

## THE ELDERLY PEOPLES' PERCEPTION REGARDING THEIR PSYCHOSOCIAL WELLBEING IN SELECTED MAINSTREAM CHURCHES IN AFFLUENT KAREN-LANGATA, KENYA

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### Abstract

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. This study investigated the elderly peoples' perception of their subjective wellbeing in selected mainstream churches in affluent Karen-Langata, Nairobi, Kenya. 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 (FGDs). The population of the study was the category of the young-old who were 60-75 years old. Verbatim data was transcribed, and descriptive themes were generated to show individual perspectives. The study established those changes in family relationships, elderly autonomy, and environmental mastery impacted the elderly perception of 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 National government should spearhead policies that ensure workers are given financial education to help them set goals while in employment to prepare for old age. To help the elderly improve their psychosocial wellbeing, mental health professionals like psychologists, counsellors, and marriage and family therapists should be availed to them. 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.

**Keywords:** *Psychosocial wellbeing, Elderly People Perception, Mainstream Churches*

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### 1.0 Introduction

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 people's own perception of their psychosocial wellbeing is dependent on their environment.

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, few studies on the psychosocial wellbeing of the elderly in Sub-Saharan Africa 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 rural areas, poor urban settings, and old people's homes. Consequently, this study endeavoured to fill the knowledge gap in the 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 to provide useful insights into how their self-perception of 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 study set to explore ways, the elderly peoples' perception, influences their psychological wellbeing in selected mainstream churches in affluent Karen-Langata Nairobi, Kenya.

## **2.0 Literature Review**

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 in inadequate public pensions, which influences the elderly wellbeing (Mao et al., 2020). Changes from the generational old age like divorce and remarriage, and 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 the 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 become 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 the 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 an urban setting of the current study with multicultural inhabitants.

### 3.0 Methodology

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 (FGDs). The population of the study was the category of the young-old who were 60-75 years old. Pac University 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.

### 4.0 Results and Discussion

The study investigated how the elderly people's perception influenced their psychosocial wellbeing. To achieve this objective, the study attracted several themes as noted in Table 1. The elderly people's perception of how healthy relationships influence their psychosocial wellbeing, the elderly people's perception of how their autonomy influences their psychosocial wellbeing, and their perception of 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, the impact of old age on the elderly peoples' daily activities and family members intervention in the environmental masterly of the elderly.

**Table 1: 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 people's perception of their autonomy	-The elderly people's decision-making in old age. -Limitations in decision-making in old age
Elderly peoples' perception of their environmental masterly	-Impact of old age on 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 organized 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 his wife to do as he says. We lived together and brought up the family. We would visit the extended family sometimes and host 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 and taking care of their siblings, and their elderly parents brought them fulfillment 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 relationships impacted negatively on the elderly people's 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 in a 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 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 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 met when we were 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 refused to share my late husband's pension. One of the sons decided to build 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 and Muhammad (2020), conflicts in family relationships result in

stress, loneliness, sadness, and depression, and thus poor well-being for the elderly. This is consistent with what the respondent is going through as the conflicts in her family escalate because of her failed business, lack of spousal attention, her husband's death, and 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 weddings. My son left soon after to join his 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 the 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. The loss of jobs made some of the grown-up children reside with their parents. Some 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 has also been noted by Collischon, et al. (2021) who posited that returning home to adult children, could be a source of support and company for elderly parents and is associated with their positive wellbeing. On the other hand, most of the respondents found it a struggle to look after their grown-up children and their families in their old age. This was consistent with the findings of (Tosi, 2020) which 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 was 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 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 has 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, and 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 of 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 learned 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 a result of cultural beliefs where decisions were made by male heads of the families. Eight of the respondents’ decision-making is affected by their health. Loss of mobility limits one of the elderly people’s 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 a 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 elderly people’s 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 (age 72) had already planned ahead he said:

We thought of old age when we demarcated our property and ended with a bungalow. I learned 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 which 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 the situation of their surroundings 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 traveling abroad and having been exposed to how people prepare for old age. The rest of the respondents seemed oblivious to 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 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 Mastery of the Elderly.*

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

R.04, (age 65) answered:

“I had a broken leg some time 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 means the family has 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 the 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 60<sup>th</sup> birthday. They also gave us a full package to Dubai on my 70<sup>th</sup> birthday and my husband’s 80<sup>th</sup> 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 ran her errands when she broke her leg, R.07 has a daughter-in-law who checks on them 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 people’s 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 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 secondborn 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 people’s 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 and 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, and reliance on others for driving impacted 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 on holidays (Collischon et al., 2021).

### **Discussion of Findings**

The study investigated 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 children and 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, inheritance disputes, loss of jobs in children who were now living with their parents, and failure by the respondent's siblings to reciprocate good deeds done to them by their older siblings had resulted in changes in family dynamics, and 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, and 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 that 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 frustration. 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, and 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 special housing, as it was noted that the health of the elderly was deteriorating there. The construction or remodeling 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.

## **5.0 Conclusion**

The study established those 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 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.

## **6.0 Recommendations**

### **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 that ensure workers are given financial education to help them set goals while in employment 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. The 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 up. 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.

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