in construction and weighing whether to move and join the children who had relocated abroad. These findings are consistent with a study by Orang et al., (2018) who noted that the elderly had the greatest ability in terms of meaning in life, self-acceptance, positive relationships with others, personal growth, and life purpose. Ryff and Singer, as cited by Medvedev and Landhuis (2018). Acceptance of both positive and negative aspects in life, increased positive self-acceptance and improved the elderly's psychological wellbeing.

The study demonstrated that most of the respondents felt that what they valued brought them happiness. They enjoyed having their families around. taking care of the grandchildren, being proud of their successes and ensuring they finished projects that had been started by their departed spouses. Most of them served in the church and enjoyed fellowship with other elderly people. Helping their more elderly neighbours in carrying out chores or checking on them gave them fulfilment. This concurs with Lopez et al. (2017) that psychological well-being is situational. It is the result of people's actions in the system of their real relationships with their surroundings.

On the other hand, the study demonstrated that some respondents were not motivated. They had health challenges like arthritis and diabetes, which curtailed their mobility and wellbeing. The onset of Covid 19 Pandemic, loss of their spouses and the moving out of their children from home had led to loss of business, social networks, and loneliness. Poor relationships with children had led to emotional cut-off and unrealized dreams of enjoying their grandchildren therefore compromising their psychological wellbeing. This concurs with Bedaso & Han, (2021), that stressors like spouse bereavement, reduced social economic status after retirement, can lead to isolation, loneliness, and psychological distress.

The Elderly Peoples' Perception of Their Social Wellbeing.

The second objective of this study explored ways, the elderly peoples' perception, influence their social wellbeing. The study established that most respondents reported a vibrant social life, community involvement in neighbourhood functions, the church and family life before retiring or resigning. This study discovered that in terms of the social contributions of the elderly in their communities in their current age, eight of respondents were still involved in their communities, while three were no longer involved. The study established that most of the elders were involved in the church in various capacities. The elderly women had women groups where they contributed money, and this ensured financial independence and social support. This was not reported among the elderly men who only got together to contribute when there was a need. The elderly people who lived in gated neighbourhoods reported more integration because they had common roads, security issues and neighbourhood meetings than those who lived in individual residences. Social integration then led to social wellbeing of the elderly in the study as posited by Aroogh and Shahboulaghi, (2020) that the concept of social participation led to social integration in old age and is highly valued because it is one of the determinants of elderly people's health.

Poor social integration was reported due to bereavement of spouses, dwindling social networks, lack of social roles, broken family ties making the elderly vulnerable and prone to social isolation, loneliness and therefore compromising their social wellbeing as noted by Hwang et al., (2020). The study established that retirement and, loss of loved ones led to changes in social life. Where the elderly experienced loss of networks and friends which resulted to isolation and loneliness. This was consistent with the findings of Hämmig (2019), who stated that a lack of social integration leads to social isolation and loneliness, which negatively affects the social wellbeing of the elderly. The study also noted some of the elderly had family emotional cut-off from their children because of inheritance feuds leading to separation or isolation from the family of origin, as posited by Lampis et al. (2019).

The study established the elderly's sense of solidarity which indicated that the closeness was mostly incidental. Most respondents did not visit each other in their neighbourhoods, but would attend functions if they were invited, if there was a calamity such as death, a wedding celebration for each other's children or if there was a common problem such as security. Other meetings, such as church and family gatherings, were held on a regular basis. This gives the elderly a sense of belonging and it as posited by Hourzad et al. (2018) who stated that social connectedness and solidarity gives elderly people a sense of belonging in their relationships and in the society. It can also be seen in the members' willingness to collaborate in order to survive.

The study established that most of the elderly felt they were socially accepted in their community. The results indicated that nine of the elderly respondents felt they were socially accepted in their communities while two respondents felt the community did not socially accept them. Social acceptance was experienced through invitation to each other's functions, financial

aid, and social support in case of calamities like sickness or loss of a loved one and being invited to hold positions like school board of governors.

The study found that loss of social networks, friends of the couples when one of them died unfriendly neighbours, the church giving roles to the younger generation and not checking on them made some respondents feel forgotten and fearful that no one would care or know if anything happened to them This then affected their social wellbeing. This is consistent with a study conducted in China by Wang and Tang (2020), who found that as a result of lost networks, the elderly reported feelings of insecurity, vulnerability, isolation, and a perceived lack of attachment figures, particularly in urban areas.

The Elderly's Own Perception of Their Subjective Wellbeing

The third objective of this study investigated on how the elderly's perception influenced their subjective wellbeing. The study in this objective revealed that the meaning of aging well for the elderly people was: - having a family and a home, having financial independence and self-reliance, when they were in good health conditions and having a health insurance in case of sickness. It was also when they had mobility to move from one place to another, when they had spiritual wellness and when their children were settled and not relying on them. These factors led to their subjective wellbeing.

The results of this study revealed that fitting in the cultural script where one had close family ties a home, good health and financial. It also important to note that most of the elderly respondents gained acceptance, attention, and support from close family ties, the church, social support from friends and were included in neighbourhood functions. They were also given leadership positions in the community which the elderly a sense of belonging and independence

as posited by Steptoe and Fancourt, (2019), that higher income, predicted higher subjective well-being and a sense of wellbeing.

The study found that two of the respondents felt like they had no sense of belonging. This was due to family breakups after the bereavement of their spouses. Families were separated and therefore had emotional cut-off to avoid conflicts as noted by Lampis, et al., (2019). Most elderly people lacked any sort of goals. They were forced to follow the cultural norms of going to school, finding employment, getting married, raising a family, and waiting for grandchildren, which gave them the impression that they had achieved most of the objectives they were expected to have. This made the parents reflect with satisfaction on their achievement and therefore attained a feeling of social actualization and generativity. This is justified by the findings of Chung et al. (2021); Lopez et al. (2020); Saadeh et al. (2020), which show that studies reflect their environmental contexts and cannot be applicable in a different setting. Having a home, means of transport, children who had settled down, being financially independent a supportive family and a good neighbourhood was seen a self-actualization by the elderly. This concurs with Erickson, as cited by Maree (2021), that decisions are made in accordance with social and cultural needs, so older people did not need to have set personal life goals but rather had to fit in.

The study established that being asked to resign from by their spouses from their jobs, having an abusive marriage, being estranged from one's children was attributed to the elderly's failure to achieve self-actualization and therefore to their lack of subjective wellbeing. Triangulation was noted where the fathers sided with the children against the mother, or the children sided against their mother. There was emotional cut-off from the family of origin to escape familial conflicts due to inheritance feuds according to Bowen as cited by Lampis et al., (2019). Failed businesses, failure to continue with education, children dropping out of school in form four

and therefore not holding good jobs and depending on their parents' brought regrets and despair in the elderly.

The Elderly' Perception of Their Psychosocial Wellbeing

The fourth objective of this study investigated on how the elderly's perception influenced their psychosocial wellbeing. The findings of the study on the elderly's family relationships before old age indicated that nine of the respondents' relationships with their family members were friendly. They raised their own children, looked after their older parents and in-laws who occasionally lived with them, as well as their siblings and younger children. In the context of traditional African culture, this was regarded as a duty and a noble job (Kimamo & Kariuki, 2018). The study revealed that one of the respondents had to look after his aged parents alone as the other siblings were too busy with their own families and this brought enmity in the family.

This was confirmed by Fingerman et al. (2020), who proposed that traditional elderly care has been challenging because new traditions have been adopted as the world has become a global village and people have moved from rural to urban areas in search of employment. Elderly people are occasionally abandoned and left in the care of some children who might have mercy on them. One of the respondents did not have healthy relationships with some members of her family. She did not have a good relationship with her stepchildren when the husband was alive and even when he died, the stepchildren had started bringing problems with succession issues. The results are in line with a study by Umberson and Thomeer (2020), which found that stepfamilies and blended families present challenges with inheritance and caregiving and that this has an effect on the psychosocial wellbeing of the elderly.

The study established that there were changes in family relationships experienced by the respondents in old age and it affected their psychosocial wellbeing. Loss of spouses among,

inheritance disputes, loss of jobs in children who were now living with their parents, failure by the respondent's siblings to reciprocate good deeds done to them by their older siblings had resulted to changes in family dynamics, elder maltreatment among the elderly. There was also triangulation in the families when children took sides against their parents because of inheritance feuds. This was in line with Kimamo and Kariuki, (2018) that the traditional idea that one should take care of others so that they would take care of them in old age was no longer valid because siblings and children would often reject the elderly.

The study revealed that some adult children supported their aging parents financially and socially. This was also posited by Collischon, et al. (2021), who suggested that adult children returning home could be a source of comfort and company for the elderly parents and is associated with their well-being. However, most respondents said it was difficult to care for their families in old age, including their grown children. This was in line with the findings of (Tosi, 2020), which showed that co-residency, in which children returned home for reasons like job loss and when the other children had moved out, had an effect on the parents' quality of life and life satisfaction.

The study established that most of the elderly respondents made their own decisions, and they were still in charge of their lives, they could still finance the decisions they made, they informed their partners or their children about their decisions, but the decisions would finally be theirs. Some respondents made decisions with their children especially if it had to do with family property. Others did not consult their children because of unresolved family issues which were signs of unresolved attachment and family feuds which had brought emotional cut-off according to Bowen as cited by Galloway, (2020).

On the other hand, the study found that four respondents' decision-making was constrained by their spouses, who made all the decisions. This was a result of cultural norms according to

which male family heads make decisions. Health limitations affected eight of the respondents' decision making while one was affected by the loss of mobility, which constrained her ability to carry out daily activities. She had to rely on her children to drive her to various locations because of this. When there was an emotional disconnect between them, this occasionally caused frustrations. Lack of support systems from their late spouses affected the decision-making in five of the respondents in the in-depth interviews and two from the focus group discussions. Three respondents said that they were prevented from making decisions because they did not have healthy relationships with their children. These findings agree with a study by Koravalenco and Spivak (2018) that found people who lived alone had trouble navigating their environment and maintaining their independence and autonomy.

According to the study's findings, six of the respondents lived in bungalows. Climbing stairs was a problem for one elderly respondent and her husband resulting in their building a bungalow. The elderly people who resided in homes with stairs were five while two found it difficult to climb the stairs, three respondents climbed the stairs without any problem. Only one respondent had made plans for old age due to travels abroad and exposure to how people prepare for old age. The other respondents appeared unaware of making plans for old age. The elderly people who participated in the focus group discussion said they had difficulty living in the homes they had built when they were younger because there were no bedrooms downstairs and they found it difficult to climb stairs as they aged. According to a study by Winblad et al. (2017), the municipalities in Sweden are in charge of funding and managing the placement of the elderly in their homes or in special housing, as it was noted that the health of the elderly was deteriorating there. The construction or remodelling of senior citizens' homes also makes them handicap

accessible for those 55 years of age and older. The house planners in County governments can borrow a leaf and advise those who are planning to build to factor in old age in their building plans.

On the family member's intervention in environmental mastery of the elderly, the study's findings showed that six of the respondents received assistance from their adult children. This took the form of assisting them either financially or with their daily tasks. This agrees with Hsieh and Liu's, (2021) assertion that social connections, such as dyads made up of family members, friends, or co-workers, are essential to the mental, physical, and financial health of the elderly. As a result, they would be able to make decisions about their daily activities while still maintaining their autonomy. However, two had unresolved family issues following the death of their spouses, which caused their children to disagree with their choices. This is in line with Galloway, (2020) who noted that family disputes can result in emotional cut-offs, in which family members distance themselves from one another to avoid conflict, interfering with the autonomy and psychosocial wellbeing of the elderly.

Policies That Ameliorate the Psychosocial Wellbeing of the Elderly

The fourth objective of this study proposed alternative policies to ameliorate the psychosocial wellbeing of the elderly. This study has revealed that many elderly people struggle with lifestyle diseases without medical care. Many of the respondent had diabetes, arthritis, and high blood pressure as the main medical conditions which impacted on their psychosocial wellbeing. This is in line with a study by Najal et al. (2017), that found chronic health issues brought on by aging have a negative impact on the health of the elderly, their families, the nation's health systems and economies. The results were also in line with those of a study by Marcos-Pardo et al. (2019), which found that aging-related physiological changes can cause seniors to gradually lose their independence and capacity. The results showed that while six of the respondents had

insurance, six of the respondents did not and paid out of pocket when they became ill. Four people who had retired from the government had enrolled in the NHIF's KARO (Kenya Association of Retired Officers) insurance.

According to the findings of the study from the sampled respondents, there were no elderly peoples' policies in place in their churches. There were no elderly visitations, and no one called to see how they were doing. According to the findings, some elderly people skipped church because they either lacked transportation and could not walk there or they had cars but could not drive while others lacked money and the church was unaware of their plight. From to the focus group, the church only paid attention to the elderly when they passed away. They might not feel important, which could have an impact on their psychosocial wellbeing. In contrast, Japan has a social care system with the help of local councils, where care managers visit and monitor them, arrange transportation for people who need to see doctors, feed them, give them a bath, and dispatch nurses to check on them (Sitake, 2016; Inagaki et al., 2020).

The study's findings on how the County and National Government helped the elderly to navigate their old age showed that none of the elderly people in the sample were receiving the Ksh 2,000 old peoples' stipend. In-depth interviews revealed that seven respondents had retired early and were not getting a pension. The elderly people in the group who were older than 70 years were four while four old people received pensions, but they felt the government should also include them in the group receiving stipends because they had retired when their salaries were too low. From focus group discussions, two respondents who were older than 70 received pensions, while three were younger than 70 years and only one respondent received pension. The other six were not eligible for pensions. As a result, the government's programs did not benefit all the elderly people.

The Nyumba Kumi program, which was supposed to know what happened in every ten households in their urban setup, was not operational, and the local chief had not interacted with them either. This supports a study by Saka et al. (2018) that found governments in Sub-Saharan Africa have not made significant investments in developing and implementing policies for the elderly. The results also concurred with, Lloyd-Sherlock and Amaokoh-Coleman (2020), contention that pensions and social insurance for the elderly were not particularly well-established in Sub-Saharan Africa.

To ameliorate the psychosocial wellbeing of the elderly the study found that the respondents thought their respective churches should have programs for the elderly because they were focusing so much on children and youth. The church should have transportation arrangements for those who are unable to attend services as part of the policies that can improve their psychosocial wellbeing. Additionally, the church should have the church administrators call the elderly and set up home visits to see how they are doing. Furthermore, a fund that helped the elderly who could not afford the necessities ought to exist. The church, according to the respondents, could find out if the respondents lack health insurance and figure out how to assist them. This would assist the elderly in resolving their problems and achieving their psychosocial wellbeing.

Chapter Summary

This chapter was comprised of data analysis, presentation of results, interpretation of findings and discussion of research findings. The chapter presented the demographic profiles of the respondents as well as the findings of this phenomenological study that investigated the elderly peoples' own perception of their psychosocial well-being. The findings of the study presented in this chapter were based on the research questions and aligned with the five main objectives.

Chapter Five: Summary of Findings, Implications, Conclusion, and Recommendations

This chapter presented a summary of findings, implications conclusions, recommendations of the study and suggestions for further study. The information in this chapter is based on the reviewed literature in addition to the findings in chapter four. The purpose of this study was to investigate the elderly's perception of their psychosocial wellbeing in selected mainstream churches in affluent Karen-Langata Nairobi, Kenya. The summary of these findings is organized according to the five objectives of the study.

Summary of Findings

The purpose of this study was to better understand how the elderly people in affluent Karen, Langata area perceived their psychosocial wellbeing. The study was anchored on five objectives which sought to explore the perception of the elderly's psychological wellbeing, their social wellbeing, their subjective wellbeing, their psychosocial wellbeing, and policies that ameliorate their psychosocial wellbeing.

Findings from the study revealed that prior to retirement, the elderly had a routine and were actively involved in income generating activities as well as raising their families. In retirement, the day-to-day activities were significantly reduced, their lives were relaxed and had autonomy when exploring new ventures. The motivating factors which brought the elderly peoples' fulfilment were: - value for family, doing what they love and engaging in community work. However, the elderly had regrets at retirement which emanated from the lack of preparedness during their active years. While economic stress was not a factor in their psychological stress, other factors like deteriorating health, death of a spouse, family feuds due to inheritance wrangles, and children leaving the family home led to stress which impacted their psychological wellbeing. As such, the elderly that are bereaved and those that do not have supporting children may need

psychological support to give them tools and skills to find healthier ways of living without painful emotional grudges. The church can facilitate this for their members.

The study findings further indicated that the elderly had rich social networks and enjoyed vibrant social lives prior to retirement. This was experienced through neighbourhood, church, and social engagements. Social inclusion in the community, church and neighbourhood positively impacted their social wellbeing. On the other hand, the elderly's social wellbeing was adversely affected upon the bereavement of spouses, dwindling social networks, lack of social roles, broken family ties, isolation, and loneliness. Living alone after the spouses' death or the children leaving the home left the elderly isolated and lonely. It did not help that most of the elderly live in their residential homes which limits interactions with neighbours and results in periodic meetings. As such, the church can play a critical role by engaging the elderly people to serve in capacities where they can draw on their experiences and expertise for more integration and inclusivity.

According to the study, the indicators of social wellbeing included having a home, financial independence, no health conditions, health insurance, mobility, spiritual wellness, and their children being settled. Another indicator of the elderly's subjective wellbeing entailed fitting in the cultural script and having a family. According to the findings, factors that negatively affected their subjective wellbeing were family breakups, bereavements, inheritance feuds, cultural beliefs, and patriarchal patronage. The elderly felt that a lack of financial independence, living in rental premises, dependent grown-up children, family cut-offs, failed businesses also affected their subjective wellbeing. Additionally, in instances where the elderly never forged any close relationship, or there was lack of elderly groups in church, this impacted on their subjective wellbeing. It was noted that the elderly people who had close family ties had better support than those that did not have. The study shows that family ties is a function of good relationships when

established earlier in the family, especially spousal relationship. As such, the church has a great role in fostering healthier families to get better supported elderly persons.

Additionally, the study findings showed that the elderly had cordial family relationships before retirement. After retirement, they experienced changes in family dynamics due to be co-residency with grown up children some of whom had lost jobs, others who had never left home, or when the elderly had to move to the children's homes due to factors such as sickness. This resulted at times to elder maltreatment and in some circumstances, parents being charged in courts. It was noted that where the parents had strained spousal relationships, this led to strained parent-children's relationships later in life. It was also noted that grown up children helped their aging parents to navigate issues they were facing in old age by running errands for them, keeping them company and at times providing social and economic support. In such circumstances, the church ought to take upon itself to teach and guide families on healthy family relationships and make interventions where necessary.

The findings revealed that the issues experienced in old age such as health issues, sometimes leading to immobility, reliance on the significant others, lack of health insurance adversely impacted the psychosocial wellbeing of the elderly. It was noted that the elderly had adjusted to old age and lived simple lives living within their means. The sampled elderly people confirmed their churches, the county and national government did not have policies that adequately ameliorated their psychosocial wellbeing. It was noted that the various churches had not substantively set up support avenues for the elderly people. For instance, there was no kitty for the elderly to draw from in case of misfortunes, there were no regular visitations for the elderly, and those who were immobile did not receive transport services from the church to attend church facilitated forums. It was noted that while the government has the cash transfer programmes for

elderly, most of the elderly people were not in the government's payroll. Additionally, the Ksh. 2,000 was considered very little given the rising cost of living. The elderly people, aged between 60 and 70 years, who had already retired but were not eligible for the government's old people cash transfer programme felt neglected. As such, support structure needs to be intentionally instituted to support and regularly monitor the elderly people in the church. The government should also create more inclusive policies which support all elderly people post their retirement ages.

Implications

This study has brought out some clear information that will help younger people to prepare for old age. It has also informed on how the elderly people need to be supported to continue living emotionally and psychologically healthy lives. From the study, it was clear that inheritance wrangles are very distressing to wives left behind after their husband pass away. The study calls for better ways of protecting these women because together with the distress comes stress related diseases. Women who partnered with controlling husbands ended up losing their autonomy in decision making on things they valued like when to stop working, ownership of property or having a say on how finances were used. This lack of autonomy resulted in bitterness and stress which impacted on their psychosocial wellbeing. The study finds this awareness important to those women who are still young and can seek ways of preserving their autonomy. Additionally, family conflicts during marriage killed cohesiveness between children and parents. This is seen to play out in families when spouses die, and the children treat the remaining parent the way their late spouses used to treat them. The church can help in equipping younger couples on interpersonal skills between themselves and parenting skills to ensure cohesiveness in the family.

Elderly people with strong family ties were found to receive better care than those without. The study demonstrates that strong family ties are a result of earlier, more positive relationships,

particularly those between spouses. Therefore, the church faces the enormous challenge of working to create healthier families in order to better care for the elderly. Additionally, elderly people without caring children may require psychological assistance to equip them with the knowledge and abilities to find healthier ways of living free from distressing emotional resentments. The church can help its members with this.

The findings suggested that if people do not grieve, their lives thereafter are not whole. The widows ended up withdrawing from their significant others, feeling that their friends no longer loved them because they do not visit them and not wanting to be identified with other widows in the church for fear of being labelled. The church needs to be alert about widows and facilitate forums when interventions could be availed to allow healthy grieving.

This study brought out the role of culture in the elderly peoples' lives which stressed them and impacted on their psychosocial wellbeing. Patriarchal patronage where the husbands assuming the role of the head of their families deny their spouses and their daughters' property and inheritance of the family wealth even when they had contributed to it ought to be discouraged. Culture also came into play when some elderly men refused to take part in the study because culturally men find it hard to talk about. The church has a duty to create forums where cultural beliefs of women being the lesser sex could be demystified. In addition, the younger women through this study can be empowered seek ways of discussing their feelings about being left out in the inheritance of their parents' wealth instead of withdrawing and feeling bitter. Issues to do with decision making and cultural beliefs should also form part of pre-marital counselling in churches to avert disappointments that follow people to their old age. At the same time psycho-educating the community that everybody should be given a chance to contribute to the society

regardless of their gender is paramount. This can be discussed in churches and at the local government levels by the chiefs.

Conclusion

This study focused on establishing the elderly peoples' perception on their psychosocial wellbeing. The issues raised by the study's research questions have been addressed by the findings to a greater extent.

Objective One: Ways the Elderly Peoples' Perception, Influence Their Psychological

Wellbeing:

The elderly peoples' perception of their transition, the perception of impact of their autonomy and their perception of their self-acceptance are likely to contribute to their psychological wellbeing, according to the study's objectives. Most elderly people felt that having a family nearby, giving back to the community, and participating in church activities gave their lives a meaning. Setting of personal development goals before retirement were not prioritized, but the elderly had fit in their cultural script. The elderly people were open to new experiences, but their personal growth and psychological wellbeing were hampered by their health, financial independence, personal independence, spouses' deaths, and children moving out of home. Most of the elderly found that engaging in activities they valued, such as having family nearby, finishing projects, and serving in the church, gave them a sense of personal acceptance in old age. Cultural beliefs and inheritance wrangles inhibited the elderly's sense of belonging. The elderly felt they had self-actualization when they fit in the cultural script of having a home, raising a family, being financially able and being mobile to carry out their daily activities.

Objective Two: Elderly Peoples' Perception of Their Social Wellbeing:

Most of the elderly study participants had vibrant lives before old age. They continued to be involved in their communities, they had a sense of solidarity and felt socially accepted, all of which improved their social wellbeing. The elderly in gated communities with shared roads, neighbourhood gatherings, and security had higher levels of social integration. However, emotional cut-off in families was found to cause separation, loneliness, isolation, and a lack of social integration for the elderly. The study revealed that neighbourhood ties were random and only developed during events like weddings, funerals, and church meetings, which gave the elderly a sense of social cohesiveness, solidity, and belonging. The elderly felt socially accepted when they were invited to other people's events, received financial and social support in times of need, and held leadership positions in their communities. On the other hand, the elderly felt abandoned, afraid, and unaccepted due to a loss of networks, the church failing to give them roles to play, and living in unfriendly neighbourhoods, all of which had an impact on their social wellbeing.

Objective Three: Elderly Peoples' Perception of Their Subjective Wellbeing:

Most of the elderly's subjective wellbeing was found to be influenced by their sense of self-actualization, their sense of belonging, and their level of life satisfaction. The elderly respondents felt fulfilled by having a family home, living in a good neighbourhood, being content with their spirituality, finding fulfilment in their work, and having children who were successful in their careers. Conversely, patriarchal patronage, where husbands controlled their wives' careers, forced them to retire before they were expected, barred them from owning property, and prevented their daughters from inheriting property, reduced the level of life satisfaction among the elderly.

The elderly felt a sense of belonging when they were accepted, given attention, and support by their close family and friends, included in neighbourhood events, and held leadership positions

in the community. On the other hand, having poor health, losing a spouse, children leaving home, moving to a new neighbourhood, inheritance disputes and cultural disagreements prevent the elderly from having a sense of belonging. The elderly believed that they achieved self-actualization in old age when they felt content and satisfied that they had followed the cultural expectations of having worked, owned a home, raised independent children, retired when they were financially able to do so, and being mobile enough to go about their daily lives.

The elderly people experienced a sense of failure and despair, which negatively impacted their subjective wellbeing when they were forced to leave their jobs early and retire without a pension, having inheritance disputes that resulted in emotional cut-offs, failing businesses, and raising dependent children.

Objective Four: Elderly Peoples' Perception of Their Psychosocial Wellbeing:

The study established that changes in family relationships, elderly autonomy and environmental mastery impacted the elderly perception of their psychosocial wellbeing. When spouses passed away or children moved out of the family home, family dynamics changed, which caused elderly people to become isolated and lonely. Due to inheritance disputes, the deaths of some elderly people's spouses resulted in family disputes and emotional disconnects. Additionally, because of shared a residence with adult children who occasionally lacked independence or lost their jobs, the elderly suffered from triangulation in families, which was detrimental to their psychosocial wellbeing.

Some older children who lived with their parents supported them financially and with daily tasks, this had a positive effect on their psychosocial wellbeing. The elderly people were largely left on their own as the customary model of the children and younger siblings caring for them no longer worked. Many of elderly people, according to the study, were independent decision-makers,

but health issues and cultural norms could limit their independence. The study also discovered that the old age diseases that caused immobility and lack of prior planning for old age, particularly in the construction of elderly-friendly buildings, had an impact on the elderly's environmental mastery. Most elderly people did not reside with their families, which contributed to their feelings of loneliness and isolation. When their adult children helped out with chores, living together had a positive effect on the elderly's psychosocial wellbeing, but inheritance disputes that resulted in emotional cut-offs had the opposite effect.

Objective Five: Policies That Ameliorate the Psychosocial Wellbeing of The Elderly:

Age-related physiological changes in the elderly led to most of them developing diseases like diabetes, arthritis, and high blood pressure. The health of the elderly, their families, the country's health systems, and economies were all negatively impacted by this. They lacked the resources to pay for expensive medical insurance. Some could only afford NHIF, which could only cover the cost of the beds at the time of admission. Because they were not checked on and were not given any roles to play, the elderly felt abandoned by their respective churches, which only remembered them when burying them after their deaths.

The *Nyumba kumi* (vigilante neighbourhood groups) programs received no follow-up from the County government, and no elderly interacted with the chiefs. When approving building plans, the planners did not guarantee elderly-friendly structures. Thought-out national government policies were not put into action. The Ksh, 2,000 set aside for the elderly fluctuated and only catered to those who were 70 years of age or older. People who retired at 60 were not taken care of. The pensions were not reviewed, so they remained too low.

Recommendations

According to the study's findings, the following recommendations, if implemented and sustained, would enhance the psychosocial wellbeing of the growing population of elderly people. The study took into account the input of policymakers, county and national governments, mental health professionals, including psychologists, counsellors, marriage and family therapists, and religious leaders.

Policy Makers

The study acknowledged there were carefully considered policies regarding the elderly, but the policies had not been fully put into practice. The growing elderly population should prompt policymakers to operationalize measures that will aptly improve their psychosocial wellbeing.

National and Local Government

The National government should spearhead policies which ensure workers are given financial education to help them set goals while in employment in order to prepare for old age. The policies should ensure that the elderly will have enough money to cushion them against poverty in their retirement. The government can also review the Ksh. 2,000 given to the elderly taking into account those who also retired at 60 years. Besides, elderly-friendly insurance plans or free medical services for the elderly should be available. Moreover, social workers ought to be tasked with keeping an eye on the elderly. Still, elderly people should be informed of their rights, and the chiefs should know who they are and maintain records of them. The County government should plan, design, and enforce construction with the elderly in mind where ramps, lifts, and accessible, bedrooms are included.

Mental Health Professionals

Old age is accompanied by old age diseases, financial difficulties brought on by retirement, changes in family dynamics brought on by the loss of spouses or children moving out of the home, and loss of social networks, all of which can have an impact on the elderly and their psychosocial wellbeing. To help the elderly improve their psychosocial wellbeing, mental health professionals like psychologists, counsellors, and marriage and family therapists should be availed to them.

Religious Leaders

The churches should prioritize programs for the elderly. They can avail transportation arrangements for those who are unable to attend services. They church administrators can call the elderly and set up home visits to see how they are doing. A fund that helps the elderly who cannot afford the necessities should be set. The church can explore how the elderly congregants can be facilitated to get health insurance. This would assist the elderly in resolving their problems and achieving their psychosocial wellbeing. The church can organize talks and forums on healthy aging, healthy grieving mechanisms, and setting up structures and programmes for better support to the elderly.

Suggestion for Further Studies

The current study focused on the elderly's perception of their psychosocial wellbeing. It would be interesting to carry out a study on the perception of the significant others on the elderly in their midst and how this affects the psychosocial wellbeing of the elderly. Since this study was in Karen-Langata area a further study in another county is recommended before the current results can be generalized. Carrying out the same study on another age group in the same locality to determine the similarities or differences in the findings would also be recommended. A study on

faulty spousal relationship in early life and the effect on parent –children relationship in old age would help to understand the strained relationships between parents and their children in old age.

Chapter Summary

This chapter comprised of a summary of findings, implications, conclusions, and recommendations of the study and suggestions for further study. The information in this chapter was based on the reviewed literature in addition to the findings in chapter four. The summary of these findings was organized according to the five objectives of the study.

References

- Abalogu, D. M. (2022). Positive Impacts of Covid 19 Lockdown Policy on Family Relationship: A Sociological Inquiry Ekenedilichukwu A. Okolo. *Dialogue on Education, Science and Development in Africa*, 51.
- Abdulai, M. (2021). The Culture of Toxic Organizational Leadership in Sub-Saharan Africa: Why Contexts Matter. In *Debating Bad Leadership* (pp. 335-354). Palgrave Macmillan, Cham. https://doi.org/10.1007/978-3-030-65025-4_18
- Aboderin, I., & Hoffman, J. (2015). Families, intergenerational bonds, and aging in Sub-Saharan Africa. *Canadian Journal on Aging/La Revue canadienne du vieillissement*, 34(3), 282-289. DOI: <https://doi.org/10.1017/S0714980815000239>
- Afshar, P. F., Pirooz, F., & Ajri-Khameslou, M. (2018). Explaining social well-being in the perspective of retired men of the armed forces: a qualitative content analysis. *Annals of Medical and Health Sciences Research*.<http://creativecommons.org/licenses/by-n/4.0/>
- Aguboshim, F. C. (2021). Adequacy of sample size in a qualitative case study and the dilemma of data saturation: A narrative review. *World Journal of Advanced Research and Reviews*, 10(3), 180–187. <https://doi.org/10.30574/wjarr.2021.10.3.0277>
- Akinola, A. O. (2021). Urbanization, Poverty, and the Paradox of Land Reform in South Africa. In *The New Political Economy of Land Reform in South Africa* (pp. 235-254). Palgrave Macmillan, Cham. DOI: 10.1007/978-3-030-51129-6_13
- Akiyama N, Shirowa T, Fukuda T, Murashima S, Hayashida K (2018) Healthcare costs for the elderly in Japan: Analysis of medical care and long-term care claim records. *PLoS ONE* 13(5): e0190392. <https://doi.org/10.1371/journal.pone.0190392>
- Alam, M. K. (2020). A systematic qualitative case study: questions, data collection, NVivo

- analysis and saturation. *Qualitative Research in Organizations and Management: An International Journal*. <https://doi.org/10.1108/QROM-09-2019-1825>
- Allan, G. (2020). Qualitative research. In *Handbook for research students in the social sciences* (pp. 177-189). Routledge.
- Almira, L., Hanum, L., & Menaldi, A. (2019). Relationship with children and the psychological well-being of the elderly in Indonesia. *SAGE open medicine*, 7, 2050312119836026. <https://doi.org/10.1177/2050312119836026>
- Amin, Mohamed Ezzat Khamis, Lotte Stig Nørgaard, Afonso M. Cavaco, Matthew J. Witry, Lisa Hillman, Alina Cernasev, and Shane P. Desselle. "Establishing trustworthiness and authenticity in qualitative pharmacy research." *Research in Social and Administrative Pharmacy* 16, no. 10 (2020): 1472-1482. <https://doi.org/10.1016/j.sapharm.2020.02.005>
- Ang, S. (2018). Social participation and mortality among older adults in Singapore: does ethnicity explain gender differences? *The Journals of Gerontology: Series B*, 73(8), 1470-1479. <https://doi.org/10.1093/geronb/gbw078>
- Animasahun, V. J., & Chapman, H. J. (2017). Psychosocial health challenges of the elderly in Nigeria: a narrative review. *African health sciences*, 17(2), 575-583. <https://dx.doi.org/10.4314/ahs.v17i2.35>
- Appau, S., Churchil, S.A., & Farrel. L., (2019) Social integration and subjective wellbeing, *Applied Economics*, 51:16,1748-1761, <https://doi.org/10.1080/00036846.2018.1528340>
- Arifin, S. R. M. (2018). Ethical considerations in qualitative study. *International Journal of Care Scholars*, 1(2), 30-33. DOI: <https://doi.org/10.31436/ijcs.v1i2.82>
- Aroogh, M. D., & Shahboulaghi, F. M. (2020). Social participation of older adults: A concept
- Gyasi, R. M., Phillips, D. R., & Amoah, P. A. (2020). analysis. *International journal of*

community-based nursing and midwifery, 8(1), 55.

doi: [10.30476/IJCBNM.2019.82222.1055](https://doi.org/10.30476/IJCBNM.2019.82222.1055)

Aspers, P., & Corte, U. (2019). What is qualitative in qualitative research. *Qualitative sociology*, 42(2), 139-160. <https://doi.org/10.1007/s11133-019-9413-7>

Atetwe, L. K. (2020). Prevalence of elder abuse in Emuhaya sub-county, Vihiga County, Kenya. In *International Handbook of Elder Abuse and Mistreatment* (pp. 577-602). Springer, Singapore. https://doi.org/10.1007/978-981-13-8610-7_31

Aubel, J., Martin, S. L., & Cunningham, K. (2021). Introduction: a family systems approach to promote maternal, child and adolescent nutrition. *Maternal & Child Nutrition*, 17, e13228. <https://doi.org/10.1111/mcn.13228>

Atzendorf, J., & Gruber, S. (2022). Depression and loneliness of older adults in Europe and Israel after the first wave of covid-19. *European journal of ageing*, 19(4), 849-861.

DOI: <https://doi.org/10.1007/s10433-021-00640-8>

Axsen, J., & Sovacool, B. K. (2019). The roles of users in electric, shared, and automated mobility transitions. *Transportation Research Part D: Transport and Environment*, 71, 1-21. <https://doi.org/10.1016/j.trd.2019.02.012>

Ayala, G. X., & Elder, J. P. (2011). Qualitative methods to ensure acceptability of behavioural and social interventions to the target population. *Journal of public health dentistry*, 71, S69-S79. <https://doi.org/10.1111/j.1752-7325.2011.00241.x>

Bailey, P. E., Ebner, N. C., & Stine-Morrow, E. A. (2021). Introduction to the special issue on prosociality in adult development and aging: Advancing theory within a multilevel framework. *Psychology and aging*, 36(1), 1. <https://doi.org/10.1037/pag0000598>

Bakker, N. A. (2019). *An analysis of the six dimensions of psychological well-being in learning*

reflections of leaders. Exploring the influence of storytelling on leader development

(Doctoral dissertation, Murdoch University).

<http://researchrepository.murdoch.edu.au/id/eprint/56173>

Banerjee, D., D’Cruz, M. M., & Rao, T. S. (2020). Coronavirus disease 2019 and the elderly:

Focus on psychosocial well-being, agism, and abuse prevention—An advocacy review.

Journal of geriatric mental health, 7(1), 4. DOI: 10.4103/jgmh.jgmh_16_20

Banerjee, D. (2020). ‘Age and ageism in COVID-19’: Elderly mental health-care vulnerabilities and needs. *Asian journal of psychiatry*, 51, 102154.

doi: [10.1016/j.ajp.2020.102154](https://doi.org/10.1016/j.ajp.2020.102154)

Barnes, B. R. (2019). Transformative mixed methods research in South Africa: Contributions to social justice. *Transforming research methods in the social sciences: Case studies from South Africa*, 303-16. <https://dx.doi.org/1018772/22019032750>

Barrett, D., & Twycross, A. (2018). Data collection in qualitative research. *Evidence-Based Nursing*, 21(3), 63-64. <http://dx.doi.org/10.1136/eb-2018-102939>.

Bartels, A. L., Peterson, S. J., & Reina, C. S. (2019). Understanding well-being at work: and validation of the eudaimonic workplace well-being scale. *PloS one*, 14(4), e0215957. <https://doi.org/10.1371/journal.pone.0215957>

Baidoo, S. T., Boateng, E., & Amponsah, M. (2018). Understanding the determinants of saving in Ghana: Does financial literacy matter? *Journal of international development*, 30(5), 886-903. <https://doi.org/10.1002/jid.3377>

Becker, C., Kirchmaier, I., & Trautmann, S. T. (2019). Marriage, parenthood and social network: Subjective well-being and mental health in old age. *PloS one*, 14(7), e0218704. <https://doi.org/10.1371/journal.pone.0218704>

- Bedaso, T. S., & Han, B. (2021). Work after retirement affects elderly mental health and behaviours in Addis Ababa. *Health Psychology Open*, 8(1), 2055102921996189. <https://doi.org/10.1177/2055102921996189>
- Beltrán-Carrillo, V. J., Ferriz, R., Brown, D. H., & Coll, D. G. C. (2017). Qualitative evaluation of a school intervention for the promotion of physical activity: Learning from the perspective of the target population. *European Journal of Human Movement*, 38, 68-92. vbeltran@umh.es
- Bekele, W. B., & Ago, F. Y. (2022). Sample Size for Interview in Qualitative Research in Social Sciences: A Guide to Novice Researchers. *Research in Educational Policy and Management*, 4(1), 42-50. <https://doi.org/10.46303/repam.2022.3>
- Bennett, V. L. (2020). Portrait of a Novice Medical Family Therapist, Working in a Medical Setting with Head and Neck Cancer Patients Observed Through a Bowen Family Systems Theory's Lens (*Doctoral dissertation, Nova Southeastern University*).
- Bergen, N., & Labonté, R. (2020). “Everything is perfect, and we have no problems”: detecting and limiting social desirability bias in qualitative research. *Qualitative health research*, 30(5), 783-792. <https://doi.org/10.1177/1049732319889354>
- Banerjee, D. (2020). ‘Age and ageism in COVID-19’: Elderly mental health-care vulnerabilities and needs. *Asian journal of psychiatry*, 51, 102154. doi: [10.1016/j.ajp.2020.102154](https://doi.org/10.1016/j.ajp.2020.102154)
- Berx, N., Pintelon, L., & Decré, W. (2021, March). Psychosocial Impact of Collaborating with an Autonomous Mobile Robot: Results of an Exploratory Case Study. In *Companion of the 2021 ACM/IEEE International Conference on Human-Robot Interaction* (pp. 280-282). <https://doi.org/10.1145/3434074.3447176>

- Bidzan-Bluma, I., Bidzan, M., Jurek, P., Bidzan, L., Knietzsch, J., Stueck, M., & Bidzan, M. (2020). A Polish and German population study of quality of life, well-being, and life satisfaction in older adults during the COVID-19 pandemic. *Frontiers in psychiatry*, 11, 585813. <https://doi.org/10.3389/fpsyt.2020.585813>
- Biegel, D. E., Farkas, K. J., & Wadsworth, N. (2021). Social service programs for older adults and their families: Service use and barriers. In *Services to the Aging and Aged* (pp. 141-178). Routledge. eBook ISBN9781315864310
- Boccardi, M., & Boccardi, V. (2019). Psychological wellbeing and healthy aging: focus on telomeres. *Geriatrics*, 4(1), 25 <https://doi.org/10.3390/geriatrics4010025>.
- Bridge, E. N. (2019). Review of a case study in light of Bowen theory: Differentiation of self. *Yaşam Becerileri Psikoloji Dergisi*, 3(5), 65-72. <https://doi.org/10.31461/ybpd.556080>
- Bogna, F., Raineri, A., & Dell, G. (2020). Critical realism and constructivism: merging research paradigms for a deeper qualitative study. *Qualitative Research in Organizations and Management: An International Journal*. <https://doi.org/10.1108/QROM-06-2019-1778>
- Boyland, J. R. (2019). A social constructivist approach to the gathering of empirical data. *Australian Counselling Research Journal*, 13(2), 30-34.: judyboyland1@bigpond.com
- Bölenius, K., Lämås, K., Sandman, P. O., Lindkvist, M., & Edvardsson, D. (2019). Perceptions of self-determination and quality of life among Swedish home care recipients-a cross-sectional study. *BMC geriatrics*, 19(1), 1-9. <https://doi.org/10.1186/s12877-019-1145-8>
- Bozkurt, Ü. & Yılmaz, M. (2016). The determination of functional independence and quality of life of older adults in a nursing home. *International Journal of Caring Sciences*, 9(1), 198-210.: medine1974@hotmail.com

Brooke, J., & Jackson, D. (2020). Older people and COVID-19 isolation, risk, and ageism.

Journal of clinical nursing. <https://onlinelibrary.wiley.com/doi/10.1111/jocn.1...>

Buedo Guirado, C., Rubio L., Dumitrache, C. G., & Romero Coronado, J.

(2019). Active aging program in nursing homes: Effects on psychological well-being and life satisfaction. DOI: [10.5093/pi2019a18](https://doi.org/10.5093/pi2019a18)

Bulanda, J. R., Yamashita, T., & Brown, J. S. (2021). Marital quality, gender, and later-life

depressive symptom trajectories. *Journal of Women & Aging*, 33(2), 122-136. <https://doi.org/10.1080/08952841.2020.1818538>

Burnett, C. F. (2018). Natural systems aesthetics. In *Systems Theories for Psychotherapists* (pp. 102-123). Routledge

Busetto, L., Wick, W., & Gumbinger, C. (2020). How to use and assess qualitative research

methods. *Neurological Research and practice*, 2, 1-10. <https://doi.org/10.1186/s42466-020-00059-z>

Breakey, E. (2021). *Journeying Through Transition: A Case Study in the Application of Bowen Family Systems Theory for Parish Ministry* (Doctoral dissertation, Drew University).

Cadmus, E. O., Adebusoye, L. A., & Owoaje, E. T. (2021). Attitude towards ageing and

perceived health status of community-dwelling older persons in a low resource setting: a rural-urban comparison. *BMC geriatrics*, 21(1), 1-11. <https://doi.org/10.1186/s12877-021-02394-5>

Caliendo, F. N., Casanova, M., Gorry, A., & Slavov, S. (2023). Retirement timing uncertainty:

Empirical evidence and quantitative evaluation. *Review of Economic Dynamics*.

<https://doi.org/10.1016/j.red.2023.01.002>

Campbell, S., Greenwood, M., Prior, S., Shearer, T., Walkem, K., Young, S., ... & Walker, K.

- (2020). Purposive sampling: complex or simple? Research case examples. *Journal of research in Nursing*, 25(8), 652-661. <https://doi.org/10.1177/1744987120927206>
- Carandang, R. R., Shibnuma, A., Asis, E., Chavez, D. C., Tuliao, M. T., & Jimba, M. (2020). “Are Filipinos aging well?”: Determinants of subjective well-being among senior citizens of the community based ENGAGE Study. *International Journal of Environmental Research and Public Health*, 17(20), 7636. <https://doi.org/10.3390/ijerph17207636>
- Carr, D., & Utz, R. L. (2020). Families in later life: A decade in review. *Journal of Marriage and Family*, 82(1), 346-363 <https://doi.org/10.1111/jomf.12609>
- Cepukiene, V. (2020). The Significance of Family-of-Origin Dynamics for Adults’ Health and Psychological Wellbeing: The Perspective of Bowen Family System Theory. *Interpersonal Relationships*. Intech Open. <https://doi.org/10.5772/intechopen.95354>
- Chavkin, A. (2020). A Family in Crisis: A Family Systems Theory Approach to Arthur Miller's “I Don't Need You Anymore.” *TheArthurMillerJournal*, 15(2), 141-162. <https://doi.org/10.5325/arthmillj.15.2.0141>
- Chen, N., Chen, J., & Ko, P. C. (2021). Active aging in the countryside: Space, place and the performance of leisure–work lifestyles in contemporary rural China. *Population, Space and Place*, 27(6), e2429. <https://doi.org/10.1002/psp.2429>
- Chiu, T. T., Hsu, H. C., Lee, Y. J., & Hwu, D. W. (2023). Decrease Treatment Burden following the Application of ADCES7 and WHO-ICOPE in a Diabetic Frail Elderly Lady with Multimorbidity. *Archives of Clinical and Medical Case Reports*, 7, 70-72.
DOI:10.26502/acmcr.96550574
- Chopik, W. J., Bremner, R. H., Johnson, D. J., & Giasson, H. L. (2018). Age differences in age perceptions and developmental transitions. *Frontiers in psychology*, 9, 67

<https://doi.org/10.3389/fpsyg.2018.00067>

Choi, Y., Kwon, Y. H., & Kim, J. (2018). The effect of the social networks of the elderly on housing choice in Korea. *Habitat International*, 74, 1-8.

<https://doi.org/10.1016/j.habitatint.2018.02.003>

Chun Tie, Y., Birks, M., & Francis, K. (2019). Grounded theory research: A design framework for novice researchers. *SAGE Open Medicine*, 7, 2050312118822927.

<https://doi.org/10.1177/2050312118822927>

Chung, M. L., Fung, K. K. W., & Liu, C. L. (2021). Enabling Factors of Subjective Well-being among Older Adults in Taiwan: The Welfare State and Beyond? *Journal of Gerontological Social Work*, 64(4), 348-371. <https://doi.org/10.1080/01634372.2021.1878569>

Cohen, L., Manion, L., & Morrison, K. (2017). Validity and reliability. In *Research methods in education* (pp. 245-284). Routledge.

Cohen, S., & McKay, G. (2020). Social support, stress, and the buffering hypothesis: A theoretical analysis. In *Handbook of psychology and health (Volume IV)* (pp. 253-267). Routledge. eBook ISBN9781003044307

Colangeli, R. (2020). Bound together: How psychoanalysis diminishes inter-generational DNA trauma. *The American Journal of Psychoanalysis*, 80(2), 196-218.

<https://doi.org/10.1057/s11231-020-09247-x>

Collischon, M., Eberl, A., & Wolbring, T. (2021). Gender Roles, Child Moves and Parental Well-being: A Panel Study on Short- and Long-Term Effects for Germany.

Cook, M. (2021). *Perceiving others: The psychology of interpersonal perception*. Routledge.

<https://doi.org/10.4324/9781003173908>

Cooper R, (n.d). what is psychological well-being.

<https://www.robertsoncooper.com/blog/what-is-psychological-well-being/>

Courtin, E., & Knapp, M. (2017). Social isolation, loneliness and health in old age: a scoping review. *Health & social care in the community*, 25(3), 799-812.

<https://doi.org/10.1111/hsc.12311>

Cypress, B. S. (2017). Rigor or reliability and validity in qualitative research: Perspectives, strategies, reconceptualization, and recommendations. *Dimensions of critical care nursing*, 36(4), 253-263. doi: 10.1097/DCC.0000000000000253

Cypress, B. (2018). Qualitative research methods: A phenomenological focus. *Dimensions of Critical Care Nursing*, 37(6), 302-309. doi: 10.1097/DCC.0000000000000322

Daniel, B. K. (2019, June). What constitutes a good qualitative research study? Fundamental dimensions and indicators of rigour in qualitative research: The TACT framework. In *Proceedings of the European conference of research methods for business & management studies* (pp. 101-108). DOI:10.34190/RM.19.075

Davis, E. P., & Lastra, R. M. (2018). Pension provision, lifetime financial sustainability, care and dignity in old age: Legal and economic issues. In *The Home*. Edward Elgar Publishing. <https://doi.org/10.4337/9781886436573>

Ndayambaje, E., Pierewan, A. C., Nizeyumukiza, E., Nkundimana, B., & Ayriza, Y. (2020). Marital status and subjective well-being: Does education level take into account. *Cakrawala Pendidikan*, 39(1), 120-132. doi:10.21831/cp.v39i1.29620

DeJonckheere, M., & Vaughn, L. M. (2019). Semi structured interviewing in primary care research: a balance of relationship and rigour. *Family medicine and community health*, 7(2). doi: [10.1136/fmch-2018-000057](https://doi.org/10.1136/fmch-2018-000057)

Deterding, N. M., & Waters, M. C. (2021). Flexible coding of in-depth interviews: A twenty-

- first-century approach. *Sociological methods & research*, 50(2), 708-739.
<https://doi.org/10.1177/0049124118799377>
- Diehl, M., Wettstein, M., Spuling, S. M., & Wurm, S. (2021). Age-related change in self-perceptions of aging: Longitudinal trajectories and predictors of change. *Psychology and Aging*, 36(3), 344-359 <https://doi.org/10.1037/pag0000585>
- Doheny, M., Schön, P., Orsini, N., Fastbom, J., Burström, B., & Agerholm, J. (2021). Socio-demographic differences in polypharmacy and potentially inappropriate drug use among older people with different care needs and in care settings in Stockholm, Sweden. *Scandinavian Journal of Public Health*, 14034948211018384.
<https://doi.org/10.1177/14034948211018384>
- Douglass, R. (2015). The aging of Africa: Challenges to African development. *African Journal Of Food, Agriculture, Nutrition and Development*, 16(1), 1-15.:
<https://doi.org/10.1177/0049124118799377richard.douglass@ymail.com>
- Douma, L., Steverink, N., Hutter, I., & Meijering, L. (2017). Exploring subjective well-being in older age by using participant-generated word clouds. *The Gerontologist*, 57(2), 229-239.
<https://doi.org/10.1093/geront/gnv119>
- Dovie, D. A. (2018). Financial literacy in an African society: An essential tool for retirement planning. *Contemporary Journal of African Studies*, 5(2), 26-59.
<https://hdl.handle.net/10520/EJC-12bd30ac84>
- Dovie, D. A. (2019). Exploring The Nexus Between Family Size Planning and Retirement Planning in Ghana. *Interações: Sociedade e as novas modernidades*, (37), 183-216.
DOI: <https://doi.org/10.31211/interacoes.n37.2019.a8>
- Dumont, D. E. (2021). Facing adulthood: Helicopter parenting as a function of the family

projection process. *Journal of College Student Psychotherapy*, 35(1), 1-14.

<https://doi.org/10.1080/87568225.2019.1601049>

Eiroa-Orosa, F. J. (2020). Understanding Psychosocial Wellbeing in the Context of Complex and Multidimensional Problems. *International Journal of Environmental Research and Public Health*, 17(16), 5937. MDPI AG. Retrieved from <http://dx.doi.org/10.3390/ijerph17165937>

Erfani, S. S., & Abedin, B. (2018). Impacts of the use of social network sites on users' psychological well-being: A systematic review. *Journal of the Association for Information Science and Technology*, 69(7), 900-912.

<https://doi.org/10.1002/asi.24015>

Farokhnezhad Afshar, P., Foroughan, M., Vedadhi, A. A., & Ghazi Tabatabaei, M. (2017).

Relationship between social function and social well-being in older adults. *Iranian Rehabilitation Journal*, 15(2), 135-140. <http://irj.uswr.ac.ir/article-1-701-en.html>

Ferioli, M., Zauli, G., Maiorano, P., Milani, D., Mirandola, P., & Neri, L. M. (2019). Role of physical exercise in the regulation of epigenetic mechanisms in inflammation, cancer, neurodegenerative diseases, and aging process. *Journal of cellular physiology*, 234(9), 14852-14864. <https://doi.org/10.1002/jcp.28304>

Freak-Poli, R., Kung, C. S., Ryan, J., & Shields, M. A. (2022). Social isolation, social support, and loneliness profiles before and after spousal death and the buffering role of financial resources. *The Journals of Gerontology: Series B*, 77(5), 956-971

<https://doi.org/10.1093/geronb/gbac039>

Frechette, J., Bitzas, V., Aubry, M., Kilpatrick, K., & Lavoie-Tremblay, M. (2020). Capturing

- lived experience: Methodological considerations for interpretive phenomenological inquiry. *International Journal of Qualitative Methods*, 19, 1609406920907254. <https://doi.org/10.1177/1609406920907254>
- Freedman, V. A., Carr, D., Cornman, J. C., & Lucas, R. E. (2017). Aging, mobility impairments and subjective wellbeing. *Disability and health journal*, 10(4), 525–531. <https://doi.org/10.1016/j.dhjo.2017.03.011>
- Frost, R. T. (2019). Use of differentiation of self in family research. In *Handbook of Bowen family systems theory and research methods* (pp. 138-156). Routledge.
- Fingerman, K. L., Huo, M., & Birditt, K. S. (2020). A decade of research on intergenerational ties: Technological, economic, political, and demographic changes. *Journal of Marriage and Family*, 82(1), 383-403. <https://doi.org/10.1111/jomf.12604>
- FitzPatrick, B. (2019). Validity in qualitative health education research. *Currents in Pharmacy Teaching and Learning*, 11(2), 211-217. <https://doi.org/10.1016/j.cptl.2018.11.014>
- Galloway, D. (2020). How emotions are made: implications for Bowen theory. Family systems, 129. researchgate.net
- Gan, S. W., Ong, L. S., Lee, C. H., & Lin, Y. S. (2020). Perceived social support and life satisfaction of Malaysian Chinese young adults: The mediating effect of loneliness. *The Journal of Genetic Psychology*, 181(6), 458-469. <https://doi.org/10.1080/00221325.2020.1803196>
- Gautam, A. K. Eric Erikson: psychosocial theory of identity development. *Understanding Human Development*, 39. sol.du.ac.in
- Geffen, L. N., Kelly, G., Morris, J. N., & Howard, E. P. (2019). Peer-to-peer support model to

- improve quality of life among highly vulnerable, low-income older adults in Cape Town, South Africa. *BMC geriatrics*, 19(1), 1-12. <https://doi.org/10.1186/s12877-019-1310-0>
- Gilleard, C. (2020). The final stage of human development? Erikson's view of integrity and old age. *International Journal of Ageing and Later Life*, 14(2), 139-162. DOI: <https://doi.org/10.3384/ijal.1652-8670.1471>
- Ghimire, S., Baral, B. K., Karmacharya, I., Callahan, K., & Mishra, S. R. (2018). Life satisfaction among elderly patients in Nepal: associations with nutritional and mental well-being. *Health and quality of life outcomes*, 16(1), 1-10. <https://doi.org/10.1186/s12955-018-0947-2>
- Gholamnejad, H., Darvishpoor-Kakhki, A., Ahmadi, F., & Rohani, C. (2019). Self-actualization: Self-care outcomes among elderly patients with hypertension. *Iranian journal of nursing and midwifery research*, 24(3), 206. https://doi.org/10.4103/ijnmr.IJNMR_95_18
- Glen, S. (2019, SEP)., Target Population: Definition, Examples, From **StatisticsHowTo.com**: Elementary Statistics for the rest of us! <https://www.statisticshowto.com/target-population-definition-examples/>
- Grimmer, M., Riener, R., Walsh, C. J., & Seyfarth, A. (2019). Mobility related physical and functional losses due to aging and disease-a motivation for lower limb exoskeletons. *Journal of neuroengineering and rehabilitation*, 16(1), 1-21. <https://doi.org/10.1186/s12984-018-0458-8>
- Grønning, K., Espnes, G. A., Nguyen, C., Rodrigues, A. M. F., Gregorio, M. J., Sousa, R., ... & André, B. (2018). Psychological distress in elderly people is associated with diet, wellbeing, health status, social support, and physical functioning-a HUNT3 study. *BMC geriatrics*, 18(1), 1-8. <https://doi.org/10.1186/s12877-018-0891-3>

Nguyen, H., Ahn, J., Belgrave, A., Lee, J., Cawelti, L., Kim, H. E., ... & Villavicencio, A.

(2021). Establishing trustworthiness through algorithmic approaches to qualitative research. In *Advances in Quantitative Ethnography: Second International Conference, ICQE 2020, Malibu, CA, USA, February 1-3, 2021, Proceedings 2* (pp. 47-61). Springer International Publishing. https://doi.org/10.1007/978-3-030-67788-6_29

Gyasi, R. M., Phillips, D. R., & Abass, K. (2019). Social support networks and psychological wellbeing in community-dwelling older Ghanaian cohorts. *International psychogeriatrics*, 31(7), 1047-1057. <https://doi.org/10.1017/S1041610218001539>

Gyasi, R. M. (2020). COVID-19 and mental health of older Africans: an urgency for public health policy and response strategy. *International Psychogeriatrics*, 32(10), 1187-1192. <https://doi.org/10.1017/S1041610220003312>

Gyasi, R. M., Phillips, D. R., & Amoah, P. A. (2020). Multidimensional social support and health services utilization among noninstitutionalized older persons in Ghana. *Journal of Aging and Health*, 32(3-4), 227-239. <https://us.sagepub.com/en-us/journals-permissions>

Gyasi, R. M., Adu-Gyamfi, S., Obeng, B., Asamoah, E., Kisiangani, I., Ochieng, V., & Appiah, K. (2021). Association between physical activity participation and perceived social isolation at older ages: Do social participation, age, and sex differences matter? *Archives of Gerontology and Geriatrics*, 96, 104441. <https://doi.org/10.1016/j.archger.2021.104441>

Haefner, J. (2014). An application of Bowen family systems theory. *Issues in mental health nursing*, 35(11), 835-84 <https://doi.org/10.3109/01612840.2014.921257>

Hajek, A., Kretzler, B., & König, H. H. (2021). Informal Caregiving, Loneliness and Social

- Isolation: A Systematic Review. *International Journal of Environmental Research and Public Health*, 18(22), 12101. <https://doi.org/10.3390/ijerph182212101>
- Hakkarainen, V., Anderson, C. B., Eriksson, M., van Riper, C. J., Horcea-Milcu, A., & Raymond, C. M. (2020). Grounding IPBES experts' views on the multiple values of nature in epistemology, knowledge, and collaborative science. *Environmental science & policy*, 105, 11-18. <https://doi.org/10.1016/j.envsci.2019.12.003>
- Halaweh, H., Dahlin-Ivanoff, S., Svantesson, U., & Willén, C. (2018). Perspectives of older adults on aging well: a focus group study. *Journal of aging research*, 2018. <https://doi.org/10.1155/2018/9858252>
- Hamid, E., Malone, J., & Stock, J. (2017). Social Lives, Social Engagement, and Work. In R. E. Docking & J. Stock (Eds.). *International Handbook of Positive Aging* (pp. 193-201). Routledge.
- Hämmig, O. (2019). Health risks associated with social isolation in general and in young, middle and old age. *PLoS One*, 14(7), e0219663. <https://doi.org/10.1371>
- Haiyan, H. (2021). Inheritance and Innovation of Chinese Filial Piety Culture. *Philosophy Study*, 11(2). <https://doi.org/10.17265/2159-5313/2021.02.002>
- Heckhausen, J., Wrosch, C., & Schulz, R. (2019). Agy and motivation in adulthood and old age. *Annual Review of Psychology*, 70, 191-217. <https://doi.org/10.1146/annurev-psych-010418103043>
- Henia, Z. (2019). *Selected psychosocial factors affecting wellness of the elderly: a case of homes for the elderly in Nairobi County* [Doctoral dissertation, KeMU]. <http://repository.kemu.ac.ke/handle/123456789/786>
- Hennink, M., Hutter, I., & Bailey, A. (2020). *Qualitative research methods*. Sage

- Hill, M. M. S., Yorgason, J. B., Nelson, L. J., & Miller, R. B. (2021). Social withdrawal and psychological well-being in later life: does marital status matter? *Aging & Mental Health*, 1-9. <https://doi.org/10.1080/13607863.2021.1950620>
- Hillman, J. (2020). Intimate partner violence among older LGBT adults: Unique risk factors, issues in reporting and treatment, and recommendations for research, practice, and policy. *Intimate Partner Violence and the LGBT+ Community*, 237-254. DOI: [10.1186/s12877-021-02485-3](https://doi.org/10.1186/s12877-021-02485-3)
- Hodge, J., Montague, K., Hastings, S., & Morrissey, K. (2019, May). Exploring media capture of meaningful experiences to support families living with dementia. In *Proceedings of the 2019 chi conference on human factors in computing systems* (pp. 1-14). <https://doi.org/10.1145/3290605.3300653>
- Holmes, A. G. D. (2020). Researcher Positionality--A Consideration of Its Influence and Place in Qualitative Research--A New Researcher Guide. *Shanlax International Journal of Education*, 8(4), 1-10. <https://orcid.org/0000-0002-5147-0761>
- Holt-Lunstad, J. (2020). Social isolation and health. Health affairs brief. [10.1377/hpb20200622.253235](https://doi.org/10.1377/hpb20200622.253235)
- Horwood, S., & Anglim, J. (2019). Problematic smartphone usage and subjective and psychological well-being. *Computers in Human Behaviour*, 97, 44-50. <https://doi.org/10.1016/j.chb.2019.02.028>
- Hourzad, A., Pouladi, S., Ostovar, A., & Ravanipour, M. (2018). The effects of an empowering self-management model on self-efficacy and sense of coherence among retired elderly with chronic diseases: a randomized controlled trial. *Clinical interventions in aging*, 13, 2215. doi: [10.2147/CIA.S183276](https://doi.org/10.2147/CIA.S183276)

- Huttunen, R., & Kakkori, L. (2020). Heidegger's theory of truth and its importance for the quality of qualitative research. *Journal of Philosophy of Education*, 54(3), 600-616. <https://doi.org/10.1111/1467-9752.12429>
- Hsieh, N., & Liu, H. (2021). Social relationships and loneliness in late adulthood: Disparities by sexual orientation. *Journal of Marriage and Family*, 83(1), 57-74. (<https://dictionary.apa.org>.>social integration)
- Hwang, T. J., Rabheru, K., Peisah, C., Reichman, W., & Ikeda, M. (2020). Loneliness and social isolation during the COVID-19 pandemic. *International psychogeriatrics*, 32(10), 1217-1220. DOI: <https://doi.org/10.1017/S1041610220000988>
- In J. (2017). Introduction of a pilot study. *Korean journal of anesthesiology*, 70(6), 601–605. <https://doi.org/10.4097/kjae.2017.70.6.601>
- Inagaki, A., Noguchi-Watanabe, M., Sakka, M., & Yamamoto-Mitani, N. (2020). Homecare nurses' community involvement activities and preference regarding the place for end-of-life period among single older adults: A cross-sectional study in Japan. *Health & Social Care in the Community*. <https://doi.org/10.1111/hsc.13224>
- Ingaiza, E. K. (2019). Correlation Between Self-Perception Towards Ageing and Subjective Well-Being of Older Adults in Kajulu Ward, Kisumu County, Kenya (*Doctoral dissertation, Maseno University*). <https://repository.maseno.ac.ke/handle/123456789/1479>
- Iskandar, K. (2020). Japan Aging Issues, Long Term Care Insurance (LTCI) and The Migration of Indonesian Nurse to Enter Japan Labor Market. *Journal of Strategic and Global Studies*, 2(2), 2. <https://doi.org/10.7454/jsgs.v2i2.1020>
- Ismail, N., Kinchin, G., & Edwards, J. A. (2018). Pilot study, does it really matter? Learning

- lessons from conducting a pilot study for a qualitative PhD thesis. *International Journal of Social Science Research*, 6(1), 1-17. [doi:10.5296/ijssr.v6i1.11720](https://doi.org/10.5296/ijssr.v6i1.11720).
- Ivbijaro, G., Brooks, C., Kolkiewicz, L., Sunkel, C., & Long, A. (2020). Psychological impact and psychosocial consequences of the COVID 19 pandemic Resilience, mental well-being, and the coronavirus pandemic. *Indian journal of psychiatry*, 62(Suppl 3), S395.
doi: [10.4103/psychiatry.IndianJPsychiatry_1031_20](https://doi.org/10.4103/psychiatry.IndianJPsychiatry_1031_20)
- Jackson, K., Paulus, T., & Woolf, N. H. (2018). The walking dead genealogy: Unsubstantiated criticisms of qualitative data analysis software (QDAS) and the failure to put them to rest *The Qualitative Report*, 23(13), 74-91. <https://doi.org/10.46743/2160-3715/2018.3096>
- Johnson, J. L., Adkins, D., & Chauvin, S. (2020). A review of the quality indicators of rigor in qualitative research. *American journal of pharmaceutical education*, 84(1).; DOI: <https://doi.org/10.5688/ajpe7120>
- Josephson, A., & Smale, M. (2021). What do you mean by “informed consent”? Ethics in economic development research. *Applied Economic Perspectives and Policy*, 43(4), 1305-1329. <https://doi.org/10.1002/aep.13112>
- Kago, M. K., Kavulya, J., & Mutua, D. M. (2016). Influence of Institutionalized Care on Psychosocial Well-Being of the Elderly in Kenya: A Case of Nyumba Ya Wazee Nairobi County, Kenya. *InternationalJournalofPsychology*, 1(1),30-48.
<https://www.iprjb.org/journals/index.php/IJP/article/view/288>
- Kalu, M. E. (2019). Using emphasis-purposeful sampling-phenomenon of interest–context (EPPiC) framework to reflect on two qualitative research designs and questions: A reflective process. *The Qualitative Report*, 24(10), 2524-2535.
- Kass, L., Desai, T., Sullivan, K., Muniz, D., & Wells, A. (2021). Changes to physical activity,

- sitting time, eating behaviours and barriers to exercise during the first COVID-19 'Lockdown' in an English cohort. *International Journal of Environmental Research and Public Health*, 18(19), 10025.
<https://doi.org/10.3390/ijerph181910025>
- Kaushik, V., & Walsh, C. A. (2019). Pragmatism as a research paradigm and its implications for social work research. *Social sciences*, 8(9), 255. <https://doi.org/10.3390/socsci8090255>
- Kawaguchi-Suzuki, M., Law, M. G., Prisco, J., Head, K., Fu, L., Yumoto, T., & Hogue, M. D. (2019). Cultural sensitivity and global pharmacy engagement in Asia: China, Japan, South Korea, and Taiwan. *American journal of pharmaceutical education*, 83(4).
<https://doi.org/10.5688/ajpe7214>
- Keller, M. N. (2019). Bowen theory: 49A systems model for family research. In *Handbook of Bowen family systems theory and research methods* (pp. 49-61). Routledge.
- Kelly, G., Mrengqwa, L., & Geffen, L. (2019). "They don't care about us": older people's experiences of primary healthcare in Cape Town, South Africa. *BMC geriatrics*, 19(1), 1-14. DOI <https://doi.org/10.1186/s12877-019-1116-0>
- Kelly, M.E., Duff, H., Kelly, S. *et al.* The impact of social activities, social networks, social support and social relationships on the cognitive functioning of healthy older adults: a systematic review. *Syst Rev* 6, 259 (2017). <https://doi.org/10.1186/s13643-017-0632-2>
- Kemperman, A., van den Berg, P., Weijs-Perrée, M., & Uijtdewillegen, K. (2019). Loneliness of older adults: Social network and the living environment. *International journal of environmental research and public health*, 16(3), 406.
<https://doi.org/10.3390/ijerph16030406>

- Knigh, Z. G. (2017). A proposed model of psychodynamic psychotherapy linked to Erik Erikson's eight stages of psychosocial development. *Clinical psychology & psychotherapy*, 24(5), 1047-1058.
<https://doi.org/10.1002/cpp.2066>
- Kiger, M. E., & Varpio, L. (2020). Thematic analysis of qualitative data: AMEE Guide No. 131. *Medical teacher*, 42(8), 846-854. <https://doi.org/10.1080/0142159X.2020.1755030>
- Kim, E. S., Shiba, K., Boehm, J. K., & Kubzansky, L. D. (2020). Sense of purpose in life and five health behaviours in older adults. *Preventive Medicine*, 139, 106172.
<https://doi.org/10.1016/j.ypmed.2020.106172>
- Kim, S., Han, J., Lee, M. Y., & Jang, M. K. (2020). The experience of cancer-related fatigue, exercise and exercise adherence among women breast cancer survivors: Insights from focus group interviews. *Journal of clinical nursing*, 29(5-6), 758-769.
<https://doi.org/10.1111/jocn.15114>
- Kimamo, C., Kariuki, P., (2018) Taking care of the aged in Kenya: the changing trends. *MOJ Gerontol Ger.* 2018; 3(1):13-14. <https://doi.org/10.15406/mojgg.2018.03.00074>
- Kirby, R. F., & McGillivray, R. G. (2021). Mobility, accessibility, and travel impacts of transport programmes for the elderly and handicapped. In *Behavioural Travel Modelling* (pp. 680-697). Routledge
- Kline, C. A. (2020). An Analysis of the Impact of the Long-Term Care Partnership Program on the Number of Lives Covered by Long-Term Care Insurance and Medicaid Expenditures in Nursing Homes (*Doctoral dissertation, The University of Alabama at Birmingham*).
- Koerber, A., & McMichael, L. (2008). Qualitative sampling methods: A primer for technical communicators. *Journal of business and technical communication*, 22(4), 454-473.

<http://jbt.sagepub.com>

- Koo, H., Yee, J., Nam, E. Y., & Kim, E. S. (2016). Dimensions of social well-being and determinants in Korea: Personal, relational, and societal aspects. *The Senshu social well-being review*, 3, 37-58. <http://doi.org/10.34360/00008027>
- Kola, L., & Owumi, B. (2019). Causes of poverty in old age, not a structural failing? *Journal of Aging & Social Policy*, 31(5), 467-485. <https://doi.org/10.1080/08959420.2019.1642692>
- Kotwal, A. A., Holt-Lunstad, J., Newmark, R. L., Cenzer, I., Smith, A. K., Covinsky, K. E., & Perissinotto, C. M. (2021). Social isolation and loneliness among San Francisco Bay Area older adults during the COVID-19 shelter-in-place orders. *Journal of the American Geriatrics Society*, 69(1), 20-29. <https://doi.org/10.1111/jgs.16865>
- Kovalenko, O. H., & Spivak, L. M. (2018). Psychological well-being of elderly people: The social factors. *Social Welfare: Interdisciplinary Approach*, 1(8), 163-176. <https://doi.org/10.1111/jgs.16865>
- Kroeker, L. L. (2020). Moving to retain class status: spatial mobility among older middle-class people in Kenya. *Africa Today*, 66(3), 136-158. <https://www.muse.jhu.edu/article/761486>
- Kruse, A. (2020). Aging and personal growth. Developmental potentials in old age. In *Aging and Human Nature* (pp. 27-46). Springer, Cham. DOI: 10.1007/978-3-030-25097-3_3
- Kubiszewski, I., Zakariyya, N., & Costanza, R. (2018). Objective and subjective indicators of life satisfaction in Australia: how well do people perceive what supports a good life?. *Ecological Economics*, 154, 361-372. <https://doi.org/10.1016/j.ecolecon.2018.08.017>
- Kumari, N., Kumar, P., & Sahu, N. C. (2021). Do energy consumption and environmental

- quality enhance subjective wellbeing in G20 countries? *Environmental Science and Pollution Research*, 28(42), 60246-60267. <https://doi.org/10.1007/s11356-021-14965-5>
- Kyobutungi, C., Egondi, T., & Ezech, A. (2010). The health and well-being of older people in Nairobi's slums. *Global health action*, DOI: 10.3402/gha.v3i.2138
- Lacey, J., Lomax, A. J., McNeil, C., Marthick, M., Levy, D., Kao, S., ... & Dhillon, H. M. (2019). A supportive care intervention for people with metastatic melanoma being treated with immunotherapy: a pilot study assessing feasibility, perceived benefit, and acceptability. *Supportive Care in Cancer*, 27(4), 1497-1507. <https://doi.org/10.1007/s00520-018-4524-3>
- Lampis, J., Rodríguez-González, M., Cataudella, S., Relvas, A. P., Neophytou, K., & Agus, M. (2019). Cross-cultural validity of Bowen theory in southern European countries. *Australian and New Zealand Journal of Family Therapy*, 40(4), 457-482. <https://doi.org/10.1002/anzf.1394>
- Lane, T. D., & Munday, C. C. (2020). Ego Integrity Versus Despair. *Encyclopedia Of Personality And Individual Differences*. https://doi.org/10.1007/978-3-319-24612-3_582.
- Lee, S. B., Oh, J. H., Park, J. H., Choi, S. P., & Wee, J. H. (2018). Differences in youngest-old, middle-old, and oldest-old patients who visit the emergency department. *Clinical and experimental emergency medicine*, 5(4), 249–255. <https://doi.org/10.15441/ceem.17.261>
- Lee, J. M. G., Chan, C. Q. H., Low, W. C., Lee, K. H., & Low, L. L. (2020). Health-seeking behaviour of the elderly living alone in an urbanised low-income community in Singapore. *Singapore medical journal*, 61(5), 260. doi: [10.11622/smedj.2019104](https://doi.org/10.11622/smedj.2019104)

- Leigh-Hunt, N., Bagguley, D., Bash, K., Turner, V., Turnbull, S., Valtorta, N., & Caan, W. (2017). An overview of systematic reviews on the public health consequences of social isolation and loneliness. *Public health*, 152, 157-171.
<https://doi.org/10.1016/j.puhe.2017.07.035>
- Lester, J. N., Cho, Y., & Lochmiller, C. R. (2020). Learning to do qualitative data analysis: A starting point. *Human Resource Development Review*, 19(1), 94-106.
<https://doi.org/10.1177/1534484320903890>
- Li, J. B., Dou, K., & Liang, Y. (2021). The relationship between presence of meaning, search for meaning, and subjective well-being: A three-level meta-analysis based on the meaning in life questionnaire. *Journal of Happiness Studies*, 22, 467-489.
<https://doi.org/10.1007/s10902-020-00230-y>
- Liddon, L., Kinglerlee, R., & Barry, J. A. (2018). Gender differences in preferences for psychological treatment, coping strategies, and triggers to help-seeking. *British Journal of Clinical Psychology*, 57(1), 42-58. <https://doi.org/10.1111/bjc.12147>
- Lindsay-Smith, G., O'Sullivan, G., Eime, R., Harvey, J., & van Uffelen, J. G. (2018). A mixed methods case study exploring the impact of membership of a multi-activity, multicentre community group on social wellbeing of older adults. *BMC geriatrics*, 18(1), 1-14.
<https://doi.org/10.1186/s12877-018-0913-1>
- Litzelman, K., Tesaur, G., Ferrer, R., (2017). Internal resources among informal caregivers: trajectories and associations with well-being. *Qual Life Res* (2017) 26:3239–3250 DOI 10.1007/s11136-017-1647-9g
- Lota, M. M. M., Chua, A. Q., Azupardo, K., Lumangaya, C., Reyes, K. A. V., Villanueva, S. Y.

- A. M., ... & Roxas, E. A. (2022). A Qualitative Study on the Design and Implementation of the National Action Plan on Antimicrobial Resistance in the Philippines. *Antibiotics*, *11*(6), 820. <https://doi.org/10.3390/antibiotics11060820>
- López, J., Perez-Rojo, G., Noriega, C., Carretero, I., Velasco, C., Martinez-Huertas, J. A., & Galarraga, L. (2020). Psychological well-being among older adults during the COVID-19 outbreak: A comparative study of the young–old and the old–old adults. *International psychogeriatrics*, *32*(11), 1365-1370. <https://doi.org/10.1017/S1041610220000964>
- Liu, J., Dong, X., Nguyen, D., & Lai, D. W. (2017). Family relationships and depressive symptoms among Chinese older immigrants in the United States. *Journals of Gerontology Series A: Biomedical Sciences and Medical Sciences*, *72*(suppl_1), S113-S118. <https://doi.org/10.1093/gerona/glw138>
- Luciani, M., Campbell, K., Tschirhart, H., Ausili, D., & Jack, S. M. (2019). How to design a qualitative health research study. Part 1: Design and purposeful sampling considerations. *Professioninfirmieristiche*, *72*(2). <https://www.profinf.net/pro3/index.php/IN/article/view/632>
- Lloyd-Sherlock, P., & Amoakoh-Coleman, M. (2020). A critical review of intervention and policy effects on the health of older people in sub-Saharan Africa. *Social Science & Medicine*, *250*, 112887. <https://doi.org/10.1016/j.socscimed.2020.112887>
- Lyons, A. C., Grable, J. E., & Joo, S. H. (2018). A cross-country analysis of population aging and financial security. *The Journal of the Economics of Ageing*, *12*, 96-117. <https://doi.org/10.1016/j.jeoa.2018.03.001>
- Macdonald, B., Luo, M., & Hülür, G. (2021). Daily social interactions and well-being in older

- adults: The role of interaction modality. *Journal of Social and Personal Relationships*, 38(12), 3566-3589. <https://doi.org/10.1177/02654075211052536>
- Maddux, J. E. (2018). Subjective well-being and life satisfaction: An introduction to conceptions, theories, and measures. *Routledge/Taylor & Francis Group*.
- Maina, L. (Jan 25, 2017). How Kenya can ensure adequate health care for its older people
<https://theconversation.com>
- Malmedal, W., & Anyan, C. (2020). Elder abuse in Ghana—a qualitative exploratory study. *The Journal of Adult Protection*. <https://doi.org/10.1108/JAP-04-2020-0011>
- Malmqvist, J., Hellberg, K., Möllås, G., Rose, R., & Shevlin, M. (2019). Conducting the pilot study: A neglected part of the research process? Methodological findings supporting the importance of piloting in qualitative research studies. *International Journal of Qualitative Methods*, 18, 1609406919878341. <https://doi.org/10.1177/1609406919878341>
- Mao, G., Lu, F., Fan, X., & Wu, D. (2020). China's ageing population: The present situation and prospects. In *Population change and impacts in Asia and the Pacific* (pp. 269-287). Springer, Singapore. https://doi.org/10.1007/978-981-10-0230-4_12
- Marcos-Pardo, P. J., Orquin-Castrillón, F. J., Gea-García, G. M., Menayo-Antúnez, R., González-Gálvez, N., Vale, R. G. D. S., & Martínez-Rodríguez, A. (2019). Effects of a moderate-to-high intensity resistance circuit training on fat mass, functional capacity, muscular strength, and quality of life in elderly: A randomized controlled trial. *Scientific reports*, 9(1), 1-12. <https://doi.org/10.1038/s41598-019-44329-6>
- Maree, J. G. (2021). The psychosocial development theory of Erik Erikson: critical overview. *Early Child Development and Care*, 191(7-8), 1107-1121
<https://doi.org/10.1080/03004430.2020.1845163>

- Maresova, P., Javanmardi, E., Barakovic, S., Barakovic Husic, J., Tomsone, S., Krejcar, O., & Kuca, K. (2019). Consequences of chronic diseases and other limitations associated with old age—a scoping review. *BMC public health*, *19*(1), 1-17.
<https://doi.org/10.1186/s12889-019-7762-5>
- Mason-Bish, H. (2019). The elite delusion: Reflexivity, identity and positionality in qualitative research. *Qualitative Research*, *19*(3), 263–276.
<https://doi.org/10.1177/1468794118770078> [Crossref], [Web of Science®], [Google Scholar]
- McElroy-Heltzel, S. E., Shannonhouse, L. R., Davis, E. B., Lemke, A. W., Mize, M. C., Aten, J., & Miskis, C. (2021). Resource loss and mental health during COVID-19: Psychosocial protective factors among US older adults and those with chronic disease. *International Journal of Psychology*. <https://doi.org/10.1002/ijop.12798>
- McMahon, S. A., & Winch, P. J. (2018). Systematic debriefing after qualitative encounters: an essential analysis step in applied qualitative research. *BMJ global health*, *3*(5), e000837.
<http://dx.doi.org/10.1136/bmjgh-2018-000837>
- McQuoid-Mason, D. (2021). Could traditional dispute resolution mechanisms be the solution in post-colonial developing countries—particularly in Africa? *Oñati Socio-Legal Series*, *11*(2), 590-604.<https://opo.iisj.net/index.php/osls/article/view/1174>
- Meena, J. K., Jakhetiya, A., & Pandey, A. (2021). Qualitative research in surgical disciplines: need and scope. *Indian Journal of Surgery*, *83*(1), 3-8. <https://doi.org/10.1007/s12262-020-02280-1>
- Medvedev, O. N., & Landhuis, C. E. (2018). Exploring constructs of well-being, happiness, and quality of life. *Peer*, *6*, e4903

- Medzani, J. M. (2021). Positionality statement on studying male victims of intimate partner abuse in Zimbabwe: a research note. *International Journal of Social Research Methodology*, 24(3), 387-392. DOI: [10.1080/13645579.2020.1798682](https://doi.org/10.1080/13645579.2020.1798682)
- Meléndez, J.C., Agustí, A.I., Delhom, I., Rodríguez, M.F.R. and Satorres, E. (2018). Bienestar subjetivo y psicológico: comparación de jóvenes y adultos mayores [Subjective and psychological well-being: young and older adults' comparison]. *Summa Psicológica UST*, 15, 18–24. doi: 10.18774/0719-448x.2018.15.335 [Google Scholar](https://scholar.google.com/)
- Mendoza-Núñez, V. M., Sarmiento-Salmonán, E., Marín-Cortés, R., Martínez-Maldonado, M. D. L. L., & Ruiz-Ramos, M. (2018). Influence of the self-perception of old age on the effect of a healthy aging program. *Journal of clinical medicine*, 7(5), 106. <https://doi.org/10.3390/jcm7050106>
- Menon, L., Choudhury, D. R., Ronto, R., Sengupta, R., Kansal, S., & Rathi, N. (2022). Transformation in culinary behaviour during the COVID-19 pandemic: In-depth interviews with food gatekeepers in urban India. *Appetite*, 172, 105948. <https://doi.org/10.1016/j.appet.2022.105948>
- Medvedev O.N, Landhuis C.E. (2018). Exploring constructs of well-being, happiness, and quality of life. *PeerJ* 6: e4903 <https://doi.org/10.7717/peerj.4903>
- Meinert, E., Milne-Ives, M., Surodina, S., & Lam, C. (2020). Agile requirements engineering and software planning for a digital health platform to engage the effects of isolation caused by social distancing: case study. *JMIR public health and surveillance*, 6(2), doi: [10.2196/19297](https://doi.org/10.2196/19297) e19297.
- Mezmir, E. A. (2020). Qualitative data analysis: An overview of data reduction, data display, and interpretation. *Research on humanities and social sciences*, 10(21), 15-27.

ISSN 2224-5766 (Paper) ISSN 2225-0484 (Online) Vol.10, No.21, 2020

Mendoza-Núñez, V. M., Sarmiento-Salmerán, E., Marín-Cortés, R., Martínez-Maldonado, M. D.

L. L., & Ruiz-Ramos, M. (2018). Influence of the self-perception of old age on the effect of a healthy aging program. *Journal of clinical medicine*, 7(5),106.

<https://doi.org/10.3390/jcm7050106>

Menec, V. H., Newall, N. E., Mackenzie, C. S., Shooshtari, S., & Nowicki, S. (2020). Examining social isolation and loneliness in combination in relation to social support and psychological distress using Canadian Longitudinal Study of Aging (CLSA) data. *PloS one*, 15(3), e0230673. <https://doi.org/10.1371>

Miao, J., Wu, X., & Sun, X. (2019). Neighbourhood, social cohesion, and the Elderly's depression in Shanghai. *Social Science & Medicine*, 229, 134-143.

<https://doi.org/10.1016/j.socscimed.2018.08.022>

Mistry, S. K., Ali, A. M., Akther, F., Yadav, U. N., & Harris, M. F. (2021). Exploring fear of COVID-19 and its correlates among older adults in Bangladesh. *Globalization and Health*, 17, 1-9. <https://doi.org/10.1186/s12992-021-00698-0>

Muhammad, T., & Srivastava, S. (2020). Why rotational living is bad for older adults? Evidence from a cross-sectional study in India. *Journal of Population Ageing* 15, 61-78.

<https://doi.org/10.1007/s12062-020-09312-4>

Mlambo, V. (2018). An overview of rural-urban migration in South Africa: its causes and implications. *Archives of Business Research*, 6(4). DOI:10.14738/abr.64.4407

Mwita, K. (2022). Factors influencing data saturation in qualitative studies. *International Journal of Research in Business and Social Science (2147-4478)*, 11(4), 414-420.

DOI: <https://doi.org/10.20525/ijrbs.v11i4.1776>

Naja, S., Makhoulf, M. M. E. D., & Chehab, M. A. H. (2017). An ageing world of the 21st

century: a literature review. *Int J Community Med Public Health*, 4(12), 4363-9.

DOI: 10.18203/2394-6040.ijcmph 20175306

Nakagawa, T., Nishita, Y., Tange, C., Tomida, M., Kinoshita, K., Otsuka, R., ... & Shimokata, H. (2021). Stability and change in well-being among middle-aged and older Japanese. *International Journal of Behavioural Development*, 45(1), 78-88.
<https://doi.org/10.1177/0165025420914985>

National Academies of Sciences, Engineering, and Medicine. (2020). Social isolation and loneliness in older adults: Opportunities for the health care system. *National Academies Press*. www.nap.edu

National Council for Population Development. Increasing number of older persons: Is Kenya prepared? Increasing number of older Persons Policy Brief, A Publication (54). 2016. p. 51–54. www.ncpd-ke.org

Ndayambaje, E., Pierewan, A. C., Nizeyumukiza, E., Nkundimana, B., & Ayriza, Y. (2020). Marital status and subjective well-being: does education level take into account? *Cakrawala Pendidikan*, 39(1), 120-132. doi:10.21831/cp.v39i1.29620

Nguyen, H., Ahn, J., Belgrave, A., Lee, J., Cawelti, L., Kim, H. E., ... & Villavicencio, A. (2021). Establishing trustworthiness through algorithmic approaches to qualitative research. In *Advances in Quantitative Ethnography: Second International Conference, ICQE 2020, Malibu, CA, USA, February 1-3, 2021, Proceedings 2* (pp. 47-61). Springer International Publishing. https://doi.org/10.1007/978-3-030-67788-6_29

Nishaat, A., & Magari, H. (2021). Comparative Study of Subjective Well-Being in India and Japan. soka.repo.nii.ac.jp

Neenan, M. (2017). *Developing resilience: A cognitive-behavioural approach*. Routledge.

DOI<https://doi.org/10.4324/9781315189178>

- Neubauer, B., E., Witkop, C., T., & Varpio, L., (2019). How phenomenology can help us learn from the experiences of others. *Perspect Med Educ* .8:90– 97://doi.org/10.1007/s40037-019-0509-2
- Oades, L. G., & Mossman, L (2017). *The Science of Well-being and Positive Psychology Well-being*. Published by Cambridge University Press.
- O'Connor, C., & Joffe, H. (2020). Intercoder reliability in qualitative research: debates and practical guidelines. *International journal of qualitative methods*, 19, 1609406919899220. <https://doi.org/10.1177/1609406919899220>
- Ojembe, B. U., & Ebe Kalu, M. (2018). Describing reasons for loneliness among older people in Nigeria. *Journal of Gerontological Social Work*, 61 (6), 640–658. <https://doi.org/10.1080/01634372.2018.1487495>
- Olivari, B. S., Baumgart, M., Lock, S. L., Whiting, C. G., Taylor, C. A., Iskander, J., & McGuire, L. C. (2018). CDC grand rounds: promoting well-being and independence in older adults. *Morbidity and Mortality Weekly Report*, 67(37), 1036. <https://doi.org/10.15585/mmwr.mm6737a4>
- Oluwagbemiga, O. (2016). Effect of social support systems on the psychosocial well-being of the Elderly in old people's homes in Ibadan. *Journal of Gerontology & Geriatric Research*, 5(5), 1-9. DOI: 10.4172/2167-7182.1000343
- Omiya, T., Kutsumi, M., & Fukui, S. (2021, February). Work, Leisure Time Activities, and Mental Health among Family Caregivers of the Elder People in Japan. In *Healthcare* (Vol. 9, No. 2, p. 129). <https://doi.org/10.3390/healthcare9020129>
- Oppenheimer, M. (2020). Nurses of the League: The League of Red Cross Societies and the

- development of public health nursing post-WWI. *History Australia*, 17(4), 628-644. <https://doi.org/10.1080/14490854.2020.1840290>
- Orang, S., Hashemi Razini, H., Ramshini, M., & Orang, T. (2018). Investigating the meaning of life and psychological well-being, in youth, adults, and elderly (a comparative study of three age groups). *Iranian Journal of Ageing*, 13(2), 182-197. <https://doi.org/10.32598/sija.13.2.182>
- Orenstein, G. A., & Lewis, L. (2020). Eriksons stages of psychosocial development. In *StatPearls [Internet]*. StatPearls Publishing.
- Ožić, S., Vasiljev, V., Ivković, V., Bilajac, L., & Rukavina, T. (2020). Interventions aimed at loneliness and fall prevention reduce frailty in elderly urban population. *Medicine*, 99(8). doi: 10.1097/MD.0000000000000000
- Palmes, M. S., Trajera, S. M., & Ching, G. S. (2021). Relationship of coping strategies and quality of life: Parallel and serial mediating role of resilience and social participation among older adults in Western Philippines. *International Journal of Environmental Research and Public Health*, 18(19), 10006. <https://doi.org/10.3390/ijerph181910006>
- Pak, M. (2020). The prevalence and associated risk factors of elder abuse among older people applied to the family health center in the rural district of Turkey. *Social work in health care*, 59(4), 236-256. <https://doi.org/10.1080/00981389.2020.1740377>
- Park, W., & Kim, J. (2018). How are money worries affecting middle-aged, young-old, and old-old people's perceived couple relationship? *Journal of Family and Economic Issues*, 39(1), 34-48. <https://doi.org/10.1007/s10834-017-9547-2>
- Parra-Rizo, M. A., & Sanchis-Soler, G. (2020). Satisfaction with life, subjective well-being and

functional skills in active older adults based on their level of physical activity practice. *International journal of environmental research and public health*, 17(4), 1299.

<https://doi.org/10.3390/ijerph17041299>

Parisi, R., Lagomarsino, F., Rania, N., & Coppola, I. (2021). Women face to fear and safety devices during the COVID-19 pandemic in Italy: impact of physical distancing on individual responsibility, intimate, and social relationship. *Frontiers in public health*, 9, 622155

Partridge, L., Deelen, J., & Slagboom, P. E. (2018). Facing up to the global challenges of ageing. *Nature*, 561(7721), 45-56. <https://doi.org/10.1038/s41586-018-0457-8>

Procentese, F., Gatti, F., & Di Napoli, I. (2019). Families and social media use: The role of parents' perceptions about social media impact on family systems in the relationship between family collective efficacy and open communication. *International journal of environmental research and public health*, 16(24), 5006. <https://doi.org/10.3390/ijerph16245006>

Peng, C., Kwok, C. L., Law, Y. W., Yip, P. S., & Cheng, Q. (2019). Intergenerational support, satisfaction with parent-child relationship and elderly parents' life satisfaction in Hong Kong. *Aging & mental health*, 23(4), 428-438. <https://doi.org/10.1080/13607863.2017.1423035>

Prakash, S., & Srivastava, A. S. (2020). Perceived social support and life satisfaction among elderly people living separately from their adult children in the community: A cross-sectional comparative study. *Indian Journal of Gerontology*, 34(3), 281-292.

Prasadt, K. D., & Rupandehi, N. Restating Validity and Reliability in Qualitative Studies. deepakafle1@gmail.com

- Pritchard, A., Richardson, M., Sheffield, D., & McEwan, K. (2020). The relationship between nature connectedness and eudaimonic well-being: A meta-analysis. *Journal of Happiness Studies, 21*(3), 1145-1167. <https://doi.org/10.1007/s10902-019-00118-6>
- Pleeging, E., Burger, M., & van Exel, J. (2021). The relations between hope and subjective well-being: A literature overview and empirical analysis. *Applied Research in Quality of Life, 16*(3), 1019-1041. <https://doi.org/10.1007/s11482-019-09802-4>
- Ramlo, S. E. (2020). Divergent viewpoints about the statistical stage of a mixed method: Qualitative versus quantitative orientations. *International Journal of Research & Method in Education, 43*(1), 93-111. <https://doi.org/10.1080/1743727X.2019.1626365>
- Research and practice, 2, 1-10. Center, N. O. B. P. (2021). Review of the clinical Erik Erikson. *Psychoanalytic Psychology, 38*(2), 155-156. <https://doi.org/10.1037/pap0000327>
- Reich, A. J., Claunch, K. D., Verdeja, M. A., Dungan, M. T., Anderson, S., Clayton, C. K., & Thacker, E. L. (2020). What does “successful aging” mean to you? systematic review and cross-cultural comparison of lay perspectives of older adults in 13 countries, 2010–2020. *Journal of cross-cultural gerontology, 35*(4), 455-478. <https://doi.org/10.1007/s10823-020-09416-6>
- Reyes, M. F., Satorres, E., & Meléndez, J. C. (2020). Resilience and socioeconomic status as predictors of life satisfaction and psychological well-being in Colombian older adults. *Journal of Applied Gerontology, 39*(3), 269-276. <https://doi.org/10.1177/0733464819867554>
- Ribeiro, M. D. S., Borges, M. D. S., Araújo, T. C. C. F. D., & Souza, M. C. D. S. (2017). Coping strategies used by the elderly regarding aging and death: an integrative review. *Revista Brasileira de Geriatria e Gerontologia, 20*, 869-877. <https://doi.org/10.1590/1981-22562017020.170083>

- Richards, K. A. R., & Hemphill, M. A. (2018). A practical guide to collaborative qualitative data analysis. *Journal of Teaching in Physical Education*, 37(2), 225-231. <https://doi.org/10.1123/jtpe.2017-0084>
- Ris, I., Schnepf, W., & Mahrer Imhof, R. (2019). An integrative review on family caregivers' involvement in care of home-dwelling elderly. *Health & social care in the community*, 27(3), e95-e111. <https://doi.org/10.1111/hsc.12663>
- Rishworth, A., Elliott, S. J., & Kangmennaang, J. (2020). Getting old well in sub-Saharan Africa: Exploring the social and structural drivers of subjective wellbeing among elderly men and women in Uganda. *International journal of environmental research and public health*, 17(7), 2347. <https://doi.org/10.3390/ijerph17072347>
- Rook, K. S. (2018). Stressful aspects of older adults' social relationships: Current theory and research. In *Stress and coping in later-life families* (pp. 173-192). Taylor & Francis.
- Rook, K. S., & Charles, S. T. (2017). Close social ties and health in later life: Strengths and vulnerabilities. *American Psychologist*, 72, 567-577. <https://doi.org/10.1037/amp0000104>
- Rose, J., & Johnson, C. W. (2020). Contextualizing reliability and validity in qualitative research: toward more rigorous and trustworthy qualitative social science in leisure research. *Journal of Leisure Research*, 51(4), 432-451. <https://doi.org/10.1080/00222216.2020.1722042>
- Roy, M. D., & Panda, M. (2022). Is generativity Erikson's answer to human ageing in the neoliberal world? *Journal of Aging Studies*, 62, 101057. <https://doi.org/10.1016/j.jaging.2022.101057>
- Ryu, S. (2020). The role of mixed methods in conducting design-based research. *Educational*

Psychologist, 55(4), 232-243. <https://doi.org/10.1080/00461520.2020.1794871>

Saadeh, M., Welmer, A. K., Dekhtyar, S., Fratiglioni, L., & Calderón-Larrañaga, A. (2020). The role of psychological and social well-being on physical function trajectories in older adults. *The Journals of Gerontology: Series A*, 75(8), 1579-1585.

<https://doi.org/10.1093/gerona/glaa114>

Saka, S., Oosthuizen, F., & Nlooto, M. (2019). National Policies and Older People's Healthcare In Sub-Saharan Africa: A Scoping Review. *Annals of global health*, 85(1), 91.

<https://doi.org/10.5334/aogh.2401>

Samsanovich, A. (2021). Theory and diversity: A descriptive study of Erikson's psychosocial development stages. *Electronic Theses, Projects, and Dissertations*. 1230.

<https://scholarworks.lib.csusb.edu/etd/1230>

Satake, S., Senda, K., Hong, Y. J., Miura, H., Endo, H., Sakurai, T., ... & Toba, K. (2016).

Validity of the Kihon Checklist for assessing frailty status. *Geriatrics & gerontology international*, 16(6), 709-715. <https://doi.org/10.1111/ggi.12543>

Sato, T., Tsuda, E., Ellison, D., & Hodge, S. R. (2020). Japanese elementary teachers' professional development experiences in physical education lesson studies. *Physical education and sport pedagogy*, 25(2), 137-153. DOI: [10.1080/17408989.2019.1692808](https://doi.org/10.1080/17408989.2019.1692808)

Sebastião, E., & Mirda, D. (2021). Group-based physical activity as a means to reduce Social isolation and loneliness among older adults. *Aging Clinical and Experimental Research*, 1-4. <https://doi.org/10.1007/s40520-020-01722-w>

Sekowski, M. (2020). Attitude toward death from the perspective of Erik Erikson's theory of psychosocial ego development: An unused potential. *OMEGA-Journal of Death and Dying*, 0030222820921604. <https://doi.org/10.1177/0030222820921604>

- Shih, P. (2019). Critical ethnography in public health: politicizing culture and politicizing methodology. *Handbook of Research Methods in Health Social Sciences*, 2019
ISBN: 978-981-10-5250-7
- Shofoyeke, A. D., & Amosun, P. A. (2014). A survey of care and support for the elderly people in Nigria. *Mediterranean Journal of Social Sciences*, 5(23), 2553-2553.
<https://www.richtmann.org/journal/index.php/mjss/article/view/4820>
- Shufutinsky, A. (2020). Employing use of self for transparency, rigor, trustworthiness, and credibility in qualitative organizational research methods. *OD practitioner*, 52(1), 50-58.
- Shultz, R. (2021). Bowen Family Systems Theory: The Case of Juliette. In *Discovering Theory in Clinical Practice* (pp. 179-195). Springer, Cham. DOI: 10.1007/978-3-030-57310-2_13
- Siette, J., Berry, H., Jorgensen, M., Brett, L., Georgiou, A., McClean, T., & Westbrook, J. (2021). Social participation among older adults receiving community care services. *Journal of Applied Gerontology*, 40(9), 997-1007. Doi:10.1177/073346-4820938973
- Singh, N., Benmamoun, M., Meyr, E., & Arian, R. H. (2021). Verifying rigor: analyzing qualitative research in international marketing. *International marketing review*, 38(6), 1289-1307. <https://www.emerald.com/insight/0265-1335.htm?>
- Son, J. S., Nimrod, G., West, S. T., Janke, M. C., Liechty, T., & Naar, J. J. (2021). Promoting older adults' physical activity and social well-being during COVID-19. *Leisure Sciences*, 43(1-2), 287-294. <https://doi.org/10.1080/01490400.2020.1774015>
- Srivastava, S., & Muhammad, T. (2020). Violence and associated health outcomes among older adults in India: A gendered perspective. *SSM-Population Health*, 12, 100702.
<https://doi.org/10.1016/j.ssmph.2020.100702>

- Steptoe, A., & Fancourt, D. (2019). Leading a meaningful life at older ages and its relationship with social engagement, prosperity, health, biology, and time use. *Proceedings of the National Academy of Sciences*, *116*(4), 1207-1212.
<https://doi.org/10.1073/pnas.1814723116>
- Strayhorn, T. L. (2018). College students' sense of belonging: A key to educational success for all students. Routledge. DOI <https://doi.org/10.4324/9781315297293>
- Strelhow, M. R. W., Sarriera, J. C., & Casas, F. (2020). Evaluation of well-being in adolescence: Proposal of an integrative model with hedonic and eudemonic aspects. *Child Indicators Research*, *13*(4), 1439-1452 Swedish Institute, Elderly care in Sweden (Aug, 2021)
<https://sweden.se/life/society/elderly-care-in-sweden/> <https://doi.org/10.1007/s12187-019-09708-5>
- Szebehely, M. (2018). Changing divisions of care-work: caring for children and frail elderly people in Sweden. In *Gender, social care, and welfare state restructuring in Europe* (pp. 257-283). Routledge
- Tabatabaei, F., & Tayebi, L. (2022). Writing a Research Proposal. In *Research Methods in Dentistry* (pp. 87-114). Springer, Cham. https://doi.org/10.1007/978-3-030-98028-3_4
- Taguchi, N. (2018). Description and explanation of pragmatic development: Quantitative, qualitative, and mixed methods research. *System*, *75*, 23-32.
<https://doi.org/10.1016/j.system.2018.03.010>
- Taherdoost, H. (2016). Sampling methods in research methodology; how to choose a sampling technique for research. *How to choose a sampling technique for research (April 10, 2016)*. <http://dx.doi.org/10.2139/ssrn.3205035>
- Tamminen, K. A., & Poucher, Z. A. (2020). Research philosophies. In *The Routledge*

international encyclopedia of sport and exercise psychology (pp. 535-549). Routledge.

Tan, Y. J., Noew, H. S., & Sarvarubini, N. (2020). The Views on Filial Piety among the Malaysian Chinese Retired Parents and Children in Malaysia. *Malaysian Journal of Chinese Studies*, 9(1), 23-36. doi: 10.6993/MJCS.202011_9(1).0003

Tanyi, P. L., André, P., & Mbah, P. (2018). Care of the elderly in Nigeria: Implications for policy. *Cogent Social Sciences*, 4(1), 1555201.

<https://doi.org/10.1080/23311886.2018.1555201>

Tandon, M. (2017). A study on psychological well-being among elderly. *International Journal of Home Science*, 3(1), 387-389. <https://doi.org/10.22271/23957476>

Tanyi, P.L., André, P., & Mbah, P. (2018). Care of the elderly in Nigeria: Implications for Policy *Cogent Social Sciences*, 4(1), 1555201. <https://doi.org/10.1080/23311886.2018.1555201>

Thomas, S. P. (2021). Resolving tensions in phenomenological research interviewing. *Journal of Advanced Nursing*, 77(1), 484-491. <https://doi.org/10.1111/jan.14597>

Thomas, P. A., Liu, H., & Umberson, D. (2017). Family relationships and well-being. *Innovation in aging*, 1(3), igx025. doi:10.1093/geroni/igx025

- Thompson, H. M., Wojciak, A. S., & Cooley, M. E. (2019). Family-based approach to the child welfare system: an integration of Bowen family theory concepts. *Journal of Family Social Work*, 22(3), 231-252. <https://doi.org/10.1080/10522158.2019.1584776>

Theofanidis, D., & Fountouki, A. (2018). Limitations and delimitations in the research process. *Perioperative Nursing-Quarterly scientific, online official journal of GORNA*, 7(3 September-December 2018), 155-163. DOI: [10.5281/zenodo.2552022](https://doi.org/10.5281/zenodo.2552022)

Thomas, P. A., Liu, H., & Umberson, D. (2017). Family relationships and well-being. *Innovation*

in aging, 1(3), igx025. <https://doi.org/10.1093/geroni/igx025>

- Tkatch, R., Musich, S., MacLeod, S., Kraemer, S., Hawkins, K., Wicker, E. R., & Armstrong, D.G. (2017). A qualitative study to examine older adults' perceptions of health: Keys to aging successfully. *Geriatric Nursing*, 38(6), 485-490. <https://doi.org/10.1016/j.gerinurse.2017.02.009>
- Toledano-González, A., Labajos-Manzanares, T., & Romero-Ayuso, D. (2019). Well-being, self-efficacy and independence in older adults: a randomized trial of occupational therapy. *Archives of gerontology and geriatrics*, 83, 277-284. <https://doi.org/10.1016/j.archger.2019.05.002>
- Tornero-Quiñones, I., Sáez-Padilla, J., Espina Díaz, A., Abad Robles, M. T., & Sierra Robles, Á. (2020). Functional ability, frailty, and risk of falls in the elderly: Relations with autonomy in daily living. *International journal of environmental research and public health*, 17(3), 1006. <https://doi.org/10.3390/ijerph17031006>
- Tosi, M. (2020). Boomerang kids and parents' well-being: adaptation, stressors, and social norms. *European Sociological Review*, 36(3), 460-473. <https://doi.org/10.1093/esr/jcz068>
- Tosi, M., & Grundy, E. (2018). Returns home by children and changes in parents' well-being in Europe. *Social Science & Medicine*, 200, 99-106. <https://doi.org/10.1016/j.socscimed.2018.01.016>
- Torres, S. (2018). Aging in places. In *Critical Gerontology Comes of Age* (pp. 151-162). Routledge
- Tumanggor, R. O. (2021, August). Differences in Philosophical and Psychological Understanding of Subjective Well-Being. In *International Conference on Economics, Business, Social, and Humanities (ICEBSH 2021)* (pp. 350-355). Atlantis Press

Tripathi, N. (2018). A valuation of Abraham Maslow's theory of self-actualization for the enhancement of quality of life. *Indian Journal of Health & Wellbeing*, 9(3).

itripathi_nishi@yahoo.com

- Tyler, S. (2020). Cognitive Development in Late Adulthood. *Human Behaviour and the Social Environment I*. (HTML) pressbooks.pub
- Umberson, D., & Thomeer, M. B. (2020). Family matters: Research on family ties and health, 2010 to 2020. *Journal of Marriage and Family*, 82(1), 404-419.
<https://doi.org/10.1111/jomf.12640>
- VanderWeele, T. J., Trudel-Fitzgerald, C., Allin, P., Farrelly, C., Fletcher, G., Frederick, D. E., ... & Kubzansky, L. D. (2020). Current recommendations on the selection of measures for well-being. *Preventive Medicine*, 133, 106004.
<https://doi.org/10.1016/j.ypmed.2020.106004>
- Van Houwelingen-Snippe, J., Allouch, S. B., & van Rompay, T. J. (2022). ‘That is a place where I would want to go’: investigating digital nature to enhance social wellbeing among older adults. *Ageing & Society*, 1-24. DOI: <https://doi.org/10.1017/S0144686X2100177X>
- Van Hook, J., & Glick, J. E. (2020). Spanning borders, cultures, and generations: A decade of research on immigrant families. *Journal of Marriage and Family*, 82(1), 224-243.
<https://doi.org/10.1111/jomf.12621>
- Van Orden, K. A., Bower, E., Lutz, J., Silva, C., Gallegos, A. M., Podgorski, C. A., ... & Conwell, Y. (2021). Strategies to promote social connections among older adults during “social distancing” restrictions. *The American Journal of Geriatric Psychiatry*, 29(8), 816-827 <https://doi.org/10.1016/j.jagp.2020.05.004>
- Vasileiou, K., Barnett, J., Thorpe, S., & Young, T. (2018). Characterising and justifying sample size sufficiency in interview-based studies: systematic analysis of qualitative health research over a 15-year period. *BMC medical research methodology*, 18(1), 1-18.

<https://doi.org/10.1186/s12874-018-0594-7>

- van Zyl, L. E. (2021). Social study resources and social wellbeing before and during the intelligent COVID-19 lockdown in The Netherlands. *Social indicators research*, 157(1),393-415. <https://doi.org/10.1007/s11205-021-02654-2>
- Veras, R. P., & Oliveira, M. (2018). Aging in Brazil: the building of a healthcare model. *Ciencia & Saude coletiva*, 23, 1929-1936. <https://doi.org/10.1590/1413-81232018236.04722018>
- Vespa, J. (2018). The graying of America: More older adults than kids by 2035. U.S. Census Bureau. Retrieved on May 1, 2018, from <https://www.census.gov/library/stories/2018/03/graying-america.html> *March 2018*
- Villalobos, D. P., Izquierdo, C., Guzmán, R., Gálvez, M. J., & Santander, S. (2020). Defining ‘older people’ in Chile: Challenges in planning policies for ageing populations. *Health Policy and Planning*, 35(10), 1347–1353. <https://doi.org/10.1093/heapol/czaa113>
- Voit, B. & Vickers, N. (2012, Jan) Policies and Portograms to help America’s senior citizens. Published on *CSG Knowledge Center* (<https://knowledgecenter.csg.org/kc>)
- Waite, J.W. (2018). Social well-being and health in the older population: Moving beyond social Relationships -National Academies of Sciences, Engineering and Medicine. *Future Directions for the Demography of Aging: Proceedings of a workshop*. The National Academies Press.doi:10.17226/25064
- Waller, L. (2020). Fostering a sense of belonging in the workplace: Enhancing well-being and a positive and coherent sense of self. *The Palgrave Handbook of Workplace Well-Being*, 1-27. https://doi.org/10.1007/978-3-030-02470-3_83-1
- Wang, C. H., Steinfeld, E., Maisel, J. L., & Kang, B. (2021). Is your smart city inclusive?

- Evaluating proposals from the US Department of Transportation's Smart City Challenge. *Sustainable Cities and Society*, 74, 103148. <https://doi.org/10.1016/j.scs.2021.103148>
- Wang, G. Y., & Tang, S. F. (2020). Perceived psychosocial health and its sociodemographic correlates in times of the COVID-19 pandemic: a community-based online study in China. *Infectious diseases of poverty*, 9(1), 1-10. <https://doi.org/10.1186/s40249-020-00770-8>
- Wang, C., Pu, R., Ghose, B., & Tang, S. (2018). Chronic musculoskeletal pain, self-reported health, and quality of life among older populations in South Africa and Uganda. *International Journal of Environmental Research and Public Health*, 15(12), 280 <https://doi.org/10.3390/ijerph15122806>
- Wiederhold, A. (2015). Conducting fieldwork at and away from home: Shifting researcher positionality with mobile interviewing methods. *Qualitative Research*, 15(5), 600–615. <https://doi.org/10.1177/1468794114550440> [Crossref], [Web of Science ®], [Google Scholar]
- Willis, K., Miller, R. B., Yorgason, J., & Dyer, J. (2021). Was Bowen Correct? The Relationship Between Differentiation and Triangulation. *Contemporary Family Therapy*, 43(1), 1-11. <https://doi.org/10.1007/s10591-020-09557-3>
- Winblad, U., Blomqvist, P., & Karlsson, A. (2017). Do public nursing home care providers deliver higher quality than private providers? Evidence from Sweden. *BMC Health Services Research*, 17(1), 1-12. <https://doi.org/10.1186/s12913-017-2403-0>
- WPP. (2019). United Nations, Department of Economic and Social Affairs, Population Division. World Population Prospects 2019: Highlights (ST/ESA/SER. A/423).

World Population Ageing 2020 Highlights: Living arrangements of older persons [PDF 3.58 MB]. Source: United Nations, New York, 2020 [<https://tinyurl.com/yb8hj5p3>]

Yen, D., Cohen, G., Wei, L., & Asaad, Y. (2022). Changes to physical activity, sitting time, eating behaviours and barriers to exercise during the first COVID-19 'Lockdown' in an English cohort. *International Journal of Environmental Research and Public Health*, 18(19), 10025. <https://doi.org/10.3390/ijerph181910025>

Zacher, H., & Rudolph, C. W. (2021). Individual differences and changes in subjective wellbeing during the early stages of the COVID-19 pandemic. *American Psychologist*, 76(1), 50. <https://doi.org/10.1037/amp0000702>

Zelalem, A., Gebremariam Kotecho, M., & Adamek, M. E. (2021). "The Ugly Face of Old Age": Elders' Unmet Expectations for Care and Support in Rural Ethiopia. *The International Journal of Aging and Human Development*, 92(2), 215-239. <https://doi.org/10.1177/0091415020911900>

Zhang, X. (2021, January). Construction for the Smart Old-age Care in an Age of Longevity: A Literature Review. In *IOP Conference Series: Earth and Environmental Science* (Vol. 632, No. 5, p. 052042). <https://doi.org/10.1088/1755-1315/632/5/052042>

Zhang, Y., & Ma, Z. F. (2020). Impact of the COVID-19 Pandemic on mental health and quality of life among local residents in Liaoning Province, China: A cross-sectional study. *International Journal of Environmental Research and Public Health* 17(7), 2381. <https://doi.org/10.3390/ijerph17072381>

Appendices

Appendix i: In-depth Interviews Protocol

My name is Esther Wangari Gachuri, a PhD student in Marriage and Family Therapy at Pan Africa Christian University in Nairobi. I am doing research on The Elderly's Perception of Their Psychosocial Wellbeing: An Exploration Study in Selected Mainstream Churches in Affluent Karen-Langata Nairobi. The purpose of this study is to gain an in-depth understanding on how the elderly people perceive their psychosocial wellbeing. Your answers will help the researcher meet the objectives of the study. The researcher would like to let you know that all the information given in this study will be treated with utmost confidentiality.

In-depth Interview schedules

Kindly fill in the blank spaces below

Your gender-----

Age-----

Marital status-----

Number of children-----

Level of education-----

Occupation-----

Denomination -----

To be filled by the researcher

Date: -----

Place: -----

Time of Interview: -----

Interviewer: -----

The elderly's perception of their psychological wellbeing

1. I would like to know you a little. Who are you?
2. Tell me a little of how a normal week to you looks like.
3. How was your life before retirement?
4. What don't you like about your life at this age?
5. In what way have you been open to new experiences?
6. What goals had you set before retirement?
7. How have you achieved them?
8. What motivates you to wake up in the morning at your present age?

Perception of the elderly on their social wellbeing

1. Tell me about your social life before retirement?
2. What roles did you play in your community/church neighbourhood before retirement?
3. Tell me about your social roles/ contribution in your community at this age?
4. How do you cope with challenges like emergencies?
5. Who are the people you can rely on in case of emergencies?
6. What makes you feel you matter to them?
7. How does the community you live in include you in their activities?
8. What is the role you have taken since you stopped working?

Elderly's perception on their subjective wellbeing.

1. How would you say you have aged well?
2. What are the factors that have contributed to how pleased you are with your life?
3. What are the challenges or regrets you have encountered?
4. How have you maintained closeness with your friends after retirement?

5. What gives you a sense of belonging in your community?
6. Looking back in your life how would you say you have lived a meaningful life?
7. What would you want to change to have quality life in old age?
8. How have the significant others in your life helped you grow old well?

The elderly's psychosocial wellbeing and the family relationships.

1. How were your family relationships before retirement?
2. How has retirement changed your family dynamics?
3. How has this age influenced your autonomy?
4. How are members of your family involved in your decision making?
5. How do you maintain your independence?
6. How have you made the environment you live in suitable to personal needs?
7. How does the present environment affect your day-to-day activities?
8. How are members of your family involved in making your environment?

Policies that ameliorate psychosocial wellbeing of the elderly.

1. What are the health issues that have come with your present age?
2. How do you deal with the health issues?
3. How has old age influenced your housing arrangements?
4. How has this age influenced your standard of living?
5. How do you cope with the high standard of living?
6. How do you think the church the Local government, the National government can improve what they are already doing to make the elderly comfortable?

The researcher made use of probes in the in-depth interviews. Probes reminded the researcher to ask for more details or explanations from the respondents (Creswell & Creswel, 2017). Some

of the probes included: would you mind telling me more? Could you please explain your response or what would what you have said mean? Would there be more information than what we have discussed? The probes gave the researcher an opportunity to cover more about the topic of study.

Appendix ii: Group Focus Schedule Guide

1. What are the things you value which gives you fulfilment?
2. What are the new ventures you are doing in retirement?
3. What do you think about yourself as a retired person?
4. How have you been integrated in your society?
5. How are the family and marriage dynamics influenced by your age in your family?
6. What challenges do you face in old age and how do you cope?
7. Looking back in your life what would you say about your achievements and regrets in life
what would you say outweighs the other?
8. How can the church, National and County government improve on what is in place to help
the elderly lead a more comfortable life?

The researcher made use of probes in the group focus discussions.

Appendix iii: Application Letter

Esther Wangari Gachuri

Pan Africa Christian University

P.O. Box 56875-00200, Nairobi, Kenya

26th September, 2022

TO WHOM IT MAY CONCERN

**RE: ELDERLY'S PERCEPTION OF THEIR PSYCHOSOCIAL WELLBEING: IN
SELECTED MAINSTREAM CHURCHES IN KAREN-LANGATA NAIROBI, KENYA.**

I am a Doctor of Philosophy (PhD) student in Marriage and Family Therapy in the department of Psychology school of Humanities at Pan Africa Christian University. To complete my studies, the university requires that I undertake a research study on a relevant topic. It is in this regard that I am requesting to carry out research on the above topic in your church. The study population will be the elderly people who are between 60-75 years who are your congregants.

The study will be beneficial to the participants since it will help them have a better understanding of their psychosocial wellbeing. The study findings will also add to the academic body of knowledge about the elderly, fill the gap in literature on the elderly, inform families on the needs of the elderly and inform policies on the elderly care in the church and in the government. The collected information will be treated with utmost confidentiality and will only be used for this study. I will look forward to your support and co-operation.

Yours faithfully,

Esther Wangari Gachuri.

PhD candidate, Email: esther.gachuri@students.pacuniversity.ac.ke

Appendix iv: Informed Consent Form for the participants

I am requesting for your participation in a research study whose details are appended here below.

I would request you to read the following information about the project.

Title of the Project: The purpose of this study is to explore the perception of the elderly on their psychosocial wellbeing in Karen-Langata Nairobi Kenya. This would be with the view to establish intervention measures to mitigate the psychosocial challenges they encounter.

Description of the Participants: The participants will be the young –old who are 60-75 years and who attend five main-stream churches in Karen-Langata, Nairobi Kenya.

What Participants will do: The participants will be expected to take part in in-depth interviews and focus groups discussions at agreed venues and time.

Time required for participation: Both in-depth interviews and focus groups will take 60 minutes each.

Risks: There are no contemplated risks in the study.

Benefits: The participants will have a better understanding of their psychosocial wellbeing. The study findings will add to the academic body of knowledge about the elderly, fill the gap in literature on the elderly, inform families on the needs of the elderly and inform policies on the elderly care in the church and in the government.

Confidentiality: The information is coded to protect the participants. There will be no identifying names used in discussions and in reporting data. The data will be secured in computers with protected passwords.

Voluntary Participation: Participation in this study is voluntary. You will not be penalized if you decide not to take part in the study. You are free to stop taking part in the study or not answer any questions in the study.

Contact Information: If you have any question regarding this study contact Esther Gachuri PhD student at Pan Africa Christian University, mobile number 0721268279.

Declaration of consent: Signing this form means that I have read and understood the information above and that I have willingly accepted to participate in the study.

Signature of the participant.....

Date of participation

Name of the Researcher: Esther Gachuri Signature... ..

Appendix v: Ethics Clearance Letter

16TH SEPTEMBER, 2022



P.O. Box 56875 - 00200
Nairobi, Kenya
Lumumba Drive, Roysambu
off Kamiti Rd, off Thika Rd
Tel: 0734 400694/0721 982050
Email: enquiries@pacuniversity.ac.ke
website: www.pacuniversity.ac.ke

TO WHOM IT MAY CONCERN

Dear Sir/Madam,

RE: RESEARCH AUTHORIZATION & ETHICS CLEARANCE LETTER FOR GACHURI ESTHER WANGARI REG. NO: PMFT/9457/0/17

Greetings! This is an introduction letter for the above named person a final year student at Pan Africa Christian University (PAC University), pursuing the degree of Doctor of Philosophy in Marriage and Family Therapy.

She is at the final stage of the programme and is preparing to collect data to enable her finalise on the Dissertation. The dissertation title is ***"The Elderly's Perception of Their Psychosocial Wellbeing: An Exploration Study in Selected Mainstream Churches in Affluent Karen-Langata Nairobi, Kenya"***.

We kindly request that you allow her obtain a research permit so as to proceed and conduct research amongst selected groups within Selected Mainstream Churches in Affluent Karen-Langata Nairobi, Kenya.

Warm Regards,

Dr. Lilian Vikiru

Registrar Academic Affairs

Pan Africa Christian University

Lumumba Drive, Roysambu, off Kamiti Rd, off Thika Rd


Tel: +254 730-955306/+254734400694

Email: registrar.a.a@pacuniversity.ac.ke

Web: www.pacuniversity.ac.ke


PAN AFRICA CHRISTIAN UNIVERSITY
REGISTRAR -
P.O. Box 56875 - 00200
TEL: 0721 982050, 0734 400694
NAIROBI, KENYA

Appendix vi: Research License


REPUBLIC OF KENYA

Ref No: 836310 **Date of Issue: 23/September/2022**


RESEARCH LICENSE




This is to Certify that Ms. Esther Wangari Gachuri of Pan Africa Christian University, has been licensed to conduct research in Nairobi on the topic: The Elderly's Perception of Their Psychosocial Wellbeing: An Exploration Study in Selected Mainstream Churches in Affluent Karen-Langata Nairobi, Kenya. for the period ending : 23/September/2023.

License No: NACOSTI/P/22/20558

836310
Applicant Identification Number


Director General
NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION

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