UNIVERSITY OF EDUCATION, WINNEBA

EXPLORING THE SOCIAL AND PSYCHOLOGICAL WELL-BEING OF THE AGED IN TESHIE, GHANA

NII-AMON ASHIE

MASTER OF PHILOSOPHY

2023

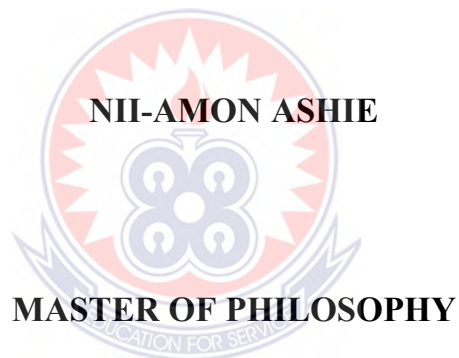**UNIVERSITY OF EDUCATION, WINNEBA**

EXPLORING THE SOCIAL AND PSYCHOLOGICAL WELL-BEING OF THE AGED IN TESHIE, GHANA

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A thesis in the Department of Counselling Psychology,
Faculty of Educational Studies submitted to the school of
Graduate Studies, in partial fulfilment
of the requirements for the award of the degree of
Master of philosophy
(Counselling Psychology)
in the University of Education, Winneba

FEBRUARY, 2023

DECLARATION

Student's Declaration

I, Nii-Amon Ashie, declare that this thesis, with the exception of quotations and references contained in published works which have all been identified and duly acknowledged, is entirely my own original work, and it has not been submitted, either in part or whole, for another degree elsewhere.

Signature: ……………………………….

Date: …………………………..………...

Supervisor's Declaration

I hereby declare that the preparation and presentation of this work was supervised in accordance with the guidelines for supervision of thesis/dissertation/project as laid down by the University of Education, Winneba.

Dr. Patricia Amos (**Principal Supervisor)**

Signature: …………………………….

Date: …………………………..………...

Dr. Hannah E. Acquaye **(Co-Supervisor**)

Signature: ……………………………….

Date: …………………………..………...

DEDICATION

I dedicate this work to my loving daughters, Naa Dei Omanyeaba, Naa Kuorkor Shadekpakpa and Mrs. Caroline Ashie whose prayers, affectionate direction, selfless dedication, and sacrifice were the foundation for my education. To my Mother, Mrs. Gertrude Asheley Ashie, for her prayers and support in taking care of her granddaughters which allowed me the space to have completed this work, mummy am proud of you.

ACKNOWLEDGEMENTS

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ABSTRACT

Psychological well-being is a complex personal phenomenon, especially among the aged. This is because the aged are confronted with physical and mental health issues as a result of being jobless, lonely and dealing with the loss of dear ones. Several studies have examined the psychological and social well-being of the aged. However, little is done in Ghana. The present study, therefore, explored the indicators of social and psychological well-being among the aged. This was an exploratory study conducted among the aged in Teshie in the Greater Accra Region of Ghana. A homogeneous purposive sampling was employed to sample a total of 12 participants for the study. Face-to-face interviews were conducted to collect information on respondents' demographic and socio-cultural factors, elements of psychological wellbeing, sources of psychological wellbeing, consequences of poor psychological wellbeing, and ways of maximizing psychological wellbeing. The data were analysed using inductive thematic analysis. Coding process used to generate themes include Condensed meaning unit, description close to the text, interpretation of underlying meaning, sub-theme to arrive at the main themes. The study revealed that building healthy relationships with children, neighbours and family, self-acceptance and challenging life events affect their psychological well-being. The study demonstrated several coping strategies such as words of encouragement, regular physical exercise, social activities, positive relations with others, and medications. Continuous crying, sleeplessness, and emotional pain were revealed as consequences of poor psychological well-being among the aged. Again, attending church activities, engaging in family duties and mentorship are activities the aged engage in to maximize their psychosocial well-being. This study concluded that the aged at Teshie, have poor psychological well-being. Thus, most of the participants are reliving their bad events instead of relishing the most rewarding events. It is recommended for the Ministry of Social Welfare, to develop volunteerism programs to sustain the aged in order to increase well-being.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

There is increased awareness of psychological well-being as an indicator of societal progress among policymakers in both the national and international arena (Kaplan & Shadock, 2017). Globally, the age range of sixty and above is growing at a fascinating rate than any other age distribution (Mathur & Sen, 2019). Ghana has seen a steady rise thus, the elderly population of 2010 (703, 246.00) was lower than that of 2020 (975, 799.00) (Ghana Statistical Service, 2010; 2020). With the significant increase in older adults, ensuring psychological well-being has become a priority for overall physical health and quality of life (Kaplan & Shadock, 2017). Researchers have observed major developments in the psychology of ageing and fascinating discoveries concerning the psychological well-being of people in old age (Halaweh, Willén, & Svantesson, 2017).

Aging has been conceptualized in the last decade using different theoretical frameworks (Sahoo, 2011). These different theoretical frameworks integrate both biological and social sciences, considering social participation, psychology, lifestyles, activities, finances, and other domestic and environmental factors as well (Foster & Walker, 2015). The WHO (2014: 12) defines active aging as ̶the process of optimizing opportunities for health, participation, and security in order to enhance quality of life as people age including those who are frail, disabled, and in need of care". As a policy framework, active aging allows people to realize their potential for physical, social, and mental well-being throughout the life course and to participate in

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society. The concept of active aging can be applied for promoting aging well in both developed and developing countries (Foster & Walker, 2015).

Well-being is the top priority when it comes to maintaining general health in old age. In the older population, well-being is a complex phenomenon that typically includes autonomy, self-satisfaction, happiness, and fulfilling social relationships (Mcnulty & Fincham, 2010). In this case, an individual's feelings based on how older people understand the concept of well-being are referred to as their sense of well-being. Positive or negative opinions about oneself from other people can also affect one's well-being. Garatachea, Molinero, Martinez-Garcia, Jimenez-Jimenez, and Marquez (2019) posit that an individual's well-being is influenced by the interplay between their social environments and individual traits.

With advanced age, well-being might be adversely influenced by declining physical health and functioning due to age-related changes (Bryant, Bei, Komiti, Jackson, & Judd, 2012; Krueger & Casey, 2019) and older adults may consequently encounter more challenges in pursuing aging well (Bourassa, Memel, Woolverton, & Sbarra, 2017; Hörder, Skoog, & Frändin, 2017). Maintaining good physical health and functioning plays an important role in facilitating mobility and enables older adults to perform more integrated functional tasks which include activities of daily living, fulfillment of social roles, and recreational activities (Hörder, Skoog, & Frändin, 2017). Evidence suggests that better physical functioning is associated with physical activity, an interaction that is positively reflected on physical and functional well-being (Iwamasa & Iwasaki, 2011). In addition, good physical functioning contributes to decrease falls' incidence (Krueger & Casey, 2019) and prevent the negative impact

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of falling consequences including social isolation and activity restriction in older adults (Bourassa et al., 2017; Iwamasa & Iwasaki, 2011).

With the increasing understanding of the significance of subjectivity in determining what constitutes a good and desirable existence, the idea of well-being—which aims to comprehend people's evaluations of their lives—has blossomed (Kaplan & Shadock, 2017). The indices of wellbeing, according to Garatachea et al. (2019), are good and negative emotions as well as life satisfaction. Emotions are comparatively less constant than contentment and relate to the assessment of wellbeing based on emotional parameters. The dimension of life satisfaction refers to an individual's cognitive evaluation of a certain area of their life, or an appraisal of their own standards. The judgment of satisfaction depends on a comparison between the individual's life circumstances and a standard chosen by the individual themselves (Liu, Dijst, & Geertman, 2017).

According to Ryff (2005), psychological wellbeing deals with the experiences of individuals based on how they evaluate their health status. Psychological wellbeing encompasses six elements (Ryff & Keyes, 1995). These six elements are a) autonomy (living according to their own personal convictions), b) positive relationships with others (maintaining deep and meaningful ties with others), c) a feeling of purpose and meaning in life (the meaning, purpose and direction people give to their lives), d) personal growth and development (using their personal talents and their potential), e) mastery over one's environment (managing life situations), and f) self-acceptance, (self-knowledge, including awareness of personal limitations (Garatachea et al., 2019; Mcnulty & Fincham, 2010). Research has shown that psychological wellbeing possesses an abundance of certain aspects that unhealthy relationships do not (Luk,

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Chan, & Chan, 2015). The absence of wellbeing among the elderly is often associated with declines and losses in physical, cognitive, and social domains, with many older people perceived as unhappy, lonely, or depressed as a result (Lund, Nilsson, & Avlund, 2014).

However, recent empirical findings do not support these beliefs. Findings based on the perspective of lifespan (development throughout life) have generated new insights into the dynamics of well-being throughout life and on the factors that influence its maintenance or decline in old age (Atalay & Cavlak, 2019). One of the most interesting findings is the statistics of the 2012 National Survey on Mental Health which revealed that the 12-month prevalence of major depression declines from young adulthood to old age (Costello, Kafchinski, Vrazel, & Sullivan, 2013). In particular, the percentages of adults aged 18–25, 26–49, and 50 or older who had at least one major depressive episode in the previous year were 8.9%, 7.6%, and 5.5%, respectively. This implies that the rate of depression is lower in late adulthood (Costello et al., 2013). The burden of depression in the older adult population has been variedly documented in developed countries like America (9.8-11.2%) (Mohebbi, Agustini, Woods, McNeil, Nelson & Shah, 2019). England (8.7%) (Pirkis, Pfaff, Williamson, Tyson, Stocks & Goldney, 2019) Australia (8.2%) (McDougall, Kvaal, Matthews, Jones Paykele & Dewey, 2017) and China (2.2-10.5%) (Chen, Wei, Hu, Qin, Copeland & Hemingway, 2019). Africa is not spared of this burden; for instance, in Ethiopia, the burden ranged between 28.5-45% (Mirkena, Reta, Haile, Nassir & Sisay, 2018.); 37.5-44.4% in Egypt (Ahmed, el Shair, Taher & Zyada, 2014), 19-29.3% in Uganda (Kinyanda, Woodburn, Tugumisirize, Kagugube, Ndyanabangi & Patel, 2009) 44.7% in Nigeria (Awunor, Ntaji, Edafiadhe, Erhabor, Eferakorho & Ijirigho, 2019) and Sudan (47.5%) (Assil & Zeidan, 2013). These rates

are alarming and call for the need to identify all the factors that contribute to this rise in figures across the continent. Factors such as age, sex, wealth status, poor health status, the existence of co-morbid conditions and modifiable lifestyle behaviors such as dietary intakes, alcohol consumption, smoking, living sedentary lifestyle have been consistently reported to be correlates of depression in the developed countries (Akpalu et al., 2018; Schuch et al., 2018; Brinda et al., 2016).

Despite the overwhelming burden of depression reported elsewhere, data in Ghana is limited and the few existing ones remain scanty. A few comparative studies from the decade-old WHO's Study on Global Ageing and Adult Health (SAGE Wave 1) data reported depression prevalence to be between 6.7 and 13.6% in the Ghanaian population (Akpalu, Yorke, Ainuson-Quampah, Balogun, Yeboah, 2018; Brinda et al., 2016; Anand, 2015). Moreover, the findings indicate that life satisfaction is greatest in older groups especially when controlled for marital status and health.

Another interesting finding was synthetically denominated as the _well-being paradox' (Halaweh et al., 2016). This paradox brings together data showing that in old age psychological wellbeing do not seem to decline despite the challenges and losses associated with age, and gains or increases in these indicators can be maintained. These findings have been associated to the adaptive nature of the social assessment measures, showing that even in the face of declining health, the elderly become more satisfied and happier with their situation than when they were younger (Halaweh et al., 2016).

According to Luk, Chan, and Chan (2015), a healthy balance between positive and negative affect was necessary for effective adaptability in old age. Furthermore, the lowering of the intensity and unpredictability of both good and negative emotional

experiences, as well as positive objectives for affective and cognitive engagement, are necessary for effective adaptation. Furthermore, it entails having a higher capacity for more intricate emotional experiences in order to identify and comprehend one's own feelings as well as those of others. In addition, it is advisable to choose social companions who offer emotional support instead than information and prestige, which are common themes in both adolescence and adulthood (Luk, Chan & Chan, 2015).

It is known that for the elderly, social contacts are motivated by events that provide well-being and meaningful social interactions which offer emotional support (Liu et al., 2017). Regularly maintained social contacts are those that possess greater significance as mediators of social support. In this perspective, the promotion of educational programs aimed at this age segment stands out (Halaweh et al., 2017). Such programs have an important role to play in the establishment of wellbeing for the elderly, since they can provide physical and mental activities, meaning and satisfaction with existence, both through the commitment and social responsibility implicit within them, and the opportunity to acquire and update knowledge and maintain a social life (Liu et al., 2017).

In view of this, the present study sought to explore the indicators of social and psychological well-being among the elderly (old age) at Teshie in the Greater Accra Region of Ghana.

1.2 Theoretical Framework

This section expounds on pertinent theoretical perspectives and frameworks of psychological wellbeing that underpin the study. It has been highlighted that the notion of psychological wellbeing seems too complicated and multidimensional to be meaningfully and accurately elucidated by a single theory (Sarracino, 2010). Due to

this, different theoretical viewpoints have been proposed and refined strenuously in the quest to create a clear view of the fundamentals and focus of the psychological wellbeing. The notion of psychological wellbeing is explained by the psychological well-being theory (Ryff, 1989) and the disengagement theory (Crossman, 2013).

1.2.1 Psychological well-being theory

The psychological well-being theory (Ryff, 1989) rests comprehensively on the psychosocial theory derived from different psychological perspectives such as lifespan developmental theories, clinical theories on social development and the standards of positive mental health. These viewpoints encompass similarly and supplementing conditions of positive psychological functioning (Ke & Ford-Jones, 2015).

The theory of psychological well-being (Ryff, 1989) shifted the focus of its meaning from a social viewpoint to an objective one. The psychological well-being theory proposes that an individual's valuation of their life experiences is moulded by comparing their life experiences with others (social comparison processes), by appraising the criticism of significant others in their lives (reflected appraisals), by trying to understand the sources of their personal experiences (attributional processes), and the prominence they ascribe to such experiences (psychological centrality).

Psychological well-being was well-defined as freedom from distress or other mental problems, exhibiting a constructive self-regard, personal mastery, and constructive relationships with other people, autonomy, feelings of continued growth and development and a sense of purposefulness and meaningfulness in life (Ryff, 1989). This means that, the elderly derived their wellbeing from something that will give

them all these elements. The element of autonomy can be derived from a way of life according to one's own personal convictions. Positive relationship with others is obtained by maintaining deep and meaningful relationship with others and receiving social support. An elderly can obtain the feeling of purpose and meaning in life when they receive meaning, purpose and direction to life from others. They get self-acceptance when others approve their way of life and make them feel likened in the society. They obtain all these through their life experience with others. If they regard their experiences as negative it is likely to lead to poor psychological well-being such as loss of hope, poor interpersonal relationships, depression, and anxiety, while a positive appraisal will lead to good psychological well-being.

This theory's relevance to the present study stem from the fact that the aged have varying psychological determinants, which aids their quality of life or otherwise. For the fact that most of the aged seclude themselves from the public because of the age, it is imperative to determine ways by which these groups of people can adapt to their environment. Hence, the various methods used by these aged group was assessed with the objective of knowing the best way the aged can remain psychologically well.

1.2.2 Disengagement theory

The disengagement theory outlines a process of disengagement from social life that people experience as people age and become elderly. The theory is important because it explains how the elderly derived wellbeing by associating with others. The theory states that, over time, elderly people withdraw, or disengage from, the social roles and relationships that were central to their life in adulthood. As a functionalist theory, this framework casts the process of disengagement as necessary and beneficial to society, as it allows the social system to remain stable and ordered (Crossman, 2013).

According to Powell (2015), the gradual withdrawal of older people from work duties and social relationship, which are the characteristics of the disengagement theory, is both an inevitable and natural process. The ideas of disengagement theory were first articulated by Cumming and Henry in 1959. They developed their concepts while analyzing data from Havighurst's Kansas City Study of Adult Life, an interdisciplinary community-based investigation to examine health, employment, leisure, and civic participation activities of older adults (Achenbaum & Bengtson, 2014). Just like Powell, Elaine Cumming and William E. Henry described disengagement as, ―An inevitable mutual withdrawal or disengagement, resulting in decreased interaction between the aging person and others in the social systems he belongs to" in their Growing old (2013). Disengagement theory is basically about people not engaging in activities and social interaction like they used to, as they are growing old, in this study, work is the main focus, thus disengagement theory in this case has to do with withdrawing from work roles or duties, which is inevitable, natural, universal and happens in all societies and cultures according to (Cumming & Henry, 2013).

Hochschild (2013) refuted the disengagement theory of ageing with the view that it presents a deterministic view of successful ageing and that, individuals or people who did not disengage were labelled as ‗unsuccessful' and maladjusted rather than considered as counter-evidence to the theory. To Hochschild (2013), the disengagement theory assumes that if individuals willingly disengage, both the society and the individuals themselves will be at an advantage, which should not be the case.

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This theory's relevance to the present study <mark>stems</mark> from the fact that the aged are being ostracized by families and <mark>friends (Hochschild, 2013).</mark> It is common knowledge that being aged is commonly associated with sickness and other health challenges that makes them dependent on others for _survival'. In order to maintain their sanity, they choose to distance themselves from society, a situation that has implications for their psychological and social well-being. It is instructive, therefore, to understand why the aged disengage from family and society and how their psychosocial well-being can be improved.

1.2.3 Erik Erickson Stages of the Aged

Erik Erikson, a psychologist and psychoanalyst, includes descriptions of the elderly in his phases of psychological growth. Erikson asserts that eight phases of psychosocial development determine a person's personality (McLeod, 2018). His eighth and last psychological stage, Ego Integrity vs. Despair, starts at age 65 and lasts until death. At this point, older people look back on their lives and either feel quite satisfied with their accomplishments or deeply regret them. Erikson believed that an unproductive or regretful existence might result in the elderly having a negative outlook on life, which causes hopelessness and sadness. But that sense of integrity also comes with an elderly life that is fulfilled. Elderly people who are satisfied with their situation can face death with knowledge and without fear, even if they have few regrets (Cherry, 2020; Goleman, 1988). Even in the face of death, Erikson argues, this understanding is an informed, impartial concern with life itself. Oftentimes, older people possess a great deal of wisdom that, if correctly handled, may impart knowledge to younger generations. <mark>According to Erickson, older people have such incomprehensible talent because they are conscious of life and life events (Dzramedo et al., 2018; Nukunya, 2003).</mark>

This theory's relevance to the present study stem from the fact that the life of aged is a reflection of decisions made during their youthful age. While some of the aged invested in their children, others chose a reckless lifestyle to the chagrin on their adult children. Considering that most the aged are struck with poor health conditions and others without any financial support, it is important to understand how aged are living their retirement in a healthy way.

1.3 Statement of the Problem

Globally, the population is ageing rapidly. It is estimated that by 2050, the proportion of the world's population over 60 years will double, from 15% to 30%. In absolute terms, this is an expected increase from 900 million to 2 billion people over the age of 60. Older people face special physical and mental health challenges which need to be recognized (Atalay & Cavlak, 2019). The most common psychological and mental disorders in this age group are dementia and depression, which affect approximately 5% and 7% of the world's older population, respectively (Kunzmann, 2014).

Yet, researchers have provided varied findings in relation to the determinate of psychological wellbeing of the aged. For example, Kovalenko and Spivak (2018) adopted quantitative methods to assess the social factors of psychological well-being in the elderly in Ukraine and found that the level of psychological well-being is bigger for seniors who do not feel lonely and have enough opportunities for communication. Similarly, Tejal (2013) explored the relationship between intergenerational social support and the psychological well-being of older Chinese parents. The results revealed that providing instrumental support to children and satisfaction with children directly improve parents' wellbeing. Chandrika and Anantharaman (2019) adopted a qualitative approach aimed at understanding the role of social capital for mental

wellbeing among older adults in Finland and found that family members and life-long relationships between friends impact the experienced mental wellbeing among older adults.

In Nigeria, a study examined the psychological well-being of the elderly in Ijumu local government with the aid of a questionnaire and found that a higher proportion (53.3%) of elderly reported experiencing good psychological well-being (Ibitoye & Sanuade, 2011). A descriptive study using quantitative survey questionnaires, qualitative interviews and observation checklist was conducted among older men aged 60+ in three districts in Nyanza province, Kenya (Ondigi & Ondigi, 2012). The study concluded that older people's poverty produces vulnerability to malnutrition and untreated degenerative diseases.

Due to improved health care facilities and an increase in life expectancy, the percentage and size of the elderly have grown more than they used to. In Ghana, the elderly are in a terrible and dreadful state due to the breakdown of the family support structure and the incapacity of the governmental and commercial sectors to appropriately handle the variety of socioeconomic challenges they face (Nukunya, 2003). Current literature understanding the psychological well-being of the elderly in Ghana is also in short supply and in a couple of cases have adopted the quantitative method. This does not permit an in-depth understanding of psychological well-being among the elderly (Akpalu, Christian, & Codjoe, 2015; Ashiabi, 2007; Quaye, 2008).

Despite evidence for the association between age-related changes in social support and enhance psychological well-being, the literature on this association among individuals in Ghana is sparse. Moreover, less is known about how the aged living alone may differentially perceive and integrate support into their lives, and how this

support subsequently explains their psychological well-being. The social and psychological well-being among the aged in Ghana have not been well established.

The researcher been a native of Teshie has observed over the years that social isolation and loneliness among the elderly has resulted in a reduction in both poor mental and psychosocial well-being. Social needs include love, acceptance, and relationships with family and friends. Staying active by joining family events or participating in social activities is established by Abdi, Wadugodapitiya, Bedaf, George, Norman, Hawley & de Witte (2018) to contribute to good health, mental and psychosocial wellbeing of the aged. It is against this backdrop that, the present study examined the social and psychological well-being of the aged Ghanaian sample of men and women living in Teshie. Empirical evidence about the relationships between these factors will provide better understanding of the challenges facing the aged in Teshie and set scientific foundations for future interventional development.

1.4 Purpose for the Study

Generally, the study sought to explore psychological and social wellbeing from the perspective of the aged in Teshie, at the Greater Accra Region of Ghana.

1.5 Research Questions

To keep the study focused, the study will provide answers to the following questions:

1. What components of social psychological wellbeing are prevalent among the aged in Teshie?

2. How do the aged in Teshie cope with poor psychological wellbeing?

3. What are the consequences of poor psychological wellbeing among the aged?

4. How can psychosocial wellbeing among the aged be maximized?

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1.6 Significance of the Study

Policy: Findings from the study can guide policy direction that provides for the elderly to ensure they are psychologically well to associate with members in their community. It could also direct policy to add psychological evaluation of the elderly to the Ghana Health Service, Ghana Psychological Association, National Health Insurance Scheme to ensure improved quality of life for the elderly.

The aged: The findings of the study may benefit the aged as well as for the general public. Ensuring psychological wellbeing among the aged is a national priority, mainly for the aged and the general public because wellbeing is connected with the current and the future health of people (Willows, Veugelers, Raine & Kuhle, 2012). As stated, wellbeing has an impact on the physical and psychological health of the aged. The findings will assist us in understanding psychological wellbeing of the aged. It will also assist in knowing where the aged derives their psychological wellbeing from and thereby assist counselors in the process of raising the psychological wellbeing of the aged. The findings will help in knowing the consequences of poor psychological wellbeing among the aged and the ways by which the psychological wellbeing among the aged can be maximized.

Social welfare, counsellors and other stakeholders: By increasing our knowledge on the possible means through which psychological wellbeing relates to the health of the aged, the outcome could help to develop more effective public health programmes, not only for the aged but the general public as well. Evidence from this study would provide an impetus for developing new intervention and support programmes for the aged who are highly at-risk of developing lower wellbeing.

Research: Limited empirical studies thus far have examined the psychological wellbeing. However, few of such studies have been done among the aged. Moreover, to the researcher's best knowledge, no such study has been done in Ghana. Even if any, it has not been published. Considering the need to understand the lifestyle of the aged, there is a serious dearth that needs to be filled. This study, therefore, tries to close this gap by focusing on understanding the psychological wellbeing among the aged at Teshie at the Greater Accra Region of Ghana. The findings will, therefore, contribute to reducing the paucity of literature in this area and provide direction to future researchers on relevant areas to examine.

1.7 Delimitations

The geographical scope of the study includes the aged, persons aged 60 years and above at Teshie in the Greater Accra Region. This age group in the study area was carefully selected because of the restrictions of interacting with lots of people as a result of the coronavirus (COVID 19). Also, the experiences of the aged from being youthful and vibrant to the state of dormancy, provides an avenue to examine how they deal with being alone and unable to go about their usual activities and as well sought from them how they cope. In other words, collection of data was restricted to the persons aged 60 and above irrespective of sex, and hence the findings of the study were not generalized to cover the elderly and/or the aged in Ghana. The conceptual scope of the study therefore, sought to examine social and psychological wellbeing from the perspective of old aged in Teshie, at the Greater Accra Region of Ghana.

1.8 Definition of Terms

Aged: Aged in this study deals with men and women of age between 60-79years.

Autonomy: deals with the regulation of an individual's own behaviour by taking control over the outcome of events (Ryff & Keyes, 1995).

Personal growth: deals with the capacity to develop the self and attain self-actualisation to be able to function completely as a person and achieve goals (Ryff & Keyes, 1995).

Positive relations with others: is the ability to have lasting and credulous interpersonal relationships as well as belonging to a social network (Ryff & Keyes, 1995).

Psychological well-being: deals with the social experience of an individual based on the individual's judgment of their overall feelings of goodness and satisfaction with life (Veenhoven, 2008).

Purpose in life: refers to the apparent worth of an individual's existence and the appreciation of life (Ryff & Keyes, 1995).

Self-acceptance: involves acquiescence of the past and present as well as keeping direction for the future.

Youngest-old, ages 65 to 74 years; middle-old, 75 to 84 years; and oldest-old, ≥85 years (Sang, 2018).

1.9 Organization of the Study

This thesis encompasses five main chapters. The first chapter constituted the introduction which dwelt mainly on the background of the study, statement of the problem, general aim, research questions and the relevance of the study. The chapter

also presented the scope of the study, delimitations, definition of terms, limitations and organization of the study.

Chapter Two of the thesis concentrated on the literature review comprising of conceptualizing the psychological wellbeing, theoretical framework that help in understanding the concept of wellbeing among the aged and the review of pertinent studies.

The third chapter also focused on the comprehensive review of the methodology that was followed in achieving the research objectives. The methodology section focuses on the research design, study area or setting, population, sample and sampling procedure. Sources of data collection, questionnaire for the study, procedure and data analysis techniques are also presented in this chapter.

Chapter Four presents the results of the analysis and discussion of the findings. The thematic analysis was used to analyse the interviews conducted with the participants. The qualitative analysis which forms the chapter begins with the general themes that emerged from the interviews from respondents with regards to psychological wellbeing. This was followed with the main themes and sub-themes that were developed after carefully analyzing the individual relevant themes that were generated from the participants. The researcher selected vivid and appropriate quotes from participants to buttress each sub-theme. The chapter also discussed the findings by comparing them with literature. Chapter Five present the summary of the findings, conclusions based on the findings and recommendations for the improvement in the psychological wellbeing among the aged.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction
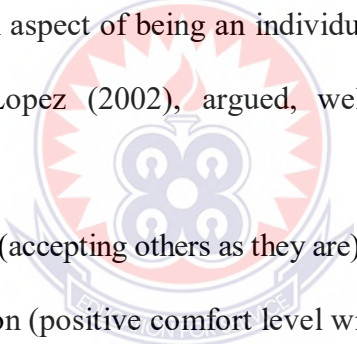
This chapter reviews some related literature on the topic under consideration. This chapter reviews some related literature on the topic under consideration. The review is in two sections, conceptual review and empirical review. The conceptual aspect of the review deals with concepts related to psychological wellbeing. The second part is empirical studies related to the psychological wellbeing among the aged. The main and subthemes is listed below as:

- The Concept of Wellbeing

- The Concept and Definition of the Elderly/Aged

- The Concept and Definition of Social Wellbeing

- General Guidance for Social Well-Being

- The Concept and Definition of Psychological Well-Being

- Components of Psychological Well-Being

- Psychological Factors of Wellbeing

- Psychological well-being and the Aged

- Coping Strategies of the Aged

- Ways of Maximizing Psychological Well-being

- Empirical Review on Psychological and Social Wellbeing

- Chapter Summary

2.1 The Concept of Wellbeing

Wellbeing has been described from the perspective of the self (of individuals) – this is most often referred to as ‗subjective wellbeing'. In this perspective, wellbeing tends to be viewed as something that happens within an individual (Carruthers & Hood, 2004). The theory of ‗Wellbeing Homeostasis' is an example of how subjective wellbeing may be explained from a narrow perspective. This theory posits that individuals maintain subjective wellbeing by psychological devises – similar to how the body maintains its blood temperature and blood pressure (Cummins, Eckersley, Pallant, Van Vugt & Misajon, 2003).

However, it is more useful to view wellbeing as a social ‗thing' – something that goes beyond the psychological aspect of being an individual or a group. As Keyes (1998), and later Keyes and Lopez (2002), argued, wellbeing consists of five social dimensions, including:

  i.   Social acceptance (accepting others as they are)

  ii.   Social actualisation (positive comfort level with society)

  iii.   Social contribution (a feeling that one has a contribution to make to society)

  iv.   Social coherence (understanding the social world as predictable comprehensible)

  v.   Social integration (feeling as a part of the community)   (Cited in Carruthers & Hood, 2004).

Nevertheless, wellbeing is also described from a perspective used by many policy-makers, which is apparently informed by evidence-based research. This perspective is known as ‗objective wellbeing', and often follows the OECD's ‗eight dimensions of life', which can be ‗measured' through statistical methods. These dimensions include health, education and learning, employment and the quality of working life, time and

leisure, command over goods and services, physical environment, social environment and personal safety. Access to all eight dimensions is crucial to wellbeing (Cristchurch City Council, 2005: online).

The focus by policy-makers on measurable aspects of wellbeing is not surprising, considering the contexts of liberal democracies, which have long historical roots to utilitarian ideologies. Indeed, some time ago, Jeremy Bentham proposed a ‗felicific calculus', which he said would enable policy-makers ‗…to calculate the net pleasure or pain connected to every action for everyone affected by that action, with public policy choices made to get the greatest net pleasure or least net pain for the greatest number of people' (Michalos, 2004: 35).

The historical period influenced by socialist democratic principles (after the second world war) briefly focused policy-making on the enhancement of ‗social citizenship'. ‗Social citizenship refers to those rights and duties of citizenship concerned with the welfare of people as citizens' (Roche, 1992: 3). According to T.H. Marshall, who coined the term, social citizenship consists of ensuring that everyone is treated as a full and equal member of society through an assurance of basic rights of access to social, economic and political life (Harris, 1999). For a few short decades, this notion provided a deviation from crude liberal principles of policy-making, and the construction of the welfare state (in which wellbeing was seen as an universal right).

The advent of principles of neoliberal governance in the late 1970s resulted in social citizenship being dropped from public policy. Indeed, as Fraser and Gordon (1992) pointed out, to be in receipt of ‗welfare' became justification for disrespect – while the term ‗public' in the area of social services became a pejorative. Whether self-defined or attributed, wellbeing is, in essence, a subjective term. It refers to a state of

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being for individuals or groups; this state of ‗being' is often evaluated against a set of social ideals, which in itself indicates that wellbeing is a social construct. There is an additional obfuscating trend within the literature, which is to describe wellbeing as a derivative of a single dimension of social life – be it economic, political, communal, health-related, or any other social dimension.

For example, in many economic analyses, a heightened state of prosperity is deemed to indicate a high level of wellbeing. Having access to resources and possessing a capacity to participate in a market economy as a worker, consumer and/or producer is seen as fundamental to a vibrant human society and the lives of individuals. Yet, as the section below on economic aspects of wellbeing indicates, economic prosperity and security alone do not account for wellbeing.

In another example, policy-makers often idealise wellbeing as the inevitable outcome of good social policy. For example, the welfare schemes underpinned by the ideology of ‗mutual obligation' were seen to have induced a sense of ‗worth' in participants, and to have equipped them with the ‗work ethic' – all of which led participants to feel like they were ‗again' worthwhile producing members of society. Yet, as we will see, the literature does not indicate a (constant) positive relationship between work and wellbeing.

In addition, within the social sciences and human services, the concept of wellbeing is a relatively new one, and is sometimes equated or used interchangeably with such terms as quality of life (QOL), life satisfaction, good physical and mental health, economic security, personal fulfilment, ‗goodness', and so on. For instance, Veenhoven (2005: 10) treats happiness, wellbeing and life satisfaction as ‗…synonyms and capable of measurement by self-assessment, such that a higher score

on an instrument measuring life satisfaction similarly suggests a higher level of happiness or wellbeing'. In all cases, and whatever term is used to refer to a state of being, such term tends to be used in an evaluative sense.

Lastly, it is important to note that wellbeing and illbeing are different, and cannot be viewed as opposite ends of a continuum of a state of being (Headey & Wearing, 2014; Diener & Biswas-Diener, 2002). Psychologists especially argue that individuals see wellbeing in terms of life satisfaction and positive feelings, whilst illbeing may include (for example) anxiety and depression. So, for instance, there is literature which indicates that, for example, individuals can experience high levels of wellbeing and high levels of anxiety at the same time (Diener and Biswas-Diener, 2002).

2.1.1 Indicators of wellbeing

It would be useful to quote at length the Australian Bureau of Statistics' view of the factors which are said to contribute to wellbeing: From birth to death, life enmeshes individuals within a dynamic culture consisting of the natural environment (light, heat, air, land, water, minerals, flora, fauna), the human made environment (material objects, buildings, roads, machinery, appliances, technology), social arrangements (families, social networks, associations, institutions, economies), and human consciousness (knowledge, beliefs, understanding, skills, traditions). Wellbeing depends on all the factors that interact within this culture and can be seen as a state of health or sufficiency in all aspects of life. Measuring wellbeing therefore involves mapping the whole of life, and considering each life event or social context that has the potential to affect the quality of individual lives, or the cohesion of society. At the individual level, this can include the physical, emotional, psychological and spiritual aspects of life. At a broader level, the social, material and natural environments

surrounding each individual, through interdependency, become part of the wellbeing equation (ABS, 2001: 6).

Indeed, the literature reviewed indicates that wellbeing can only be adequately described when it is seen as the result of the interaction between numerous factors, which interact on individuals and groups within historical and cultural contexts (Amárach Consulting, 2002; McKevitt, Redfern, La-Placa and Wolfe, 2003, Reality Check, 2005). A brief (but incomplete) list of these factors include:

a. Self-esteem,

b. Control over one's own life,

c. Good health,

d. Economic security,

e. Access to community resources (both physical and social),

f. Meaningful participation in community and family life,

g. Meaningful participation in political life,

h. Absence of stressors,

i. Pleasant and secure physical environments,

j. Access to education,

k. Capacity to engage in lifelong learning,

l. Recognition and respect within and by community,

m. Sense of freedom,

n. Sense of love for others,

o. Spiritual fulfilment.
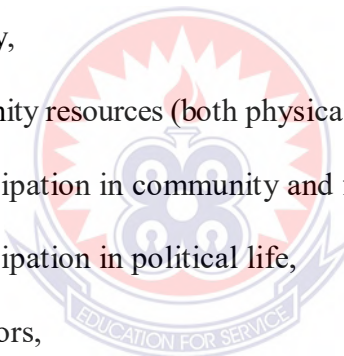
2.2 The Concept and Definition of the Elderly/Aged

Elderly people and ageing childhood, youth, adult and elderly are the stage of life circle of human's life. Elderly, a phenomenon as old as mankind, is the last stage of the circle of lifetime (Bayram et al. 2011, 165). In this study, aged/or elderly people are the persons who are 60 years old and above (Hayes, Balogun, Chang & Abdel-Rahman, 2012, 159). A research about the impact of the economic recession on well-being and quality of life of older people suggested that older people are experiencing financial challenges as a result of the economic recession (Fenge, Hean, Worswick, Wilkinson, Fearnley & Ersser, 2012). Low, Molzahn and Schopflocher (2013) explored attitudes to aging to mediate the relationship between older peoples' subjective health and quality of life in 20 countries. They concluded that older peoples' attitudes toward their own aging with respect to physical change, psychological loss, and psychological growth partly mediated the relationship between their health and quality of life (QOL).

Heravi-Karimooi, Rejeh, Foroughan and Vaismoradi (2012) explored experiences of loneliness in Iranian abused elders. They summarized that the combination of abuse, old age and deprivation increased suffering and pain, which accompanied the loneliness experience in older people. The ageing process represents the universal biological changes that occur with age and are unaffected by disease and environmental influences (Brundtland, 1999, 10). The aging process reduces physiological capacity, which makes the elderly more susceptible to many heath threats (Lepeule, et al., 2014, 566). The ageing process differs because of a number of reasons such as health problems, functional abilities, personal resources or the amount of social support (Hautsalo et al., 2012, 2954).

Several research about ageing have been done. Thanakwang, Soonthorndhada and Mongkolprasoet (2012) explored the ways that contribute to healthy aging among Thai elderly. Their study revealed that healthy aging is viewed as a multidimensional concept involving physical, psychological, emotional, and social aspects, which are inextricably related to oneself, family, friends, neighbors, and society.

2.3 The Concept and Definition of Social Wellbeing

According to Webster's Dictionary the term ―Welfare" means ―well-being". But there is a significant comparison between well-being and welfare can express the difference at the level of unit of analysis (Matikka, 2001, 25). The welfare research concentrates in the conditions of good life in the societal or macro-level, where as in the well-being research the level of analysis is personal or micro-level. Bossard (1927) was probably the first one who works on the issue and problems related to Social well-being. In his book entitled ―Problems of Social Well-being" he has related social well-being with three components. These are-a. Income in its broad sense b. Physical health and c. state of mind in 1948, World Health Organization (WHO) identifies social well-being as one of several facets of an individual's overall health. Social well-being is the Equilibrium Juncture between Individual's Resources Availability and the Challenges Faced and a state of Quality of life and Satisfaction. Social well-being is defined as an individual's self-report of his or her relationship with other people, the neighbourhood and the community (Keyes, 1998; Larson, 1996).

Social well-being is achieved when people's fundamental needs are satisfied. The basic components of social well-being are- Nutrition, Shelter, Education, Health, Leisure, Social Stability, Surplus Income, Physical Environment, Security et cetera. The key to deciding whether a measure of social well-being is part of an individual's

health is whether the measure reflects internal responses to stimuli-feelings, thoughts and behaviours reflecting satisfaction or lack of satisfaction with the social environment" (Larson, 1996, 186). The term social well-being refers more specifically to the relationship of individuals to those around them, including their geographical community, which is reflected through identity, cohesion and belonging and the positive aspects of social capital (Thomson & Ziguras, 2002).

Social well-being is considered as an individual's perceptions of his or her integration, coherence, contribution into the society and societal events considering his or her acceptance of the other people and also evolution of society and potential progress with the dimensions of actualization. The concept of social well-being is a multidimensional concept as the main aim to capture the complexity of socio-ecological systems. It is recognized that social well-being is a national and international concerns and conditions that affect local communities and individuals and vice versa. The development of the concept of societal wellbeing has raised issues around structural social inequalities (Fenge, Hean, Worswick, Wilkinson, Fearnley & Ersser, 2012) and with the help of Human Development Index (HDI), Gross National Happiness (GNH) etc social well-being is well measured. However, the phenomena of social well-being consists both the objective and subjective realities and it is the collective situations of prosperity, happiness , good health, level of living, quality of life, welfare of society, level of satisfaction of the people in a community or in a society . Social Well-being is a dynamic process and it is dependent of the free will of people, although there are external circumstances that can impede this possibility or affect seriously the potential for this pursuit.

Therefore, social well-being is changeable with quality of life, happiness and life satisfaction and its basic focus is to reduce the inequalities of a community or society with a rising focus on sustainable development. The quality of life is an important components and a broad expression of social well-being. In the last few decades, social and behavioural scientists discussed the essential qualities of a good society and the good life or quality of life in social and behavioural sciences. According to Aristotle to achieve a ―good life‖ of an individual it is necessary to realize his/her full potentialities, which is known as Eudaimonia. But Emanual Kant believes that good life or good society can be achieved by acting in to a moral ways. There are three major philosophical approaches to determining the quality of life (Brock, 1993).

i. First approach explains characteristics of the good life which is based on religious, philosophical and other systems and is closely related to the social indicators tradition in social sciences.

ii. Second approach deals with the definition of good life which is based on the satisfaction of preferences.

iii. Third approach deals with the experience of individuals in which feelings of joy, pleasure, contentment, and life satisfaction are dominant factors.

Therefore, this approach is linked with subjective well-being traditions. Quality of life can be measured with the help of two scientific approaches-―objective‖ or social indicators and the measurement of subjective well-being (SWB) that processed during the last few decades. Land (1996) provides a deep look on the background of the social indicators and subjective well-being movement in the social science. The fundamental difference between social indicators and subjective well-being movements is that the main focus of social indicators movement is on its attention on measuring, where as in subjective movement research, in comparison, is individual‗s

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subjective experience of their lives. Social indicators, subjective well-being measures, and economic indices are essential elements to understand and developed a policy about the idea of quality of life. Therefore, Quality of life is a complex, multifaceted construct that demands multiple approaches from different theoretical viewpoints. Happiness is a significant indicator of overall human wellbeing.

According to Thomson and Ziguras (2002) happiness is a transitional state of emotion. Life satisfaction is necessary for the sustainability of democracies and that happy citizens make more time volunteering because social interaction is facilitated by well-being (Tov & Diener, 2009). There is no unique accepted definition of social wellbeing. Social well-being is a wide-spread, contested, complex and multidimensional term that must include good physical health, a healthful physical environment, the benefits of love and the possibility of communication, and a sense of faith et cetera, expressed by different social scientists in a variety ways with an important overlap. Therefore, Social well-being is a multidimensional phenomenon that captures a mixture of people's life's past experiences, present life situations, and future expectations, with a basic question how they feel and how they function. Social well-being is a circumstances in which all people can fulfill their basic human needs(water, food, shelter, and health services) with equal access and they are capable to coexist undisturbedly/peacefully in communities with opportunities for improvement.

2.3.1 The key social well-being challenges in societies emerging from conflict

Violent conflict may create humanitarian crises and inflict tremendous harm on civilian populations. These crises involve acute water, food, and shelter shortages; large-scale population displacement; and the absence of critical health services,

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among many other challenges. As families struggle to survive during and after violent conflict, social fabric may be torn apart within and among communities. Disputes about land, water, harvests, pasture rights, marriage, inheritance, and other inter- and intra-community issues typically arise and may threaten a fragile peace. Schools may be shut down or destroyed. Children may have missed years of education, and many may have been denied the chance to start primary school. Essential services infrastructure may be ruined, including ports, roads, and basic utilities (Tov & Diener, 2009).

2.3.2 Social well-being a necessary end state

Peace cannot be sustained over the long term without addressing the social well-being of a population. Without basic necessities such as food or shelter, large-scale social instability will persist because people will be unable to resume the functions of normal life-sustaining a livelihood, traveling safely, engaging in community activities, or attending school. Without helping people return to their homes or new communities of their choice or providing a means for peacefully resolving disputes, people may not move beyond violent conflict or rebuild their lives.

2.3.3 The necessary conditions to achieve social well-being.

i. Access To and Delivery of Basic Needs Services is a condition in which the population has equal access to and can obtain adequate water, food, shelter, and health services to ensure survival and life with dignity. These services should be delivered in a manner that fosters reliability and sustainability.

ii. Access To and Delivery of Education is a condition in which the population has equal and continuous access to quality formal and non-formal education that provides the opportunity for advancement and promotes a peaceful

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society. This condition involves system-wide development and reform, and equal access to relevant, quality, and conflict-sensitive education.

iii. Return and Resettlement of Refugees and Internally Displaced Persons is a condition in which all individuals displaced from their homes by violent conflict have the option of a safe, voluntary, and dignified journey to their homes or to new resettlement communities; have recourse for property restitution or compensation; and receive reintegration and rehabilitation support to build their livelihoods and contribute to long-term development.

iv. Social Reconstruction is a condition in which the population is able to coexist peacefully through intra-and intergroup forms of reconciliation—including mechanisms that help to resolve disputes non-violently and address the legacy of past abuses-and through development of community institutions that bind society across divisions.
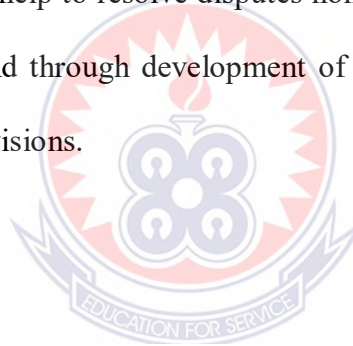
2.4 General Guidance for Social Well-Being

Build host nation ownership and capacity: Immediately after violent conflict, international assistance may be necessary to meet the basic needs of the population, address return and resettlement for refugees and IDPs, and promote community-based development and reconciliation, as the host nation may be unable to meet those challenges alone. Participation of the host nation population-particularly at the community level-in the assessment and design of basic services helps ensure that the services are responsive to actual needs and gives people a greater stake in the success of those services. All assistance activities should maximize the potential to build the capacity of the host nation population to sustain basic services. For example, one of the key components of humanitarian assistance can and should be to complement the work of nascent and often struggling ministries or bureaucracies. International actors should work within host nation government structures to help generate legitimacy for the host nation government.

Act only with an understanding of the local context: The key to improving the social well-being of the conflict-affected population is to understand the context of the conflict and the living conditions of the people. A thorough assessment might include the following questions:

i.   What role did the provision of basic needs play in the conflict?

ii. How has the host nation population met their basic needs in the past?

iii. What capacity do host nation institutions and actors have to deliver basic services?

iv. What is the relationship between the education system and the conflict?

v.   What is the scope of the displacement crisis?

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vi. What host nation mechanisms already exist to promote dispute resolution and reconciliation?

vii. Where does popular support for dispute resolution and reconciliation programming lie?

Prioritize to stabilize: Social well-being is difficult to achieve even in the best of circumstances. In this environment, prioritize what is necessary for survival and for the resolution of disputes that could reignite violent conflict. Top priorities include preventing further loss of life and displacement, delivering aid and services to vulnerable. populations, mitigating public health epidemics, and collecting evidence and witness statements to address the legacy of past abuses (Dobbins, & DeGrasse, 2008). Focus on meeting the immediate needs of those most affected (typically women, children, the elderly, the disabled, IDPs, refugees, minorities, and those living with disease), while keeping in mind the impact of these actions on sustainability Sphere, 2004).. Once these priorities are addressed, focus on return and resettlement, education reform, and key aspects of social reconstruction.

Use a conflict lens: The provision of aid can never be entirely neutral. It inevitably involves a transfer of resources in countries where they are extremely scarce and where unequal distribution may have contributed to the conflict. With this in mind, recognize that every decision-where to locate an emergency medical facility, whether to empower a particular institution, how to deliver education in an IDP camp, or how to select an interim health minister-has implications for the conflict and a lasting political settlement.

Recognize interdependence: Addressing the social well-being of a population is critical for the success of broader recovery efforts. A broken social fabric will undermine progress made in the economic, governance, and rule of law arenas. Sustainability in these areas will be lost if the population has nothing to eat; if children cannot go to school; or if communities remain divided along ethnic, religious, or political lines. Progress in the economic, governance, or rule of law spheres provides the necessary infrastructure for the success of social well-being programs.

Aged and Social Well-being: The interest in the problem of social well-being of elderly people originates from the changes happening in the modern society and, primarily, in a fast growing tendency of population ageing. The mentioned tendency influences the socioeconomic systems of the countries worldwide, including such systems as labour-market, the markets of employment and income, and consumer market, as well as social funds, national policy, legislation, infrastructure, social relations and other elements (Bayram et al., 2011). Elderly people are now getting the status of significant economic and political agents whose interests, preferences and decisions define not only their own lives but also the development prospects of global economy as a whole. Another important tendency in modern research development is studying not so much objective economy and society development indicators as subjective expectations and preferences, the aggregation of which allows obtaining a more comprehensive view of the reality through the prism of subjects' attitude to it. The described approach significantly complements traditional scientific research while it enables giving an estimate not only to the world around but also to the human's position in it (Ashiabi, 2007).

The concern of elderly people about their well-being is closely connected to their health state. Social significance of a person's attitude to his/her own health is caused by a number of reasons. Growing older, people's health deteriorates and it becomes more difficult to keep well-being at a high level and take a thorough care of health. The increase of the number of fee-based medical services and the reduction of free medical treatment force people to alter their attitude to health by taking responsibility and care of their own health. According to Russian Public Opinion Research Center ―WCIOM" there is a decrease in the number of people who address doctors in case of illnesses from 32% in the year 2012 to 25% in the year 2014. 32% of Russians self-medicate (Ashiabi, 2007). The term ―social well-being" means individual's (group's) satisfaction with one's own social status, welfare, living standard and life quality. Social wellbeing reflects an individual's general satisfaction with the environment, activities he/she is involved in and possessions. This is not a complete list of factors influencing social well-being. People desire to stay healthy, active and be able to cope with the challenges of the world around, reach their own goals, understanding, support and friendly attitude of other people, as well as to have confidence in the future.

2.5 The Concept and Definition of Psychological Well-Being

Psychological well-being refers to positive mental health (Edwards, 2005). Psychological well-being has various definitions in many fields (Gao, & Mclellan, 2018; Gartoulla, Bell, Worsley, & Davis, 2015). It incorporates positive aspects across all aspects of life such as life satisfaction, both physical and spiritual and can function optimally (Stamp, Crust, Swann, Perry, Clough, & Marchant, 2015). In addition, psychological well-being also refers to how individuals are able to control their lives and activities. The psychology of wellbeing is not only when we feel good

all the time but also involves negative emotions such as frustration, failure, and sadness that are common in life (Stamp et al., 2015). Therefore, managing negative emotions is important for long-term psychological well-being (Huppert, 2009). Emotional support and positive social support play a fundamental role in the development of psychological well-being (Siddiqui & Khan, 2016). An individual with a high degree of psychological well-being will lead a happy and contented life with professional and personal life, capable and well-supported (Panahi, 2016). Based on the theory of psychological well-being, the health of an individual's psychology is determined by its function in certain aspects of life (Udhayakumar & Illango, 2018). An individual should have a good relationship with others, respect the environment, accept themselves now and in the past, have goals in life, strive to build and make their own decisions (Siddiqui & Khan, 2016).

However, the World Health Organization (WHO, 2003) has predicted that mental illness is among the top five diseases in the world and by 2020 is expected to be the second highest in the world. Therefore, the issue of psychological well-being should be given serious attention. Furthermore, according to the Malaysia Ministry of Health statistics (1996), 10.1% of 16 years of age and older have mental health problems. Meanwhile, in 2001, the Ministry of Health reported that 18.8% of adults and children had mental health problems. Thus, the statistics of the Ministry of Health in 1996 and 2001 showed that the problem of psychological well-being began to exist in our country and showed an increase even though the percentage was still small.

A study by Heizomi et al. (2018) on factors affecting stress and psychological well-being among adult women in Iran found that 64.7% reported mental health problems and 74.3% reported levels high pressure. In the unadjusted analysis, PWB correlated

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positively with life satisfaction, happiness hope and self-efficacy, and it was negatively correlated with self-perceived stress (P <0.01 for all correlations). In the adjusted analysis, higher life satisfaction and lower stress levels were associated with better PWB (P <0.001 for all associations). Higher levels of happiness and self-efficacy are associated with lower levels of stress. A study in Malaysia on psychological stress and wellbeing among students of higher education institutions found that depression, anxiety, and stress found among UniSZA students were 42.2%, 73.7%, and 34.8% respectively. Findings revealed that students who faced psychological distress level possessed relatively high tendency for depression, stress, and anxiety. Psychological distress poses negative impacts on the physical, mental and academic. What is more worrying is that students who faced this kind of problem do not seek help or treatment because of the public stigma against mental illness (Shahira, et al., 2018)

2.6 Components of Psychological Well-Being

Ryff‛s components of objective psychological well-being are outlined separately below for explanation and clarification purposes. When unpacked there appears to be a relationship between Ryff‛s psychological well-being components and the psychological skill components previously outlined, with psychological well-being components seemingly inter-related with various psychological skills components. A further association is that a variety of techniques including breathing and self-talk are used to improve both psychological skills and psychological well-being (Berger, 2001; Stelter, 2001; Wann & Church, 1998; Weinberg & Gould, 2007). The components of psychological well-being are elaborated below:

1. Autonomy
2. Personal growth

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3. Environmental mastery

4. Positive relations with others

5. Self-acceptance

2.6.1 Autonomy

Autonomy is the regulation of one's own behaviour through an internal locus of control (Ryff, 1989; Ryff & Keyes, 1995). A fully-functioning person has a high level of internal evaluation, assessing the self on personal standards and achievements while not relying on the standards of others. They do not strive for endorsement from other individuals (Ryff, 1989), are focused on their own beliefs and are less swayed by others people's ideas. A high level of autonomy suggests independence with a low level suggesting concern over self-perception. Internal locus of control is an important component of motivation (Weinberg & Gould, 2007) with athletes' generally requiring autonomy, personal insight and objectivity in order to sustain self-confidence and belief.
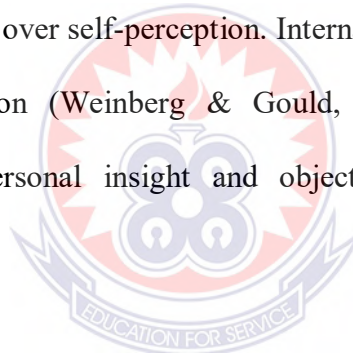
2.6.2 Personal growth

Personal growth is the ability to develop and expand the self, to become a fully functioning person, to self-actualize and accomplish goals (Ryff, 1989; Ryff & Keyes, 1995). To achieve peak psychological functioning one must continue to develop the self through growth in various facets of life (Ryff, 1989). This requires one to continually evolve and solve problems thereby expanding one's talents and abilities. An elevated level of personal growth is associated with continued development while a depleted level is suggestive of a lack of growth. Sportspeople with a growth mindset realize hard work yields results (Dweck, 2005). A growth mindset requires openness to a variety of new and diverse experiences. Athletes, who

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are humble but confident, are constantly striving for personal growth and holistic development (Weinberg & Gould, 2007); they generally use positive and negative performances, as well as goals achieved, to enhance personal growth. Personal growth is potentially the psychological well-being dimension that is closest to eudemonia (Ryff, 1989).

2.6.3 Environmental mastery

Environmental mastery refers to choosing and controlling the surrounding and imagined environment through physical and/or mental actions (Ryff, 1989; Ryff & Keyes, 1995). While a high level of environmental mastery reflects control over one's context, a low level is related to inability to successful control one's environment (Ryff, 1989). A mature individual is generally able to interact and relate to a variety of people in diverse situations and adapt to various contexts upon demand. Being in control of physiological and cognitive arousal can improve an athlete's control and understanding of their surroundings, as well as their interactions with others. Imagery results in improved self-awareness as well as enhanced situational and environmental understanding (Potgieter, 1997; Weinberg & Gould, 2007). Environmental mastery means being able to control complex environmental and life situations (Ryff, 1989) and to seize opportunities which present themselves. It often requires the ability to step out of one's _comfort zone' when striving for optimal sporting performance.

2.6.4 Positive relations with others

Having positive relations with others is an essential component in the development of trusting and lasting relationships as well as belonging to a network of communication and support (Ryff, 1989; Ryff & Keyes, 1995). A calm and relaxed approach reflects

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maturity, leads to improved interactions and better consideration of others. While good relations result in an understanding of others, poor relations can cause frustration (Ryff, 1989). The ability to have good human relations is one key feature of mental health with pathology often characterized by impairment in social functioning (American Psychiatric Association, 2000). Communication is an important part of team interactions (Miller, 1997; Potgieter, 1997). In group/team settings, positive relations with others often results in increased knowledge, empowerment and improved sporting performance.

2.6.5 Self-acceptance

Self-acceptance is the most recurring aspect of psychological well-being. It is a fundamental feature of mental health and an element of optimal functioning (Ryff, 1989; Ryff & Keyes, 1995). Healthy levels of self-acceptance create a positive attitude and improved satisfaction with life (Ryff, 1989). Moderate levels of confidence lead to greater achievement and acceptance (Wann & Church, 1998). Self-acceptance is a key component of self-actualization, enhanced psychological functioning and development (Ryff, 1989b). It entails accepting the past and present as well as maintaining direction for the future.

2.7 Psychological Factors of Wellbeing

‗Psychologists confirm the folk wisdom that social relationships, health, meaningful work, and leisure are all important' (Argyle, 2001). Psychologists often refer to wellbeing as dependent on the individual's inner ‗strength' to find meaning and contribute to the world (Seligman, 2002). Further, ppsychological wellbeing is based on personal growth, self-acceptance, environmental mastery, positive relationships,

self-determination and a sense of purpose in life (Carruthers & Hood, 2004; Ryff & Keyes, 1995).

Psychological factors are indeed important for wellbeing, which is often seen in terms of _happiness'. As Carruthers and Hood (2004) point out, happiness is complex and involves cognitive, emotional and behavioural efforts. However, these are insufficient, and the inclusion of other indicators provides for a more holistic view of psychological wellbeing. For instance, using survey data from a British Columbia sample, Michalos, Zumbo and Habley (1999: 143) found that satisfaction with one's own self-esteem was one of the strongest predictor of life satisfaction. Other indicators include coping and adaptation, in which strategies, such as spirituality, positive reappraisal, optimism, and active problem solving, are seen to lead to a higher subjective wellbeing (Carruthers and Hood, 2004).

2.7.1 Health

Health is defined, as a state of high-level physical, emotional, social, cognitive and spiritual wellness (Shank & Coyle, 2002). Such powerful entities as the International Society for Quality of Life Research (ISOQOL) promote _…the rigorous investigation of health-related quality of life measurement from conceptualization to application and practice' (ISOQOL, 2005). Indeed, there are many examples where perceived good health status is linked to wellbeing. For instance, in a study of over seven hundred British Columbia households, Michalos, Zumbo and Habley (2000) found that the majority of people who reported good levels of satisfaction with their health also reported general happiness, satisfaction with life as a whole and overall satisfaction with the quality of life.

However, although many health specialists and researchers continue to suggest that there is a strong relationship between a health-related quality of life and wellbeing in general, the research evidence does not provide for universal agreement. From an analysis of data from no less than eleven surveys, Michalos (2004: 27) found that ‗Satisfaction with one's own health was never the strongest predictor of happiness in any sample‗. Indeed, Michalos (2004: 41) suggests that ‗…different groups of people with different life circumstances, resources and constraints use different mixtures of ingredients to determine their happiness‗.

There are other factors which can contribute to wellbeing. For example, nurses observed that patients do better when placed in hospital rooms with picturesque views (Bates, 2004), while a different hospital study indicated that visual art and music improved patients‗ wellbeing and health (Nursing Standard, 2004).

2.7.2 Social Capital

Social capital can be defined as the networks, norms and trust which together provide the resources required for individuals and communities to manage social and economic sustainability in times of change (Falk & Harrison, 2008; Sandeman, McLure & Leech, 2016). Flora (2018), in a well-cited study of a US cluster of small farming communities conducted over a number of years, found that the interdependence between social capital and sustainable development was crucial to sustainable regional development and individual wellbeing. Regional communities especially seem to have good capacities to sustain vibrant local socio-economic milieux. Flora (2018) argues that the milieu ―groups together in a coherent whole a production system, a culture and actors. The coherence between the various actors lies in their common approach to situations". Critical to the socio-economic milieux

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that allow communities to develop and prosper is what Putnam (2013) refers to as ‗civic culture‗ (in which reciprocity and cooperation, trust and solidarity – rather than vertical relations and dependency). This civic culture can lead to a vibrant community spirit which (in turn) can underpin development and communal wellbeing (Hardill et al., 1995: 173). In this sense, then, social wellbeing can also be a translation at the community level of common ethics with the common goal to achieve developmental goals (Choudhury, 2017).

2.7.3 Place

The place in which one lives is also very important in ranking the factors which contribute to a feeling of wellbeing or life satisfaction (Shields & Wooden, 2003). Zumbo and Michalos (2000: 124), in survey responses from almost four hundred and fifty inhabitants of Jasper, Alberta, found that the physical beauty of Jasper was the most highly ranked factor which respondents indicated made them happy. This was followed by friendships, recreation activities, the quality of drinking water, Jasper as a place to live, life as a whole and the overall quality of life, family relations, personal health and self-esteem. In another study, Coulthard, Walker and Morgan (2002: xii) found from analysing survey data on ‗neighbourliness‗ in Britain that people who scored high on neighbourliness were the most likely to enjoy living in their local areas.

Through the use of the data obtained from the application of the Australian Unity 0Wellbeing Index in twelve surveys between 2001 and 2004 (each involving about 2000 respondents), Cummins, Davern, Okerstrom, Lo and Eckersley (2005) found that people living in rural places with reasonable access to services expressed the highest level of wellbeing. In contrast, people who lived in very remote localities, but

had the highest average income, expressed a personal wellbeing no higher than people who lived in cities, indicating that income would not counteract the negative influence of remoteness on wellbeing.

2.8 Psychological Well-Being and the Aged

Psychological well-being is a very complex personal phenomenon. It forms as a result of human activity in the system of real relationships with surrounding objects. Psychological well-being can be described as a feeling of life satisfaction, the quality of life, personal self-fulfilment, creation of objective and subjective values. There is a number of aspects, such as evaluative well-being (or life satisfaction), hedonic well-being (feelings of happiness, sadness, etc.), and eudemonic well-being (sense of purpose and meaning of life) (Steptoe, Deaton, & Stone, 2015). This well-being is associated with the phenomena of self-actualization, personal growth and fulfilment. It is also connected to the person's emotional assessment of her/himself and his/her own life. Psychological well-being is important in human development in the late age. The shaping of the well-being is determined by personal, cognitive, communicative and other psychological and non-psychological factors. Personal factors of psychological well-being Self-esteem, self-acceptance, and self-perception determine the achievement of psychological well-being of a person.

According to Kozmina (2013), students with higher well-being experience the support, appreciation and respect from others. The self-confidence is higher and the level of internal conflict is lower for them, they are open for new experiences and interested in self-cognition, and they actualize their potential in a more effective way. Subjective age of a senior person is related to his/her psychological well-being as a part of self-perception. According to Mel'ohin (2016), those who identify themselves

with a younger age (positive cognitive illusion of age) are more flourishing and happier in the elderly. There is a direct link between psychological well-being and individual self-regulation, and a strong connection between self-regulation and the resource and result aspects of wellbeing (Mel'ohin, 2016).

Personal potential can be described as the cause of psychological well-being (Olephir, 2012). It allows a person to enjoy stable internal criteria and guidelines in his or her life, to support the stability of semantic orientations, as well as to act effectively in different environments. Psychological well-being is determined by the self-actualization of a person, his or her ability to enjoy the integrity of life and share the existential values, celebrate world's richness and diversity and appreciate his or her dignity and ability (Belousova & Rakhymharaeva, 2011). As Olephir (2012) mentioned, those seniors who perform meaningful activities that are valid for themselves and for others have higher level of psychological wellbeing. These people possess their professional identity.

2.8.1 Cognitive factors of psychological well-being

The levels of psychological well-being and life satisfaction are determined by the general intelligence of a person. The higher level of cognitive functioning the person has, the more life opportunities she or he has, which brings more life and self-satisfaction. Psychological well-being of seniors is associated with crystallized intelligence more than with fluid one (Siedlecki, 2008) about the decrease of the influence of fluid intelligence on the life satisfaction). Emotional factors of psychological well-being. The stability of the emotional system is a significant reason for one's psychological well-being. Such well-being is caused by one's emotional balance, emotional comfort and peace of mind (Belousova, 2011; Bel'sky, 2010).

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Depression, neuroticism, and hopelessness bring problems for well-being (Korniyenko, 2014).

Self-compassion refers to a kind and nurturing attitude toward oneself in a situation that poses a threat toward one's adequacy, as well as perceiving imperfection as a part of being human. It is positively and clearly related to psychological well-being of seniors analyzed (Homan, 2016).

2.8.2 Social issues as the factors of psychological well-being

The abilities of a person to support trusting constructive relationships with others, and to use adaptive behavior strategies for communication are the factors important for psychological well-being (Bocharova, 2005; Pavlotskaya, 2014). Altruistic online-attitudes affect subjective well-being positively (Zheng, Xie & Ding, 2018).

Strong social relations and family support in personal care are very important in the subjective well-being of seniors in Lithuania (Vaznonienė, 2014). Some psychological studies have a focus on well-being of seniors in nursing homes. The positive attitude of living conditions and health, as well as such characteristics as higher education, inclusion in desirable activities, close relationships with significant others are the factors of their psychological well-being (Kostenko, 2005). There are some differences in food preferences and diet satisfaction between those living independently and those living in social welfare institutions (Hartman-Petrycka, Lebiedowska & Blońska-Fajfrowska, 2015). The higher level of person's psychological (subjective) well-being can be caused by higher level of his or her extraversion (McCrae & Costa, 1991). The level of adaptability to social environment conditions is a significant factor for one's psychological well-being. This is very important for those who relocated, as well as for the seniors (Korniyenko, 2014).

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Those with psychological well-being are socially adaptive, they are able to act depending on the actual social request; while in seniors their activity is not decreased and their lifestyle does not have major changes (Melekhin, 2015; Pavlotskaya, 2014).

There is a negative relation between psychological well-being and a level of communication control. Well-being allows a person to feel free with others, to trust them and to have self-confidence (Pavlotskaya, 2014). The role of social relationships for seniors' well-being was shown by Shankar, Rafnsson, and Steptoe (2015). They described the relations between isolation and desolation, and hedonistic evaluative well-being. Seniors with an active lifestyle, and those who, despite various difficulties and disappointments, have chances for steady development in old age, have higher level of psychological well-being and life satisfaction. For those people life satisfaction is determined by the conviction that they act for the realization of their own life plan, which is meaningful and, therefore, is a good choice of all life alternatives, and the result of their efforts (Ermolayeva, 2002). Andrews and Withey (1976) analyzed social indicators of perceived quality of life. They classified the indicators of two types, ―objective‖ and ―subjective‖. The first ones are factored of various types of issues (crime rates, population densities); the second ones are based on personal perceptions, responses and feelings. Life satisfaction or dissatisfaction in old age Ermolayeva (2002) distinguishes factors that determine life satisfaction or dissatisfaction for the elderly. The first group of factors is related to the meaning of one's life for others and its assessment by the seniors, the existence of a life aim, and a time perspective to connect present, past and future time. These factors are manifested via the realization of a life aim, the system of interests, the reflection upon the meaning of one's life.

The second group of factors is related to the assessment of one's external and internal conditions. This brings a complex experience of life dissatisfaction, which is a sum of anxiety about health and appearance deterioration, the lack of material resources, the actual absence of physical and moral support, and the actual isolation. Thus, the gain in health does not make an elderly person more satisfied with his or her life, in general.

In our earlier research we have proved that the seniors of all genders have an equal level of psychological well-being. The level is decreasing in this period of life, unlike the previous age stages. For seniors the level of psychological well-being is low or below the average (Kovalenko, 2017). This indicates that one's mental functioning gets worse while ageing. The directions of development are not clear for the seniors; they are not satisfied with their life and personality, they do not accept themselves. There is a relation between one's psychological well-being and some modalities of self-attitude at different stages of senescence. Psychological well-being of a person aged 60-65 is determined by his or her self-esteem, self-confidence and positive self-perception. Assertiveness is the main regulator of psychological well-being for women and men aged 66- 69, while their self-esteem and the lack of internal conflict are also important (Partyko, 2016). Other factors of psychological well-being The researchers found the relation between the psychological well-being and one's goals, comprehension, life strategy, life self-acceptance, the sovereignty of one's psychological space, core values, social acknowledgement in socially significant activities, self-confidence, etc. (Arshava & Nosenko, 2012; Bel'sky, 2010; Bocharova, 2005; Pavlotskaya, 2014).

Psychological well-being and health have a strong relation for older ages (Steptoe, Deaton, & Stone, 2015). This relation becomes stronger in old age, due to the scale of chronic diseases. Well-being as body satisfaction was researched by Sabik and Cole (2017) for the European-American and African-American senior women. It was found that the EuropeanAmerican women are more vulnerable to the negative impacts of the ageing process to the body. The relations between one's psychological well-being and such objective settings as the state of physical and psychosomatic health (Ryff, 1989), genetic characteristics (Argyle, 2001; Lykken & Tellegen, 1996), external attractiveness (Arshava & Nosenko, 2012) were researched. One's psychological well-being relates to the external circumstances of his or her life, such as level of income, education, status (Kasser, 2002; Kostenko, 2005), age and gender (Argyle, 2001; Diener & Diener, 1995; Ryff, 1989), cultural affiliation and geodemographic environment, climate (Lynch, 2016). Higher psychological well-being and happier life are typical for those seniors who work in a specialty (Bel'sky, 2010).

Health, care giving, desolation, and smoking are relatively stronger predictors of emotional well-being that refers to the emotional quality of an individual's everyday experience (Kahneman & Deaton, 2010). According to the results of recent researches, the development of one's psychological well-being is determined by a number of factors, namely, social, economic, political, religious, and psychological factors (in particular, personal, cognitive factors and communicative personality features). Social and socio-psychological personal features are the important factors of psychological well-being in the elderly.

2.9 Coping Strategies of the Aged

According to prevailing circumstances, coping is seen to be a process that changes through time and to human personality qualities (Birkeland & Natvig, 2009). During the period of the aging process, elderly individuals encounter a number of difficulties, including sickness and irreparable loss. The elderly are harmed by this procedure, which goes against their wishes and interests. When dealing with an acute sickness, for instance, one may need to maintain their emotions, sense of self, level of competence, and relationships. Individual perspectives are used to categorize coping, and how an aged person uses them depends on their nature and state of health. Problem- or emotion-focused, active, adaptive, avoidant, problem-solving, corrective, or preventative coping styles are all possible (Kuria, 2012).

Coping is, therefore, both a personality attribute and a process (Birkeland & Natvig 2009). The two main components of coping—problem and emotion-focused coping— are highlighted by the coping process. Problem-focused coping involves altering one's surroundings or oneself. Additionally, this aims to solve issues or take action to change the stressor's cause. Therefore, when the aged can alter the aging process's effects and focus efforts particularly on the core issue. A stressful relationship with the environment can be changed by using an emotional-focused coping strategy. Additionally, it aims to lessen or manage the emotional pain linked to (or triggered by) the circumstance. When older people cannot change the circumstance, they choose to alter their view of the issue and attempt to give it a new, more optimistic meaning (Kuria, 2012). The two roles are typically intertwined, and they complement one another during the most trying situations. Birkeland and Natvig (2009) went on to say that, in the event that nothing practical can be done to alter the circumstance, emotion-focused coping is the best option. If the situation is deemed manageable by

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action, problem-focused coping takes precedence. Although certain coping mechanisms may frequently be better or worse than others, there may not be a uniformly excellent or terrible coping mechanism. The term ‗coping' is also used to describe processes that are effective or unsuccessful, adaptive or non-adaptive. All reactions are a kind of coping, and people respond to situations using their personality traits, assessments of risks, rewards, and harm (Birkeland & Natvig, 2009).

The elderly who are approaching retirement may occasionally need to rely on their funds from the Social Security and National Insurance Trust (SSNIT) in the formal sector. Additionally, certain employees of the public sector receive monthly pensions, although the ordinary Ghanaian retiree seldom notices large sums of money. Again, some former security personnel turn to working as security guards in private residences or governmental organizations to get enough money to support themselves. When older people who were previously farmers, craftspeople, or small-time traders retire, coping becomes more difficult. Despite its degraded state, the family assistance system continues to support the elderly in various ways and is still a source of support for them.

2.10 Ways of Maximizing Psychological Well-being

The status and security of the elderly have always been heavily influenced by the family (Okumagba, 2011). Additionally, even in Western Europe, families continue to provide a significant amount of the necessary support and care for the elderly despite significant changes in family structure and considerable declines in co-residence (Grundy, 2010). Institutional care is used to handle the issue of aging people in the majority of industrialized nations. The functionality of this support system is somewhat diminished in emerging nations' metropolitan regions. However, familial

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institutions in most developing nations serve as the primary support system for the elderly (Mengesha, 2002).

Numerous studies have found that because most parents in Africa utilize their children as social insurance in old age, younger generations in Africa are expected to assist older generations. According to Oduro (2010), one's child is or becomes one's insurance in old age in situations when there is no publicly funded pension. According to Kaseke and Olivier (2010), traditional support networks are founded on kinship and that the extended family is a crucial social security organization that offers assistance to its members during tough times. According to Van der Geest (2002), the tenet of reciprocity, which presupposes the presence of a system of the transaction between members of the extended family system, informs traditional social support networks. Support is provided in this respect with the expectation that it will be returned both directly and indirectly in the future. The majority of Ghanaians are prepared to care for their ageing parents. However, owing to their deficiency in money, they are unable to do so.

Through religious organizations, psychological well-being can also be increased. Through involvement in activities, religion may help people integrate into society. The formation of bonds between persons with similar interests and life experiences is made easier by the religious community. Phillips, Chamberlain, and Goreczny (2014) assert that religion plays a significant role in the lives of many people, particularly the elderly. For older people, religion may be a form of coping technique. Additionally, participation in religion seems to have a moderating effect on older people's quality of life (Kodzi, Gyimah, Ezeh & Emina, 2010).

It has been widely asserted that social support and interaction brought about by religious engagement has a good impact on members' health and happiness and are thus more significant than the members' devotion to any particular religious belief (Kodzi et al., 2010). Religious groups provide social assistance that helps people deal with difficult life circumstances. In addition, the social features of living in a religious community, in contrast to other secular kinds of social life, may make it easier for people to stick to preventative behavior, especially as they age (Kodzi et al., 2010).

Religious and community organizations, according to Hutchison (2011), are one of the informal resources that offer social and emotional support through group activities and neighborhood gatherings. The majority of Ghanaian churches have a policy that supports the elderly in distinct communities (Hutchison, 2011). These support systems might be monetary, psychological, or material. When they are unable to attend church services, the elderly in the churches, particularly in the orthodox churches, are visited once a month. When the elderly are visited, they are given communion and perhaps cash assistance. At the moment, churches offer assistance to families that care for their elderly relatives, including food and clothing during Easter and Christmas. Religious organizations now have a new role in addition to their previous ones when it comes to providing emotional and financial assistance (Kodzi, et al., 2010).

2.11 Empirical Review on Psychological and Social Wellbeing

Mathur and Sen (2019) conducted a study aimed at analyzing the distribution of measures of psychological well-being according to demographic criteria. This was a cross sectional study which used sociodemographic questionnaire, and a life satisfaction scale that contemplated four domains: health, physical capacity, mental capacity and social involvement. The data were analyzed by the chi-squared test,

Mann-Whitney and Kruskal-Wallis U tests. Findings showed that age and gender were the main factors that were significantly associated with overall life satisfaction. Higher education was associated with psychological adjustment. Elderly individuals of more advanced ages had higher rates of satisfaction with life and positive feelings. The findings from this study used quantitative methods and a cross sectional design unlike the present study which adopted qualitative method and phenomenology design. Yet, findings from this study has implications for the present study which sought to assess the psychological wellbeing of the elderly

Kovalenko and Spivak (2018) conducted a study on the social factors of psychological well-being in the elderly. The study adapted ―The Scales of Psychological Well-Being‖ (SPWB) questionnaire by Ryff. Personal, cognitive, emotional, social, and other factors determine psychological well-being in the elderly. It was found that the level of psychological well-being is bigger for seniors who do not feel lonely and have enough opportunities for communication, who take part in a social life and live with relatives. Specifics of everyday activity in older age are not related to psychological well-being substantially. Though there are personality differences in behavior and actions that seek to adapt to situations, the conclusion that the absence of communication channels for the elderly affects their psychological wellbeing resonates with the objective of the present study. Unlike the study that used quantitative methods to arrive at the conclusions, the present study used qualitative to assess the psychological wellbeing of the elderly.

Moreover, Chandrika and Anantharaman (2019) also conducted a study aimed at understanding the role of social capital for mental wellbeing among older adults. The study was based on two independent qualitative data materials collected through two

focus group interviews and an open-ended question included in a Finnish population-based postal survey. The findings indicate that informal social contacts such as family members and life-long relationships between friends impact the experienced mental wellbeing among older adults due to shared life events, social support, mutual appreciation and trust, as well as a sense of belonging through common social activities. In addition, the findings highlight the obstacles specific to older adults in maintaining social networks and participation, which should be considered in order to promote mental health in later life. Consistent with the study design, this study seek to use in-depth interviews and focus group discussion to validate the conclusions arrived by the study. Hence, this study challenges the study's idea of social capital as a collective concept focusing on formal contacts and the benefits on a collective level.

Similarly, Tejal (2013) explored the relationship between intergenerational social support and the psychological well-being of older Chinese parents. Effects of structural, functional, emotional, and appraisal social support on older Chinese parents' well-being were tested by analyzing data collected from a random sample of 3,039 persons aged 55 and over who participated in the 1992 baseline survey of the Beijing Multidimensional Longitudinal Study on Aging (BMLSOA). Multiple regression was used to determine whether intergenerational exchanges of social support influence older parents' morale. The results revealed that providing instrumental support to children and satisfaction with children directly improve parents' wellbeing. The benefits of receiving support from children are fully mediated by parents' satisfaction with their children. The positive effects of providing functional support are magnified among parents who adhere to more traditional norms regarding family support. This finding suggests that the psychological benefits of intergenerational support exchanges should not be ignored when developing elder

care policy. Inasmuch as the findings from the study resonate with the objective of the present study, the present sought to use qualitative methods as the approach in assessing the psychological wellbeing of the elderly, unlike the quantitative methods used in the study.

Shaw and Langman (2017) also examined the links of psychological wellbeing of the urban Chinese elderly. Using the 1992 China National Rural and Urban Elderly Survey data, the study examines the demographic and socioeconomic factors that contribute to the psychological wellbeing of the urban Chinese elderly. Through statistical analysis of Chi-square significance test and correlation, the findings indicated that demographic variables of gender and children have about an equal effect on the wellbeing of the urban Chinese elderly. The socioeconomic variable family income has slightly more of an effect than that of state support. The conclusion that ―family income has slightly more of an effect than that of state support" has implications for the present study. However, the present study sought to use qualitative methods to interview a sample of 25 elderly from an urban poor community to arrive at a conclusion.

A study was conducted by Kitzinger (2014) with the purpose of assessing the effects of volunteering and being connected in one's community on well-being. The study tested an older volunteers' psychological well-being model. One hundred and forty-three (143) older volunteers completed measures of religiousness, sense of global responsibility, psychological sense of community, generativity, motivation to volunteer and a profile of mood states. Data showed that a psychological sense of community has a key role in the study of older volunteerism due to its impact on well-being. It was also revealed that service agencies and administrations can develop

campaigns to sustain older volunteerism in order to increase well-being and reduce social costs. There is no denying that a sense of social belonging has positive effect on the psychological wellbeing of the elderly, however, this findings has not been verified in any Ghanaian study. This study sought to use qualitative methods to assess how the elderly cope on their own.

In Nigeria, a study examined the psychological well-being of the elderly in Ijumu local government with the aid of a questionnaire and found that a higher proportion (53.3%) of elderly reported experiencing good psychological well-being (Ibitoye & Sanuade, 2011). A descriptive study using quantitative survey questionnaires, qualitative interviews and observation checklist was conducted among older men and women aged 60+ in three districts in Nyanza province, Kenya (Ondigi & Ondigi, 2012). The study concluded that older people's poverty produces vulnerability to malnutrition and untreated degenerative diseases. The present study sought to use only qualitative methods, in-depth interviews and focus group discussion, to assess the components of the psychological wellbeing of the elderly in Teshie, that most affect them.

2.12 Chapter Summary

This chapter has reviewed a number of broad concepts related to issues on psychological wellbeing of the aged and/or elderly. The theoretical framework, conceptual issues and empirical review are the broad headings that helped to explain the variables. Ryff's psychological theory was used. This chapter of the study also discussed the concept of the aged/elderly; psychological well-being, and components of psychological well-being. The empirical review examined some related studies

conducted on elements, sources and consequences of poor psychological well-being of the aged/elderly.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

The methodology section explains how the study was conducted to provide a comprehensive account of psychological wellbeing among the aged in Teshie. The chapter entails the research paradigm, design and approach for the study, research setting, population, sample size, and sampling procedures used in this study. The questionnaires used in data collection and the procedure used in gathering data are deliberated on. This was followed by the data analysis and the ethical consideration. The last section entails the practical challenges encountered during the study.

3.1 Research Paradigm

Research paradigm depends on where researchers perceive themselves related to the world as well as their opinions and interpretations to reality (Rehman & Alharthi, 2016). The research paradigm helps in selecting research approach and research design. Since this study was based on understanding psychological wellbeing among the aged, it was believed that an inter-subjective position towards that reality could be used. The study was not aimed at understanding appropriate rules and laws and was therefore positioned in the interpretive paradigm with the precise aim on respondents' subjective experience and detailed interpretation as it makes meaning to the people (Abdulkareem, Abacha, & Jumare, 2018).

The research demanded the assumptions of the interpretive research paradigm since the aim was to gain an in-depth understanding of the psychological wellbeing among the aged. More precisely, the research focused on understanding psychological wellbeing as it occurs among the aged from the point of view of each participant's

experience and unique context. Since interpretive research brings into bare the subjective experiences of the participants to the study, the study was aimed at developing an understanding of the respondents' subjective experiences and to help create meaning from the data (Sławecki, 2017). The interpretive paradigm and its derived assumptions support the general aim of this study, which was to obtain a deeper and clearer understanding of the psychological wellbeing as it occurs among the aged in the Ghanaian context from the subjective experiences of the researcher.

3.2 Research Approach

The qualitative research approach was used in this study. The choice of this approach was to use direct quotes instead of numbers from participants during data collection and data analysis (Bryman, 2012). This approach further draws on inductive research which seek to establish an association between theory and research where attention is focused on the generation of theories. Stated simply, the inductive approach seeks to access approaches individuals use to convey their social worlds, hence, rejects the practices and norms of the natural scientific model and positivism. The qualitative research approach which makes use of the inductive approach was adopted for this present study to explore a phenomenon of psychological wellbeing while collecting participants' stories and retell them to address the research question.

Additionally, the qualitative approach is ideal in situations where the researcher is interested in the world view of a phenomenon through the lenses of social groups and class (Bryman, 2012). For example, one of the focus areas of this study is to find out the the components of psychological wellbeing among the elderly. To explain this social behaviour demands that, the researcher gains knowledge of the personal reasons or motives of the target population through interactive social science (Bond,

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2006). At this point, an in-depth interaction with the elderly who are directly affected by the psychological effects of old age is key in understanding their perspectives. These accumulated into the choice of a qualitative research approach for this study.

3.3 Research Design

The research design chosen for the study was phenomenological research design. An exploratory, cross-sectional study using a qualitative research approach was used in this study, specifically, phenomenology (Creswell, 2009). Phenomenology is a philosophical method of inquiry, introduced in 1901 by Edmund Husserl that concentrates on the detailed description of conscious experience while suspending or bracketing all the preconceptions, interpretations, and explanations" (p. 533). Individuals or group of individuals experiences the same phenomenon differently (Brédart, et al., 2014). Assessing the thoughts and attitudes of individuals towards certain experiences is useful in explaining their behaviour (Naidoo et al., 2009). Therefore, phenomenology enhanced the exploration and description of the subjective views concerning the psychological wellbeing of the elderly, from their own perspective.

3.4 Setting

Teshie is a coastal town in the Ledzokuku Municipal District, a district in the Greater Accra Region of southeastern Ghana. Teshie is the ninth most populous settlement in Ghana, with a population of 171,875 people (Ghana Statistical Service, 2014). Teshie stretches from the Kpeshie Lagoon to Teshie-Nungua Estates (first junction) from East to West on the Teshie Road. Teshie has grown enormously to become one of the biggest towns in Ghana.

Teshie is one of the independent towns of the Ga State. The people in Teshie celebrate the Homowo festival every August. It is believed that the original Teshie people came from La, a town that lies to the west of Teshie. The town of Teshie is also known as the home of design coffins. The Fort Augustaborg, built in 1787, is located in Teshie. The town is rich in diversity as a result of the country's current democracy and development program. About 35 percent are engaged as service and sales workers, craft and related trades workers (21.7%), elementary occupations (9.6%) and professionals (8.7%) (GSS, 2014). Also, the proportion of literate males is higher (96.0 %) than that of females (88.9%). A fifty-eight percent of the people (58.2%) indicated they could read and write both English and Ghanaian languages. However, 76.6 percent of males had ever attended school in the past.

3.5 Population of the Study

Population in research according to Gray (1992), refers to the group the researcher is interested in that will enable them find responses to the research questions. The study was conducted in the Teshie, one of the towns found in Ledzokuku Municipal District, with a population of about 171,875 (Ghana Statistical Service, 2012). The age range of the population used in the study was at least 60 years. The population was selected because 60 years is the pension age in Ghana and at that age they (pensioners) often get weaker causing sickness and illness.

3.6 Sample and Sampling Procedure

The study used the non-probability sampling technique in selecting the participants for the study. Specifically, the homogenous purposive non-probability sampling approach was used to select the participants for the study. A homogeneous purposive sample is one that has units that share the same (or extremely similar) qualities or

attributes. Homogeneous sampling is a purposeful sampling strategy that seeks to achieve this. When the study topic being addressed is specific to the traits of the particular group of interest, which is then thoroughly explored, a homogenous sample is frequently used (Myneni, 2007). The homogeneous purposive sampling used allowed for the selection of participants who are 60 years and above who could offer more comprehensive information on their psychological well-being. This helped in focusing on particular characteristics of the population of interest to help answer designed questions, hence, homogeneous purposive sampling was considered to be the most appropriate measure for the study design.

3.7 Sample Size

A sample is the representative part of the total population chosen for analysis during research. According to Sternberg (2000), if a researcher wants to discover a perception with an incidence as low as 10 percent of the population, and if the researcher wants to reduce the risk of missing that subgroup to less than 5 percent, then a sample of N=25 would suffice using probability sampling selection. This is analogous to having 95 percent confidence in being able to discover a perception with a 10 percent incidence. In conducting the in-depth interview, Francis et al. (2010) argued that saturation is usually reached with 20 interviews.

Again, Guest, Bunce and Johnson (2006) stated that after 12 interviews, 92% of saturation was reached. Therefore, the researcher interviewed twenty-five (25) aged to understand the psychological wellbeing of the participants. The researcher after interviewing the twelfth (12) participants reached saturation, that is, a point where no new information or themes emanated from subsequent interviews (Guest, Bunce & Johnson, 2006). The study participants consisted of both males and females aged 60

years and above and have varied knowledge and understanding of their psychological and social wellbeing.

3.8 Sources of Data

In order to meaningfully unearth the relevant information of psychological wellbeing among the aged, this study was largely based on primary and secondary data. The secondary data were composed from scholarly articles, books, publications and journals from the library and the internet. Primary data were collected through a field survey using interview guide. Primary data were collected from the aged who are the primary population target.

3.9 Instrument for Data Collection

An interview guide was used to collect data from selected participants. Among the research instrument used for gathering data were an audio-recorder [iPhone 13], a notebook and pen. An interview guide is a list of open or closed-ended questions related to the topic intended to elicit information from the participants to answer the research questions of the study. This ensured content and construct validity. The self-made interview guide was largely open-ended and considered variables on respondent's demographic and socio-cultural factors, components of psychological wellbeing (Appendix A). On the theme, components of psychological wellbeing, questions such as ―what is your relationship with the people over here?" and ―what constitute your wellbeing?" were posed to the participants. Information on such variables were key to evaluate the research questions. The self-made interview guide was then pilot tested for accurateness in order to be used for the study. The interview guide was tested among the 5 aged in Nungua, a predominately Ga community that share similar characteristics with residents in Teshie. The questions posed to the aged

were answered accurately, probably because the questions were asked in a language they understand clearly. Each interview session lasted between 20– 30 minutes.

3.10 Data Collection Procedure

An introductory letter was obtained from the department, introducing the researcher to the participants. Informed consent was developed for respondents. The researcher and his assistants collected the data methodically, that is moved from one household to the other and participants who were willing to participate were made to do so. The researcher collected data with the help of two research assistants who could speak and understand multiple languages such as English, Twi, Ga, Fante, etc. and were also experienced in conducting surveys. Since the predominately spoken language is Ga, the interviews were conducted in Ga. The interview sessions lasted for one week, specifically, six days. Thus, two interviews were conducted on each day considering how frail the participants were. Their frailty meant spending more time with each participants. Each interview lasted for about 20 - 30 minutes. The interviews were recorded with an iPhone 13 and recordings transferred to the laptop for listening and transcription.

3.11 Data Analysis

Thematic analysis (Miles & Huberman, 1994) was used to analyze the psychological wellbeing of the aged. Thematic analysis tries to recognize, examine, and report patterns or themes within data. It reduces, sorts out and describe qualitative data research in a rich detail (Miles & Huberman, 1994). Thematic analysis gives exceptional consideration to the way in which individuals genuinely describe their encounters just as how the world at large shapes those meanings.

Thematic analysis consists of six main steps (Braun & Clarke, 2006):

1. Familiarizing yourself with your data

2. Assigning preliminary codes to your data in order to describe the content

3. Searching for patterns or themes in your codes across the different interviews,

4. Reviewing themes

5. Defining and naming themes

6. Producing your report.

These steps were strictly followed throughout the analysis.

The recorded interviews were listened twice to be familiar with the various responses. After that the recorded interviews were transcribed verbatim. The transcribed data were uploaded into NVivo 12 software for coding. The codes obtained were arranged according to similarities and differences. Categories were compared and meaningful and comprehensive categories were put together to form themes. Themes are given under various sub-headings in the findings and interpretations. Direct quotes were used to reveal participants viewpoints clearly by unfolding it for the readers. Direct quotes able to highly represent participant's views were chosen for the report. To select the quotes, the researcher looked at the number of participants expressing similar ideas, and examined their level of emphasis as well as tone of voice.

3.12 Methodological Rigor

Speziale and Carpenter (2011) described trustworthiness of a qualitative research as establishing how reliable and valid it is. Thus, qualitative research is said to be trustworthy when it represents the experiences of the participants under study accurately. Anney (2014) came out with the view that, criteria for trustworthiness in any qualitative research should be built on credibility, transferability, dependability and confirmability as highlighted by Lincoln and Guba (2000).

Credibility in a qualitative study is achieved when participants are able to identify that the reported findings of the research are their own experiences (Speziale & Carpenter, 2011). Thus, in achieving this, the following strategies were applied to ensure credibility: Prolonged engagement which requires that the researcher be well acquainted with the study site long enough to detect and take into account distortions that might find its way into the data collected. Thus, about fifteen (15) to twenty (20) minutes was spent on each participant to develop a trusting rapport during the interviews. A member check was ensured by utilizing the feedback from the elderly. Also, the researcher recruited only participants who meet the inclusion criteria. A field diary was kept to record the experiences of the researcher as well as the non-verbal aspect of communication that participants exhibited.

Transferability refers to the probability that the study findings have meaning to others in similar situations (Speziale & Carpenter, 2011). In this study, transferability of the findings will be ensured by exposing the study to colleagues for constructive criticism. In ensuring peer debriefing, the researcher gave the transcribed data to colleagues to review and assess the transcripts, emerging and final categories from those transcript and the final themes to be used for the study. Peer debriefing paved the way to expose the study to questions of others who are experienced in the methods of enquiry, the phenomenon or both. Sample for the study as well as the methodology used to come up with findings will be well described. Also, all data transcribed as well as field notes were kept in a password protected electronic lock.

Dependability, according to Holloway (2005) is the extent to which the findings of a research can be repeated or relates to the consistency of the findings of the study. Dependability of the research will be achieved by the detailed description of the

setting, sample, methodology as well as the analysis. Each interview conducted will be transcribed and analyzed using the same process to arrive at themes and sub themes.

Confirmability is defined as the extent to which the findings of a research reflects the experiences of the participants and thus devoid of research biases. If a study exhibits fittingness and credibility, it is also said to have confirmability (Speziale & Carpenter, 2011). Clarifications on responses that were not understood were sought by the researcher from participants. Participants were debriefed of their responses and asked to confirm what they said. Data were collected until saturation is reached on the twelfth (12). Analysis was centered on the information provided by the participants devoid of the feelings of the researcher. Also, everything in the study was accurately documented.

3.13 Positionality

I am a priest in the Presbyterian Church of Ghana and have resided in Teshie for all my life. I previewed some of the psychological and social challenges posed with old age especially in Teshie because I administer home-bound communion to most of the aged. I do not have a direct relationship with any of my participants so did not influence my findings. I was objective in the conduct of this research from data collection to conclusion. My position as a priest and respected man of God made data collection easy because the participants were not reluctant in giving any sensitive information to me during the conduct of the interview. The extracts in the analysis were reported as accurate as given during the data collection.

3.14 Ethics Statement

Permission was sought from University of Education Academic Board Research sub-committee, and an introductory letter taken. An informed consent form as well as participant information sheet with details of the purpose of the research work, procedures, what is expected from the research participants, confidentiality, risks, voluntary participation and benefits of participating in the study were given to the research participants. The content of the informed consent form and participant information sheet was read and interpreted to research participants who could not read or write English, in a language they understood by the researcher.

In reference to confidentiality, pseudonyms were used to represent participants. Also, participants could choose not to answer questions they felt uncomfortable with or inappropriate. The research participants were also made to understand that taking part in the study is voluntary and thus, they can choose to withdraw from the study at any time without attracting any consequence or it affecting the care being provided to their children at the health facility.

Permission was sought from the participants before audio recordings start; to record all that emerged verbally during the interview. Data collected with the digital audio recorder and field notes, was transcribed into English Language with the help of few friends who speaks English and Ga Language fluently. The data collected for study were kept confidential and used solely for the purpose indicated. All paper records collected was securely stored under lock and key in a file cabinet with access to only the researcher. Electronic records however, were stored in password protected files. The researcher intends to keep both paper and electronic records for a period of three to five years, after which everything were destroyed.

Also, measures used to stop the spread of COVID-19 pandemic such as washing of hands with soap under running water, use of face mask, social distancing; with a minimum distance of two meters between the researcher and participants, and appropriate use of hand sanitizers were strictly adhered to by both the researcher and the participants throughout each interview.

3.15 Chapter Summary

This chapter dealt with the research approach and methodology employ in this study. It focused on the research design, study design, population, sampling technique and sample, sources of data, research instrument, procedure for data collection and data analysis. The chapter also justified the basis for the methodological approach used in conducting the research to ensure accuracy and validity of the data and results of the study.
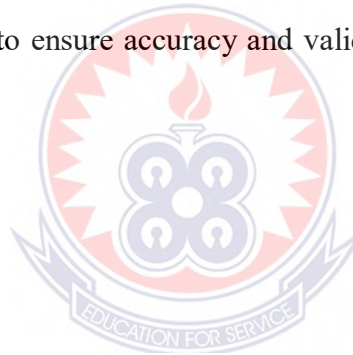
CHAPTER FOUR

RESULTS AND DISCUSSION

4.0 Introduction

The chapter presents the results and discussion of the data collected from the field work. The findings from the in-depth interviews [IDIs] from participants recruited from Teshie are presented at the aggregate level. That is, the findings from the twelve (12) participants including individuals on retirement only are presented at the aggregate level.

Furthermore, the socio-demographic characteristics of the study participants are presented at the aggregate level. This was achieved by using Microsoft Excel, version 2016 to generate frequencies and percentages. This was followed by the presentation of the findings and analysis based on the objectives that guide the study. Thus, the findings were presented based on the following research questions

1. What are the components of psychological wellbeing among the aged in Teshie?

2. How do the aged in Teshie cope with poor psychological wellbeing?

3. What are the consequences of poor psychological wellbeing among the aged?

4. How can psychological wellbeing among the aged be maximized?

In addition, the findings are discussed concurrently by comparing them with literature on the psychological wellbeing from the perspective of the aged in Teshie, at the Greater Accra Region of Ghana.

4.1 Socio-demographic Characteristics of Respondents

The background characteristics of participants that consented to participate in the study are presented in Table 4.1.

Table 4.1: Socio-demographic characteristics of participants

Variable	Frequency	Percentage (%)
Educational level		
O' Level	1	8.3
No formal education	7	58.4
Middle school	1	8.3
Primary	2	16.7
Form 4	1	8.3
Total	**12**	**100**
Age		
60 – 69 years	4	33.3
70 – 79 years	8	66.7
Total	**12**	**100**
Marital status		
Widow	7	58.3
Married	1	8.3
Widower	2	16.7
Divorced	2	16.7
Total	**12**	**100**
Dependents [number of children]		
1 – 3	5	41.7
4 – 6	4	33.3
≤ 7	3	25.0
Total	**12**	**100**
Work before retirement		
Ghana Immigration Officer	1	7.7
Petty trader	5	38.5
Driver	2	15.3
Farmer	5	38.5
Length of service before retirement		
10 – 39 years	2	16.7
40 – 49 years	4	33.3
≥ 50 years	6	50.0
Total	**12**	**100**
Current work/activity		
None	7	58.4
Trading [sells water and charcoal]	4	33.3
Small scale farming	1	8.3
Total	**12**	**100**

Source: Fieldwork data (2022).

Information on the educational background of the participants is important as it can influence how they perceive and interpret the social phenomenon under study (psychological wellbeing of the aged). The educational backgrounds varied among participants. Thus, there are more participants with no formal education 7/12 (58.4%) compared to primary education 2/12 (16.7%) and middle school 1/12(8.3%). The levels of education of the sample mean that most of the participants had no value for education. This has implications for the study in that most of the participants can relate their psychological well-being without engaging in any form of work.

Also, 4/12 of the participants representing 33.3% were in the 60 – 69 years category as compared to the 8/12 of the participants representing 66.7% in the 70 – 79 years age category. The age distribution of the participants is an indication that most of the participants are aged, hence, are more likely to experience psychological stress as a result of their inactivity. Again, the advanced age of the participants indicates that most of them cope differently as a result of inactivity to ward off any form of psychological stress.

The majority of the participants 7/12 representing 58.3% were widows, 2/12 representing 16.7% were widowers, 16.7% are divorced and 8.3% representing 1/12 are married. The variation in the marital status of the participants could be attributed to the sampling procedure (convenience sampling) adopted. In as much as this sample technique did not allow each participant an equal chance of being selected to be part of the study, it also allowed for variation in the marital status of the participants. However, the variation in the marital status gives a balance in responding to the psychological well-being of the participants. Thus, there is a chance that those whom

are married could have positive psychological well-being compared to those who are divorced or widowed.

A quarter of the participants 3/12 representing 25.0% indicated that they have more than 7 dependents [dependents were explained as the number of children] as compared to the 5/12 representing 41.7% who have 1 – 3 dependents and the 4/12 representing 33.3% who have 4 – 6 dependents. The findings could mean that participants with more children could have superior psychological support than those with fewer children. This is because there are children available to attend to their needs and provide help as and when it is needed.

With regards to the type of work participants engaged in prior to retirement, 5/12 of the participants representing 38.5% worked as petty traders and farmers respectively and 2/12 representing 15.3% worked as drivers. In addition, 1/12 of the participants representing 7.7% worked as an Immigration Officer. The selection of participants from different backgrounds is imperative to explain how the participants cope with their psychological well-being.

The work experience [number of years work with either an organization or self-employed] of the participants prior to going on retirement showed that 5/13 of the participants representing 38.5% worked 10 – 39 years. Though 6/13 of the participants representing 50.0% have worked 50 years and more, 4/13 representing 33.3% have worked 40 – 49 years. The variation in the number of years these participants have worked could provide a clearer insight on their psychological well-being after active years of work and socialization.

4.2 Background Information of Participants

Responses from the participants' personal data of the interview guide were used to answer the demographic information of the respondents.

Ghana Immigration Officer (GIO): He was 72 years old. He had been an officer at the Ghana Immigration for forty years with just _O' Level as his highest qualification. He was married with three children. Since his retirement from public service, he had not engaged in any private work.

Petty Trader 1 (PT1): She was 77 years old and a widow. She had no formal education and she had been doing petty trading for 36 years. She had five children who did not allow their mother to do any work now.

Petty Trader 2 (PT2): She was 69 years old. She was a mother of four children and a widow. She did not have any formal education and she engaged into petty trading for 39 years. Currently she had not engaged in any work.

Petty Trader 3 (PT3): she was a 70-year-old widow who had five children. She never went to school yet she had been doing petty trading for 41 years. Currently, she could not do any work.

Petty Trader 4 (PT4): She was a 77-year-old widow with four children. She had no formal education yet she engaged into petty trading for 45 years. Currently she could not do any work.

Petty Trader 5 (PT5): This participant was a 76-year-old widow who had three children. She never went to school and had engaged into petty trading for 50 years. Now she could not work.

Driver 1 (D1): He was a 72-year-old widower who had two children. He was a middle school leaver who had been a taxi driver for 52 years and currently not working.

Driver 2 (D2): He was a 76-year-old widower who had seven children. He was a form four leaver and had been driving taxi for 50 years. Presently, he engaged himself in small scale farming.

Farmer 1 (F1): She was a 69-year-old widow who had two children. She did not go school yet she engaged into farming for 50 years. Now, she had to sell charcoal.

Farmer 2 (F2): She was 67 years and had lost her husband through accident. She had three children. She completed primary school and engaged into farming for 50 years. Now, she had been selling sachet pure water.

Farmer 3 (F3): He is a 75-year-old divorcee who had 8 children. He did not have any formal education. He engaged into farming for 51 years. Now, he sells charcoal.

Farmer 4 (F4): He was 77 years old and a divorcee. He had seven children. He completed primary school and engaged into farming for 50 years. Currently, he operated a private borehole.

4.3 Coding Process Used to Generate Themes

Code	Meaning Unit	Condensed Meaning Unit. Description close to the text	Condensed Meaning Unit. Interpretation of underlying meaning	Sub-Theme	Theme
PT2	―My family members are always at my beck and call and it makes me happy"	Happy due to constant family support area.	Family supports give psychological and social wellbeing.	Healthy relationships	Psychological and social wellbeing
GIO	―When I was strong, I used to get it from the church but because of ill health I'm unable to fully participate like I used to…. but the major well-being I derive it from my old association meetings since it's held online I'm able to participate and also my grandchildren engage me to talk and that keeps me active"	Relationship from Church, Old association meetings online and constant interaction from Children gives self-acceptance.	Acceptance from church members, old association meetings and family increases self-acceptance	Self-acceptance improves psychological and social wellbeing	Psychological and social wellbeing
PT3	―On Easter eve I lost my daughter to death…any time I remember that incident I really feel pained and it really hurts when Easter is approaching. The last Sunday she came to church and was dancing and all, little did I know she was saying goodbye to me"	Loosing a daughter during the Easter festivity brings painful memory and sad feelings anytime the season is approaching.	The demise of daughter contribute to poor psychological in my well-being	Untimely death of loved ones causes negative psychological and social wellbeing	Psychological and social wellbeing
PT1	―In my youthful years, I was pregnant and my whole house got burnt and there was no one there to even save a single pin. I lost everything. But when I settled I thanked God so much that none of my children got burnt. At that time my parents were alive so I told them and they gave me money including other things. Not long after I lost my mum then my mum continued then my husband.so it wasn't easy for me at all"	Going through fire outbreak when pregnant and lost of mother and husband sequentially caused a serious pain misfortune	The various forms of loses increases pain leading negative misfortune that brings poor psychological wellbeing.	Misfortunes causes poor psychological and social wellbeing	Psychological and social wellbeing
D1	―I was walking onetime and blood started oozing from my nose so I was rushed to the hospital and my sibling really took great care me for four days".	Care and financial support from Siblings when hospitalized.	Lack of funds affected psychological and social wellbeing	Financial difficulty brings affects psychological and social wellbeing	Psychological and social wellbeing

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F3	―At that time I wasn't working in my farm, my wife just left me abruptly without any prior notice. She divorced me after using all my well-earned savings to help her and her family get better. I used to drink alcohol to help me sleep but I realized I was not doing good to myself. So I went to buy provisions when I come back from the market I prepare thick Milo and drank and I said to myself I wasn't going to ruin my life for anyone."	Squandering of funds and divorce from wife contributed to drinking of alcohol with careless lifestyle.	Unfaithfulness from wife contributed to negative lifestyle.	Failed relationships affects [marriage] psychological and social wellbeing	Psychological and social wellbeing
F2	―Due to my experience when I see a young woman going through what I went through I rather call the person and advice the person if she heeds to it fine, if not I've done my part"	Sharing and encouraging young women in life experiences	Experience serving as a source of motivation to the young women.	Words of encouragement as coping mechanism	Coping strategies
D2	―I used to but due to my current pain I'm unable to do it. Initially when my friends were playing I used that to forget about my pain"	Physical exercise helps forget about emotional pains.	Doing exercise helped to reduce psychological stress	Regular physical exercise is a form of coping mechanism	Coping strategies
GIO	―Yes I do (when COVID wasn't in). I used to attend every function I was invited to but due to COVID I'm unable to go so my grandchildren remain the source of my joy. It really used to bring me joy and makes me forget my problems for that brief period".	Presence of Grand Children is the current source of joy to cope with issues	Socializing with grand Children as a means of coping mechanism to increase joy.	Interaction with Grand Children's through social activities as a form of coping mechanism Grand Children interaction as a form of social activity.	Coping strategies
PT1	―I get joy associating myself and having good relationship with people around because I don't really make myself pompous to somebody and the way people regard me gives me joy"	The cordial relationship I have with members of the community and my church gives me joy.	The joy I derived from the positive relationship I had with others boosted my psychological wellbeing.	Positive relationships with others	Coping strategies
GIO	―I have diabetes, high blood pressure and peptic ulcer so I take medications for them. I have faith in the medicines that they'll help me. If these illnesses are family diseases and people	Taking my medication helps me to no to feel the pains of the various diseases attack.	These medicines have helped boost my vitality which makes me feel better and stronger.	Taking Medications for vitality	Coping strategies

	in my family have taken these medications and they're still alive and strong so it gives me hope and I take a positive outlook on it"				
F1	─When my father died, I was just got married. I really cried and I was emotionally broken because he didn't live long to enjoy the fruit of his labour"	The sudden demise of my father made me cried and continue to cry.	Emotionally broken when father died.	Continuous crying	Consequences of poor psychological wellbeing
GIO	─Till date when we go to our hometown I can barely sleep in our family house because of the sad and bad memories"	Sleepless nights because of the psychological pains experienced in the past	Having sleepless had detrimental effect on psychological wellbeing	Sleeplessness	Consequences of poor psychological wellbeing
D1	─When my wife left me, I fainted and Because I was unconscious, I couldn't react but the people around me made me aware of the intensity of what happened to me"	The divorced experience creates unconscious happenings in life.	The trauma from the divorce caused a lot of emotional pains.	Emotional pain	Consequences of poor psychological wellbeing
PT4	─When I lay down I feel sad inside so I pray to Jehovah to do it for me to bring me joy but for now eb3 miinsh3. But then I pray to Jehovah to help me, ejaake bo n))) ofe)" (because you're the only one who does it).	Always praying to God to help resolve all pending problems.	Praying to God Maximizes psychological wellbeing.	Prayers/Church Activities	Maximizing Psychological Wellbeing
GIO	Because we are the eldest in the family, we are Called when something happens…Also awo me okyeame y3 weku ko mli, to wit, I have been appointed as an okyeame in a certain family, so when something happens I'm called and I see to it that the necessary arrangements are made and sometimes if it's an announcement I make it as well.	Mostly involved in family duties as the linguist.	Involvement in custodial/family issues is a way of maximizing psychological wellbeing.	Attending to Family Duties	Maximizing Psychological Wellbeing
PT1	I talk to these young ones and help straighten their paths for life just as our parents taught us, so for that I really do and I get great satisfaction out of that"	Teaching young ones good m morals help to shape the youth and brings satisfaction.	Counselling/advising the young (youth) serves as a relief to improve psychological well-being.	Mentoring the youth	Maximizing Psychological Wellbeing

Source: Adopted from Bedu-Addo (2010).

4.4 Major Themes and Sub-Themes

The major themes and sub-themes derived after the In-Depth Interviews (IDIs) are summarized (check appendix B). The results are presented according to themes, sub-themes, and appropriate quotes from the participants to explain the themes. Accordingly, four (4) main themes and fourteen (14) sub-themes emerged from the transcribed data.

4.5 Elements of Psychological and Social Wellbeing

Psychological wellbeing is attained by achieving a state of balance affected by both challenging and rewarding life events. A lot more of the time, challenging life events such as divorce and death, mostly leave indelible scars on victims, and this invariably affects their psychological wellbeing for years. As a result, these people may never move on or try new things or adventures, and it's possible that nothing will ever matter to them again. On the other hand, rewarding life events including marriage, meeting guarding angels, and making new friends, are moments worth repeating. Hence, individuals who have such experiences accumulate psychological well-being. They are mostly happy and see life on the brighter side even in the worst situation. Several elements constitute the psychological well-being of individuals, thus, each individual experiences life differently. This theme, therefore, sought to discuss the elements of psychological well-being of the aged in Teshie. As a result of the data analysis, three [3] main sub-themes were generated and these include healthy relationships, self-acceptance, and psychological well-being. These sub-themes are discussed below

4.5.1 Healthy relationships

Most of the participants expressed that maintaining healthy relationships with their children, family, and neighbors was central to their psychological well-being. While some of the participants indicated that they are aided by their children for routine medical check-ups and personal needs, others indicated that they are aided by their extended family and the church. Interestingly, one of the participants, who is a divorcee, expressed that listening to the radio is a source of joy and encouragement which helps with his psychological well-being. Some of the participants are quoted as;

> *"My children support me and do most of the things I want for me. For example, taking me for my checkups among other things"* (72yrs, O' level)

> *"We're one family in this town because we're a group of families who have come together to make up the community"* (77yrs, no formal education, married)

> *"My family members are always at my beck and call and it makes me happy"* (69yrs, primary, widower)

The participants expressed that keeping a cordial relationship with family, friends, and the members of the community as well as the church, is key to keeping a balanced lifestyle at their age. Generally, keeping healthy relationships is a source of happiness which translated into good psychological well-being. Some of the participants are quoted as:

> *"I have some family members here plus church members who help me in diverse ways and I am happy to have such people in my life at this age"* (70yrs, no formal education)

> *"We're one family in this town because we're a group of families who have come together to make up the community, so, we help each other when in need. We hardly fight among ourselves"* (77yrs, no formal education, married)

> *"My family members and my church members have been a great source of help to me. They have supported me financially and physically"* (76yrs, no formal education, widow)

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4.5.2 Self-acceptance

The participants were aware that no man is an island, hence, they derive their psychological well-being from several sources. Thus, the importance of the church, family, and friends are dolling out help to the aged cannot be weakened in developing their psychological well-being. One of the participants shared that the church, prior to her illness, was her source of well-being, however, she derives her well-being from her old school association meetings. She is quoted thus,

> *"When I was strong, I used to get it from the church but because of ill health I'm unable to fully participate like I used to….but the major well-being I derive it from my old association meetings since it's held online I'm able to participate and also my grandchildren engage me to talk and that keeps me active"* (72yrs, O' level, widow)

With the above in mind, many of the participants were of the opinion that the church and their reliance on God is their source of well-being. One of the participants, who is a widow, indicated that *I derive my well-being from God and him only* (76yrs, no formal education, widow). Some of the participants expressed that their relying on God has been a source of joy in that God has never forsaken them. A divorcee expressed that I *derive my well-being from knowing that God hasn't forsaken me* (72yrs, no formal education, divorced).

A participant shared that:

> *"I derive it from church because God is the only one who gives me strength. I lost one of my children and she left behind children it's not been easy but through it all God has been there for me"* (77yrs, no formal education, widow)

> *"I derive my well-being from my reliance on God. He's never disappointed me not even once"* (67yrs, primary, widow)

One of the participants, unlike the majority of the participants, indicated that availing himself in serving others is his source of well-being. The joy of knowing that someone's joy or happiness is dependent on the help he is able to offer is

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indispensable to his well-being. Sometimes, his efforts are rewarded financially, though, he renders his service at no fees at all. He is quoted as:

> *"What gives me joy is social service. when I was young, I thought lots of people how to drive without collecting a dime and that is what is supporting me now ...just yesterday someone just saw and gave me 200 cedis so that's also what I mostly depend on. I also like settling disputes among people"* (77yrs, no formal education, married)

4.5.3 Poor psychological well-being

The majority of the participants expressed that their well-being is influenced mainly by challenging life events. The psychological well-being of most of the participants painfully linked to either the death of child or spouse. One of the participants believed and expressed that there is no way she had experienced any form of pain, until the demise of her husband which truly shaped her well-being in an awful manner causing a lot of sorrow and pain.

4.5.3.1 Untimely death of loved ones

Like this participant, some of the other participants expressed that the death of a loved one shaped their well-being. Responses from some of the participants are expressed as follows:

> *"When I remember things from the past I really feel sad. I lost my dad in my 40s followed by my husband and my brother, a doctor who died on Fiji Island, and the following year I lost my sister too. So when I remember all those things I feel very sad but then again I leave it to God. Also, my grandchildren make me feel happy when they feel I am sad''* (72yrs, O' level, widow)

> *"On Easter eve of 2019, I lost my daughter to death...any time I remember that incident I really feel pained and it really hurts when Easter is approaching. The last Sunday before she passed away, she came to church and was dancing and all, little did I know she was saying goodbye to me"* (70yrs, no formal education)

> *"I lost my dad although not my biological dad he trained and took care of me from my infancy. before he sided he made a will and gave me his plot of land ...He really trained me and made me tough in life so when he died it pained me way more than my mother's death did"* (77yrs, no formal education)

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4.5.3.2 Misfortunes

<mark>Two of the participants talked about how bad luck has influenced their wellbeing. One participant revealed that she lost both her spouse and a child shortly after her parents passed away, following the loss of her pregnancy.</mark>

<mark>She revealed that;</mark>

> *"In my youthful years, I was pregnant and my whole house got burnt and there was no one there to even save a single pin. I lost everything. But when I settled I thanked God so much that none of my children got burnt. At that time my parents were alive so I told them and they gave me money including other things. Not long after I lost my mum then my mum continued then my husband.so it wasn't easy for me at all"* (77yrs, no formal education, widow)

4.5.3.3 Financial difficulty

The other participant indicated that for the help of her siblings she could have died because she was not financially stable when she was rushed to the hospital one afternoon after blood started oozing out of her nose. To quote her, she said, ―*I was walking onetime and blood started oozing from my nose so I was rushed to the hospital and my sibling really took great care me for four day"* (69yrs, primary, widower).

4.5.3.4 Failed relationships [marriage]

Furthermore, two of the participants expressed that their well-being is <mark>weird</mark> by their failed relationships. While one of the participants expressed that her husband cheated her of her money, the other intimated that his wife cheated on him. These experiences have really affected their psychological well-being even up to date. They are quoted as;

> *"At that time my husband wasn't working and he just left me abruptly without any prior notice. He divorced me after using all my well-earned savings to help him get better and he just left me. I used to drink alcohol to help me sleep but I realized I was doing myself badly so I went to buy provisions when I come back from the market I prepare thick Milo and drank and I said to myself I wasn't going to ruin my life for anyone* (67yrs, primary, widow)

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My late wife really worried me. She could do things a married woman shouldn't do like following certain men. And following certain men around and those things really worried me. It really got me angry and when I found out about the man my wife has been cheating on me with I chased them around on several occasions till I had an intuition to go to a particular location, lo and behold, they were there and they kept quiet though I heard certain sounds in the room they kept quiet after hearing my footsteps so I got angry and rushed home to pick my cutlass and I used it to cut a copper thread and when I got there they had left. So I just sparked matches into the house. What really pained me was that she was carrying my little daughter who was just 7 years and she was carrying her to the man's house. I really beat him when I found himand they reported it to the police and I was arrested. When I got back from prison she has had a child with the man. This really pained me and has been a pain in my heart since. This really hurt me and drew me further away from the church" (75yrs, Form 4, widower)

4.6 Theme 2: Strategies for poor psychological well-being

The absence of distress does not always imply that a person is in good mental health. It is all about feeling good and doing well when it comes to psychological well-being. It goes to say that an individual could have experienced either a rewarding or challenging moment, especially among the aged. The experience itself is not final, however, how the individual rise above or enjoys it has an effect on the quality of life. It is not surprising that people who are happier psychologically are more likely to live longer and healthier lives. They are also more likely to have a higher standard of living. It is imperative, therefore, that individuals adopt ways to cope and/or live with their experiences in order to enjoy happy and healthy lifestyles. This main theme sought to assess the coping strategies the aged in Teshie adopt for their psychological well-being. As a result of the data analysis, five [5] main sub-themes were generated and these include words of encouragement, regular physical exercise, social activities, positive relations with others, and medications. These sub-themes are discussed below

4.6.1 Words of encouragement

It was revealed by one of the participants that her experience has served as a source of motivation which she shares with the younger ones especially when she observes one is towing the same/similar path as she did in the past. She mostly does this on her own cord. She believes that advising the younger ones and they heeding to her advice is a source of motivation to continue on this path. She explained that

> *"Due to my experience when I see a young woman going through what I went through I rather call the person and advice the person if she heeds to it fine, if not I've done my part "*(67yrs, primary, widow)

Furthermore, one of the participants expressed that her grandson is her source of motivation whenever she feels life's pressure and remember her past bitter experiences. With her grandson around her, she rarely feels unhappy, thus, the kind words shared by her grandson is the only way she copes with her past bad experiences, especially when she lost her daughter to the icy hands of death in May 2020. She is quoted as;

> *"My grandchild gives me words of encouragement anytime he sees me feeling down. He tells me that my dead daughter decided to die but we're still here so let's be happy and enjoy life. He's been with me since his infancy and I've been the only one taking care of him till date, it's just recently a family member decided to help him a bit even with that it's not been easy ...But by the grace of God I'm able to feel happy knowing God makes a way every time"* (70yrs, no formal education, widow)

Another participant expressed that after the demise of her husband, life became tough and nearly gave up on life. However, she spoke to herself to the effect that she must make her husband proud. She picked herself up through prayers and reliance on God and thankfully life began making sense. She continued that she is doing well for herself and she is proud that God answered her prayers and self-inspired motivation worked. Some of the participants reported thus;

> *"What I tell myself is when God gives you something he doesn't take it…I don't go to any ritualists I only look up to God. Through my work, I've been*

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able to buy 3 cars and I've built something small for myself and my family. I didn't really have a plan for the house because at that time I had sorrow in my heart because I had lost my husband afresh so when I came to live in the house there was a little plot in front of the house so I decided to build a small story building. The pain is too much because my husband was like a brother to me so it really hurt me. Lots of things has been a setback because I have no man by my side if you have a partner you will plan with him and bring plans into reality (66yrs, middle school, widow)

I don't really have friends but instead I pray to God and I always see His hand in my life. I prefer not to talk about my problems to people at all because they'll rather spread it but when I pour it out to God he makes a way every time" (70yrs, no formal education, widow)

4.6.2 Regular physical exercise

Though most of the participants acknowledged the importance of physical activity to their psychological well-being, their old age coupled with joint pains does not allow them to exercise. Interestingly, some of the participants indicated that instead of engaging in physical exercise, they take care of their grandchildren whiles other engage in prayers. Some of the responses from the participants are reported as;

"No I don't engage in any physical activity because of my leg pain. However, I pray a lot of the time where I sweat and take my bath afterwards" (70yrs, no formal education)

"No, I rather spend time with my grandchildren. Spending time with my children helps me a lot because I ran a lot of the time chasing them to eat and take their bath" (77yrs, no formal education, widow)

"I used to but due to my current pain I'm unable to do it. Initially when my friends were playing I used that to forget about my pain" (75yrs, Form 4, widower)

One of the participants, however, intimated that exercise is food to his soul and any time he gets the opportunity to engage in any form of physical activity, he becomes happy. The form of exercise he engages in is described as;

"Yes I do. Assuming I'm from Teshie to La, instead of boarding a car I rather walk to La and that helps me health wise and makes me happy" (77yrs, no formal education, married)

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4.6.3 Social activities

Most of the participants intimated that attending social gathering is a source of joy. They furthered that attending social events, irrespective of the form it takes, provide the avenue to forget about their problems. However, they do not invite themselves to such events, thus, they only attend events they have been invited. Responses from the participants are shared as:

> *"Yes I go and it gives me joy…I'm mostly specially invited to such programs. I'm mostly inquired about various ways in which certain functions are performed and that is what God gave so I utilize it to the fullest and that brings me so much joy"* (77yrs, no formal education, widow)

> *"Yes I do (when COVID wasn't in). I used to attend every function I was invited to but due to COVID I'm unable to go so my grandchildren remain the source of my joy. It really used to bring me joy and makes me forget my problems for that brief period"* (72yrs, O' level)

Furthermore, some of the participants indicated that they are family heads which demands that they attend every social gathering. One of the participants explained that because ―*he is an elder, he is consulted and involved in almost all activities and enabling in such functions makes him satisfied"* (69yrs, primary, widower). While some of them intimated that they only attend social events they are invited, some attend events that pique their interest as a way of learning. Some of the responses from the participants are explained:

> *"I'm the eldest among my siblings so in every gathering I must be present ,as we speak my cousin is dead and we have to go and meet for the funeral but I couldn't go because of a meeting I had to have with Reverend…but regardless I attend social gatherings"* (66 yrs, middle school, widow)

> *"Currently there's a family funeral of my immediate cousin so with that I'll go but ones that don't concern me I just stay indoors"* (72yrs, no formal education, divorced).

> *"When I'm called or invited I go but if not I won't go. If there's a tradition I don't know about I just watch and learn. It helps me forget about my problems and pain for a while"* (75yrs, Form 4, widower)

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4.6.4 Positive relationships with others

It was revealed by some of the participants that, they maintain a cordial relationship with a member of the community and the church. One of the participants revealed that she does not keep so many friends and as well does not share too much of personal details with friends. She explained that ―*I don't have friends because human beings are bad .you might tell them everything and they'll go and sell you out"* (76yrs, no formal education, widow). Another participant shared that the respect she commands in the community is her source of joy. She said thus, ―*I get joy because let's say I don't really see myself to somebody but the way people regard me gives me joy"* (77yrs, no formal education, widow). It was also revealed by one of the participants that though he no longer hang out with his peers, it used to bring him lots of joy. He explained that ―*I used to sit with a couple of friends to drink a couple of alcohol shots but after what happened to me I haven't been able to go with them but doing that with them used to bring me joy"* (69yrs, primary, widower). One of the participants believe that her amazing human relations has endeared her to a lot of people. She is quoted as:

> *"I have some women in the church who call me and keep me updated on what goes on…And my colleagues from the retired association also call me and we keep each other happy…I'm really good with human relations and so when COVID seized us from meeting, WhatsApp has become our new platform"* (72yrs, O' level, widow).

Furthermore, one of the participants indicated that she is called upon most of the time by members of the community to make inputs and/or make suggestions on programs that they intend to organize. She does this with a lot of pomp and pageantry and it pays off financially. She explained that;

> *"Because I'm part of the older people in the community when such occasions come people call on me for suggestions and help. I recently helped someone do her outdooring ceremony and I was given 400 cedis"* (77yrs, no formal education, married)

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4.6.5 Medications

It is worthy of mention that most of the participants have high blood pressure, probably because of their age. It is also worthy of mention that most of these participants are taking high blood pressure medications. Some of the participants intimated that taking these medicines have helped their vitality which makes them feel better and strong. Some of the participants are quoted as:

> *"I have diabetes, high blood pressure and peptic ulcer so I take medications for them. I have faith in the medicines that they'll help me. If these illness are family diseases and people in my family have taken these medications and they're still alive and strong so it gives me hope and I take a positive outlook on it"* (72yrs, O' level, widow)

> *I take BP medications currently and taking it gives me hope of feeling better* (69yrs, primary, widower)

> *"High blood pressure. It helps reduce my pressure so I'm happy taking them because of how it makes me feel"* (72yrs, no formal education, divorced)

4.7 Theme 3: Consequences of poor psychological wellbeing

Although the mind and body are frequently thought to be separate, mental and physical health are inextricably linked. Mental health has a significant impact on the overall well-being of an individual. The physical health of individuals might be influenced by their mental health. As a result, maintaining a positive mental state can help one stay healthy and avoid significant health problems. In consequence, poor mental health can have a negative impact on physical well-being. On the one hand, psychological well-being has been shown to have a positive impact on the physical and emotional well-being of an individual. Poor mental health, on the other side, can lead to poor physical health or dangerous habits. This main theme sought to assess the consequences of poor psychological well-being of the aged in Teshie. As a result of the data analysis, three [3] main sub-themes were generated and these include

continuous crying, sleeplessness, and emotional pain. These sub-themes are discussed below

4.7.1 Continuous crying

Three of the participants indicated that they have cried and continue to cry after the sudden demise of their loved ones. The pain that they have endured after such unfortunate misfortune that befell them is the source of their continuous sorrow. One of the participants explained succinctly thus ―*I really cried and I was in great sorrow"* (66yrs, middle school, widow). The other participants is quoted as:

> *"God helped me. I can say our father died from old age so with his I took it easy. But with my brothers it wasn't easy because I spoke to him a day before he died and the message couldn't come to me directly because they knew how close I was with my brother. I really really really cried. People really helped me to overcome it by consoling me with encouraging words"* (72yrs, O' level, widow)

> *"I really really cried and I was emotionally broken because he didn't live long to enjoy the fruit of his labour"* (77yrs, no formal education, married)

4.7.2 Sleeplessness

Two of the participants intimated that they have had sleepless nights because of the psychological pain they have experienced in the past. The rate at which these participants had nights of sleeplessness could have detrimental effect on their lives. It is not surprising that most of the participants are suffering from high blood pressure. Some of the participants are quoted as

> *"Till date when we go to our hometown I can barely sleep in our family house because of the memories"* (72yrs, O' level, widow)

> *"I had sleepless nights for a while and I was emotionally scarred"* (75yrs, Form 4, widower)

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4.7.3 Emotional pain

The participants expressed that the trauma they experienced caused them emotional pain which broke them. Assessment of how often participants experienced emotional pain varied among the participants. Some participants' experience of emotional pain are as follow

> *"I was emotionally broken ...Be sure I was called one Sunday afternoon and I was told my daughter was dead, for a minute, I felt it was a joke and they told me it wasn't. I honestly felt pain in my heart"* (70yrs, no formal education, widow)

> *"Because I was unconscious I couldn't react but the people around me made me aware of the intensity of what happened to me"* (69yrs, primary, widower)

> *"I was extremely worried and devastated and I used to think about it a lot and my head aches sometimes"* (72yrs, no formal education, divorced).

4.8 Theme 4: Maximizing Psychological Wellbeing

It is not necessary to rehash the associated health risk associated with poor psychological well-being, particularly among the aged. This is because positive psychological well-being is a protective factor that nullifies the negativity associated with old age. This main theme sought to assess the extent to which the aged maximize their psychological well-being. As a result of the data analysis, three [3] main sub-themes were generated and these include prayers/church activities, family duties and mentorship. These sub-themes are discussed below

4.8.1 Prayers/Church Activities

To outlive their loneliness, one of the participants retorted that she lives with one of her daughters and engages her in conversation. She said ―ɛk3 l3 gbaa sane no ew)) sane gbaaa no haa mi miinsh3", to wit I have conversations with her and so I am okay with communication (66yrs, middle school, widow). A similar sentiment was shared by another participant. She revealed that

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> *"When I lay down I feel sad inside so I pray to Jehovah to do it for me to bring me joy but for now eb3 miinsh3. But then I pray to Jehovah to help me, ejaake bo n))) ofe)"* (because you're the only one who does it) (72yrs, no formal education, divorced).

Furthermore, another participant revealed that the only way she maximizes her psychological well-being is through her engagement in church activities. I intimated further that she will not miss church for nothing. She said, *"for church activities, I always show up, no matter how sick I feel I always show up to the church and when I come I feel happy"* (72yrs, O' level, widow). The same participant indicated that *church activities also make her happy and sometimes when she goes to church, the sermon matches the current situation she might be in and that really puts her to ease* (66yrs, middle school, widow). How the church has helped one of the participants to maximize her psychological well-being is explained as ―*my faith in God really helps me, my body is getting weaker and weaker but I always have the joy to make it a point to go listen to the word of God because there's always something encouraging that will help me feel happy so I'm always in the house of God"* (75yrs, Form 4, widower).

4.8.2 Family Duties

One of the participants indicated his involvement in custodial/family issues is his way of maximizing his psychological wellbeing. He revealed that he has been appointed as his family spokesperson and such activities make him happy.

> He explained that *"because we are the eldest in the family, we are Called when something happens…Also awo me ok yea me y3 weku ko mli, to wit, I have been appointed as an okyeame in a certain family, so when something happens I'm called and I see to it that the necessary arrangements are made and sometimes if it's an announcement I make it as well.* (77yrs, no formal education, married).

Another participant explains in detail how his ties with custodial/family-related issues affect his psychological well-being.

> *"Taflatse, even if a young person invites me to come to sit in on a matter or a program, I feel so much joy because there were lots of people but she bypassed them all and came to me for that event. There's no need saying you're older than this person so you won't listen to them or help them out but instead find a nice way to reach the person when the person is doing something wrong or need advice on something"* (75yrs, Form 4, widower).

In addition, one participant indicated that he has discovered a way of making money while maximizing his psychological well-being. He gave an in-depth explanation of this:

> *"By the grace of God, I get people calling me to stand in some customary right (y3 kusum ji ko mei) like funerals, baby christening. There are people with school knowledge and not home knowledge so when I'm called I stand in and do it effortlessly with the knowledge God gave me and I don't charge any money for the passage of these rights but rather after doing these things the people I did it for show monetary appreciations (Nuumo hem) one million loo 2 million) saying oldie, please take this 100 or 200 cedis to show appreciation"* (67yrs, primary, widow).

4.8.3 Mentorship

Four of the participants revealed that counselling/advising the young (youth) serves their psychological well-being very well.

One of the participant explained that

> *"I sometimes talk to the young generation concerning certain things which are not going right in their lives and that brings me happiness. In that when I talk to them they don't get angry or frown so I likewise smile with them and it brings me happiness"* (66yrs, middle school, widow).

Another participants explained that *"I talk to these young ones and help straighten their paths for life just as our parents taught us, so for that I really do and I get great satisfaction out of that"* (72yrs, no formal education, divorced). Furthermore, one of the participants explained that *"yeah I sometimes talk to friends and close relatives who are grieving and when I'm able to council them it brings me joy too"* (67yrs,

primary, widow). A widower gave an explicit explanation on how he maximizes his psychological well-being. He explained:

> *"Sometimes even when a friend or a loved one loses a family member and I go there I get a thing or two which gives me happiness. Maybe a friend might be going through a lot, I tend to encourage the person with the little encouragement I got from church to help the person too. I have joy in all areas; church, my well-being and everything else. I have currently lost a family member and I was currently there before I was called to come but in all that I still have happiness"* (75yrs, Form 4, widower).

4.9 Discussion

This section presents the discussion of the study based on the research questions. The findings are compared to literature and inferences are made.

4.9.1 Elements of psychological well-being

In a study conducted by Kovalenko and Spivak (2018) on the social factors of psychological well-being in the elderly, it was found that the level of psychological well-being is bigger for seniors who do not feel lonely and have enough opportunities for communication, who take part in social life and live with relatives. Another study was undertaken by Chandrika and Anantharaman (2019) to understand the role of social capital in mental well-being among older adults. The findings indicate that informal social contacts such as family members and life-long relationships between friends impact the experienced mental well-being among older adults due to shared life events, social support, mutual appreciation, and trust, as well as a sense of belonging through common social activities. This is consistent with findings from the present study which established that most of the participants maintain healthy relationships with family, friends, and neighbors in their community. The implication of the findings is that being alone triggers the aged to think excessively about their past experiences which affect their well-being. Thus, being around family, and friends engages the aged and help them to momentarily forget about their worries.

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Healthy levels of self-acceptance create a positive attitude and improved satisfaction with life which is a key component of self-actualization, enhanced psychological functioning, and development (Ryff, 1989b). This resonates with findings from the present study which established that the participants resorted to doing things that help their confidence as well as forgetting their traumas. The implication of the finding is that self-acceptance is the most recurring aspect of the psychological well-being of the aged (Yeung, 2017). Thus, it is imperative for the aged to engage in activities that keep them rejuvenated, and in doing so, it is crucial such activity is done effortlessly.

In Nigeria, a study examined the psychological well-being of the elderly in Ijumu local government with the aid of a questionnaire and found that a higher proportion (53.3%) of the elderly reported experiencing good psychological well-being (Ibitoye & Sanuade, 2011). This contradicts the findings of the present study which found that the participants have poor psychological well-being. The finding suggests the aged in Teshie, Ghana live their lives by reliving their bitter experiences of life. Thus, being alone, as an elderly person living in Teshie, is a time to reflect on the painful events of their lives and this way of life predisposes them to psychological stress. On the other hand, a descriptive study using quantitative survey questionnaires, qualitative interviews, and an observation checklist was conducted among older men and women aged 60+ in three districts in Nyanza province, Kenya (Ondigi & Ondigi, 2012). The findings of Ondigi and Ondigi (2012) is in line with the present study which found that the participants have poor psychological well-being. The finding suggests that the aged in Teshie have poor psychological well-being because they lack basic needs.

4.9.2 Coping strategies

Regular exercise and sport, for at least twenty minutes a day, three or more times a week, has been shown to improve psychological well-being (Scully et al., 1998). Hockey players, health club members, and runners who exercise regularly were found to be in better mental health than those who exercise irregularly (Edwards et al., 2005). Furthermore, Krawczynski and Olszewski (2000) were able to show that a physical activity program can improve the psychological well-being of those over sixty years old over time. In addition, good physical functioning contributes to decreasing fall incidence (Krueger & Casey, 2019) and prevents the negative impact of falling consequences including social isolation and activity restriction in older adults (Bourassa et al., 2017; Iwamasa & Iwasaki, 2011). This is contrary to findings from the present study where more of the participants did not engage in any form of physical activity. The finding implies that maintaining good physical health and functioning plays an important role in facilitating mobility and enables older adults to perform more integrated functional tasks which include activities of daily living, fulfillment of social roles, and recreational activities (Hörder, Skoog, & Frändin, 2017).

Research has shown that psychological well-being possesses an abundance of certain aspects that unhealthy relationships do not (Luk, Chan, & Chan, 2015). The absence of well-being among the elderly is often associated with declines and losses in physical, cognitive, and social domains, with many older people perceived as unhappy, lonely, or depressed as a result (Lund, Nilsson, & Avlund, 2014). This finding contradicts that of the present study which established that the aged in Teshie engage in a lot of social activities. It is known that for the elderly, social contacts are motivated by events that provide well-being and meaningful social interactions which

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offer emotional support (Liu et al., 2017). Regularly maintained social contacts are those that possess greater significance as mediators of social support. The continuous participation in social events serves as a source of vitality and joy for their well-being. They are able to forget their pain and enjoy their lives as long as they interact with people, listen to music, and watch revelers dance their sorrows away.

Psychological well-being, among other things, is freedom from distress or other mental problems, exhibiting a constructive self-regard, and constructive relationships with other people (Ryff, 1989). This is consistent with findings from the present study which found that most of the participants have positive relationships with friends and community members. Positive relationship with others is obtained by maintaining a deep and meaningful relationship with others and receiving social support. An elderly can obtain the feeling of purpose and meaning in life when they receive meaning, purpose, and direction in life from others. This means that the elderly derived their well-being from engaging in healthy conversations, most likely, taking the role of a counselor and sharing their experiences to guide the younger ones in the community.

While a high level of environmental mastery reflects control over one's context, a low level is related to the inability to successfully control one's environment (Ryff, 1989). This resonates with the findings from the present study which revealed that the participants cope with bad events by controlling their thoughts. Thus, a mature individual is generally able to interact and relate to a variety of people in diverse situations and adapt to various contexts upon demand. Being in control of physiological and cognitive arousal can improve an individual's control and understanding of their surroundings, as well as their interactions with others

(Potgieter, 1997; Weinberg & Gould, 2007). It often requires the ability to step out of one's ‗comfort zone' when striving for optimal well-being.

4.9.3 Consequences of poor psychological well-being

Some of the participants revealed that they cried continuously because of the gravity of the pain they experienced. This is a good way of expressing pain in order to overcome it because repressed emotions might make individuals angrier, sadder, and less capable of controlling their emotional expression. This is because there is the propensity for many individuals who suppress their emotions and repress the impulse to cry to eventually get a significant emotional outburst, after all, feelings can only be suppressed for so long, and repressing them provides less control over how they are expressed. Furthermore, crying without regard for how others see the aged indicates that they have rejected these negative messages and suffocating social conventions and that they [the aged] understand that expressing emotions is simply a way of demonstrating to others that they are human. This contempt for other people's erroneous viewpoints will bring them closer to the ones who are truly important to them. Consequently, the aged will be surrounded only by folks that want to see them succeed and are not scared to be themselves.

Furthermore, the study established that some of the participants lacked sleep for days because of the depth of the pain they experienced. This finding confirm that sleep has long been recognized as a symptom of many psychiatric disorders, however, newer research suggests that sleep can also play a causative role in the onset and maintenance of various mental health issues (Scott, Webb, & Rowse, 2017). In other words, sleep issues can cause mental health issues, while mental health issues can exacerbate sleep issues. The implication of the finding is that crying to express pain is

the best approach to easing back to normal life. Stated differently, crying is an avenue to vent every pain in order to live with no pain.

4.9.4 Maximizing psychological wellbeing among the aged

Findings from the study revealed that some of the participants engaged in church activities as a way of maximizing their psychological well-being. This is an indication that participating in religious activities embeds the individual within a social network of like-minded others, an environment that may foster supportive relationships that improve well-being (George, Ellison, & Larson, 2002; Krause, Ellison, & Wulff, 1998). The similarity in the finding suggests that there is a sense of belonging as well as social support from religious leaders and congregants.

Furthermore, the study revealed that some of the participants prayed as a way of maximizing their psychological well-being. Undeniably, old age is a stage where beliefs are formed as a measure of satisfaction. This confirms the findings from a study that reported that mental and physical health benefits of possessing a belief enable one to determine important outcomes in life (Gadalla, 2009). The influence on health of the belief that God (prayers) has ultimate control is more complex, in part because it suggests that individuals who believe in divine control have lower personal control and therefore may not engage in active coping when it might otherwise help them (Ellison, 1991).

In addition, the study revealed that engaging in family activities is a way of maximizing their psychological well-being. Considering the pace at which society is moving coupled with the gradual breakdown in the extended family system, being recognized for family and social gatherings at an old age is an important step to quality of life and by extension, good psychological well-being. The finding

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corroborates that modernization and globalization have led to change in the economic structure, the erosion of societal values, weakening of social values, and social institutions such as the extended family. The older generation is caught between the decline in traditional values on one hand and the absence of adequate social security system on the other (Gormal, 2003). The implication of the findings is that the aged are being recognized for their worth of experience during family gathering. Their involvement in family and social gatherings, to some extent, uphold the cultural significance of old age.

Also, the finding revealed that mentoring and or counselling the young generation is a source of psychological well-being among the aged. There is a school of thought that the aged are repository of wisdom. Coupled with the perceived loneliness most of the aged are confronted with because of the demise of their loved ones, most of the aged are willing to share their life experiences with the young and old. While dolling out these services for free, they (the aged) are engaged in conversations that inure to their quality of life. There is no denying that loneliness could be a silent killer, hence, being listened to is a measure of satisfaction for most of the aged.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

The chapter presents the summary of findings, conclusions based on the specific objectives and recommendations based on the conclusions.

5.1 Summary of findings

The study sought to explore psychological and social well-being from the perspective of the aged in Teshie, in the Greater Accra Region of Ghana. This study had specific objectives to examine the components of psychosocial well-being among the aged; to analyze how the aged in Teshie cope with poor psychosocial well-being; to examine the consequences of poor psychological well-being among the aged and find out how the aged maximize their psychosocial well-being. The research used the phenomenology research design and used a convenient sampling technique to select 12 aged individuals from Teshie. An in-depth interview was the research instrument used. Summary of the findings based on the specific objectives are summarized below

5.1.1 Components of psychological wellbeing

Healthy relationships

While some of the participants indicated that they are aided by their children for routine medical check-ups and personal needs, others indicated they are aided by their extended family and the church. The participants expressed that keeping a cordial relationship with family, friends, and the members of the community as well as the church, is key to keeping a balanced lifestyle at their age.

Self-acceptance

The participants expressed that the importance of the church, family, and friends in dolling out help to the aged cannot be undermined in developing their psychological well-being.

Many of the participants were of the opinion that the church and its reliance on God is their source of well-being. Some of the participants expressed that their relying on God has been a source of joy in that God has never forsaken them. One of the participant indicated that availing himself to serve others is his source of well-being. The joy of knowing that someone's joy or happiness is dependent on the help he is able to offer is indispensable to his well-being.

Poor psychological well-being

The majority of the participants expressed that their well-being is influenced mainly by challenging life events. The psychological well-being of most of the participants is painfully linked to either the death of child or spouse.

Two of the participants expressed how their well-being has been shaped by misfortunes. While one of the two participants expressed that her parents died after she lost a pregnancy and not long after, she lost a child and her husband.

Furthermore, two of the participants expressed that their well-being is haunted by their failed relationships. While one of the participants expressed that her husband cheated her of her money, the other intimated that his wife cheated on him.

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5.1.2 Coping strategies for poor psychological well-being

Words of encouragement

It was revealed by one of the participants that her experience has served as a source of motivation which she shares with the younger ones especially when she observes one is towing the same/similar path as she did in the past. Furthermore, one of the participants expressed that her grandson is her source of motivation whenever she feels life's pressure and remember her past bitter experiences.

Regular physical exercise

Though most of the participants acknowledged the importance of physical activity to their psychological well-being, their old age coupled with joint pains does not allow them to exercise. One of the participants, however, intimated that exercise is food to his soul and any time he gets the opportunity to engage in any form of physical activity, he becomes happy.

Social activities

Most of the participants intimated that attending social gathering is a source of joy. They furthered that attending social events, irrespective of the form it takes, provide the avenue to forget about their problems. Furthermore, some of the participants indicated that they are family heads which demands that they attend every social gathering. While some of them intimated that they only attend social events they are invited, some attend events that pique their interest as a way of learning.

Positive relationships with others

It was revealed by some of the participants that they maintain a cordial relationship with a member of the community and the church. One of the participants revealed that

she does not keep so many friends and as well does not share too much of personal details with friends.

Furthermore, one of the participants indicated that she is called upon most of the time by members of the community to make inputs and/or make suggestions on programs that intend to organize.

Medications

It is worthy of mention that most of the participants have high blood pressure, probably because of their age. It is also worthy of mention that most of these participants are taking high blood pressure medications. Some of the participants intimated that taking these medicines have helped their vitality which makes them feel better and strong.

5.1.3 Consequences of poor psychological wellbeing

Continuous crying

Three (3) of the participants indicated that they have cried and continue to cry after the sudden demise of their loved ones. The pain that they have endured after such unfortunate misfortune that befell them is the source of their continuous sorrow.

Sleeplessness

Two of the participants intimated that they have had sleepless nights because of the psychological pain they have experienced in the past. The rate at which these participants had nights of sleeplessness could have detrimental effect on them.

Emotional pain

The participants expressed that the trauma they experienced caused them emotional pain which broke them. Assessment of how often participants experienced emotional pain varied among the participants.

5.1.4 Maximizing psychological well-being

Prayers/Church Activities

One of the participants retorted that she prays anytime she feels down (depression). Through prayers, she finds joy. Furthermore, another participant revealed that the only way she maximizes her psychological well-being is through her engagement in church activities.

Family Duties

One of the participants indicated his involvement in custodial/family issues is his way of maximizing his psychological wellbeing. Another participant explain into details how his ties with custodial/family related issues affect his psychological well-being. In addition, one participant indicated that he has discovered a way of making money while maximizing his psychological well-being.

Mentorship

Four of the participants revealed that counselling/advising the young (youth) serves their psychological well-being very well.

5.2 Conclusion

It is concluded that the aged at some purposively selected households in Teshie, a community in the Greater Accra Region of Ghana, experience poor psychological and social well-being. Thus, most of the participants are re-living their bad events instead of relishing the most rewarding events. It is also concluded that attending social activities, keeping a good relationship with others, self-motivation, and taking their prescribed medication are some of the coping strategies adopted by the participants [the aged].

The study concludes that continuous crying, sleeplessness, and emotional pain are the consequences of poor psychological well-being. In addition, religious adherence, engagement in social activities, family engagement/duties and mentorship are ways the aged maximize psychological well-being.

5.3 Recommendations

1. The study found that the participants have poor psychological and social well-being. Yet, most of the participants have hope and faith in the church and God. Hence, it is recommended for the church to engage the aged, those that gravitate towards the church, in weekly activities. This indicates that there is constant interaction among them, a situation that will enhance the quality of life and by extension eliminate any form of illness.

2. Data showed that a psychological sense of community has a key role in the study of older volunteerism due to its impact on well-being. There is no denying that a sense of social belonging has a positive effect on the psychological well-being of the elderly. Hence, it is recommended for service agencies and administrations such as the Ministry of Social Welfare, to

develop campaigns to sustain older volunteerism in order to increase well-being and reduce social costs.

3. The results revealed that providing instrumental support to children and satisfaction with children directly improve the well-being of guardians. Thus, the benefits of receiving support from children are fully mediated by parents' satisfaction with their children. Hence, the study recommends for parents [the aged] adhere to more traditional norms regarding family support. Thus, it is imperative that the aged live in harmony with their children and grandchildren.

4. It was revealed that prayers and attending church activities, family engagement/duties and mentorship are ways the aged maximize psychosocial well-being. The study recommends for the church and other social organiations assign roles to the aged for them to remain motivated. This will also ensure that the aged are constantly engaged in completing a task, a situation that will keep them motivated and happy.

5.4 Implications to Counselling

The findings of the present study indicated that most of the aged in Teshie lived either alone or with their grandchildren. Additionally, most of these aged are unemployed, however, the church is the ‗safest' place of comfort for the aged. It is, imperative therefore, for the Ghana National Association of Certificated Counsellors (GNACC) to collaborate with churches and other social gatherings to extend psychological aid to the aged. This service could empower of the aged to improve their quality of life. This is important in the absence of a hospice or a formal institution for helping the aged.

5.5 Suggestions for further studies

This study relied solely on qualitative approach to explore psychological well-being from the perspective of the aged in Teshie, in the Greater Accra Region of Ghana. Future studies can employ mixed methods to evaluate this phenomenon. Also, a handful of participants were interviewed in this study, hence, future studies could use quantitative methods in order to reach a large number of respondents. In order to determine the psychological well-being of the aged in Ghana, an ethnography study could be undertaken to ascertain this.

5.6 Limitations of the study

1. The study employed a qualitative approach which used few sample size and so generalization could not be made to the findings. Future research should done on large sample size so generalization will be made to the findings.

2. The study was limited to community-dwelling older persons without severe cognitive impairment who were competent and willing to participate. As a result, the findings are likely to understate the influence of cognitive impairment or long-term facilities on the well-being of older persons in Teshie.

3. More study is needed to assess well-being in older persons living in nursing homes or other long-term care facilities who have severe cognitive impairment.

4. Finally, data was self-reported, which may have boosted participants' social attractiveness. Other valid measures, such as objective health aspects reported by healthcare professionals (accompanying disorders impacting somatic or neuropsychiatric functioning, concomitant medication) should be included in future investigations.

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APPENDICES

Appendix I: Interview Guide (semi-structured)

Personal Data / General Training Questions

   i.   What is your level of education?

   ii.   Age

   iii.   Married/divorced/separated

   iv.   Any dependent?

   v.   What work are you doing or you did before going on retirement?

   vi.   How long have you been working or did you work?

   vii.   What do you do currently?

Components of psychological wellbeing

   i.   What is your relationship with the people over here?

   ii.   What constitute your wellbeing?

       - autonomy

       - personal growth

   iii.   How do you derive your wellbeing?

   iv.   Where do you derive your wellbeing from? Church, friends, social support, family etc. and how?

   v.   Have you ever experienced poor psychological wellbeing before?

   vi.   If yes, how was the experience?

Coping strategies

    vii.   How do you cope with psychological wellbeing?

        Probe:

            Do you engage in regular exercising? Kindly explain how this activity help you to cope

         -   Do you engage in social activities? Explain how social activities help you cope psychologically

        How does your relation with others help you cope psychologically?

        Are you on any form of meditation? How does the medicine help you to cope psychologically?

Consequences of poor psychological wellbeing

    viii.   What was the consequence(s) of the poor psychological wellbeing experienced?

        -   continuous crying

        -   sleeplessness

        -   emotional pain

    ix.   How did you overcome?

Ways to maximize psychological wellbeing

    x.   How do you feel in your current state?

Probe: Are you:

        a. Happy

        b. Sad

        c. Stressed

        d. Depressed

        e. Anxious

        f. Pain

        g. Anger

    xi. In what ways do you maximize your psychological wellbeing?

Probe: Counselling the young one in the community

Helping a grieving neighbor
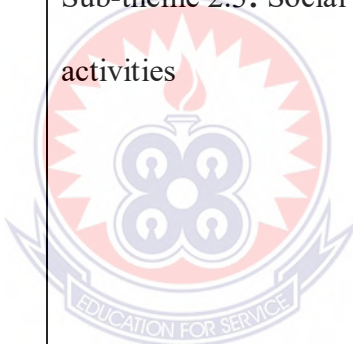
Volunteering for a community/church activities

Mindfulness [staying in the moment]

Appendix B: Themes and sub-themes

Themes	Sub-themes	Supporting quote
Theme 1: Elements of psychological and social well-being	Sub-theme 1.1: Healthy relationships	*My children support me and do most of the things I want for me. For example, taking me for my checkups among other things''* (72yrs, O' level) *"We're one family in this town because we're a group of families who have come together to make up the community''* (77yrs, no formal education, married)
	Sub-theme 1.2: Self-acceptance	*When I was strong, I used to get it from the church but because of ill health I'm unable to fully participate like I used to….but the major well-being I derive it from my old association meetings since it's held online I'm able to participate and also my grandchildren engage me to*

		talk and that keeps me active" (72yrs, O' level, widow)
	Sub-theme 1.3: Psychosocial well-being	*"When I remember things from the past I really feel sad. I lost my dad in my 40s followed by my husband and my brother, a doctor who died on Fiji Island, and the following year I lost my sister too. So when I remember all those things I feel very sad but then again I leave it to God. Also, my grandchildren make me feel happy when they feel I am sad''* (72yrs, O' level, widow
Theme 2: Coping strategies for poor psychosocial wellbeing	Sub-theme 2.1: Encouraging words	*"Due to my experience when I see a young woman going through what I went through I rather call the person and advice the person if she heeds to it*

		fine, if not I've done my part "(67yrs, primary, widow)
	Sub-theme 2.2: Regular physical exercise	*"Yes I do. Assuming I'm from Teshie to La, instead of boarding a car I rather walk to La and that helps me health wise and makes me happy"* (77yrs, no formal education, married)
	Sub-theme 2.3: Social activities	*"Yes I go and it gives me joy…I'm mostly specially invited to such programs. I'm mostly inquired about various ways in which certain functions are performed and that is what God gave so I utilize it to the fullest and that brings me so much joy"* (77yrs, no formal education, widow)
	Sub-theme 2.4: Positive relation with others	*"Because I'm part of the older people in the community when such occasions come people call*

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		on me for suggestions and help. I recently helped someone do her outdooring ceremony and I was given 400 cedis" (77yrs, no formal education, married)
	Sub-theme 2.5: Medications	I take BP medications currently and taking it gives me hope of feeling better (69yrs, primary, widower)
Theme 3: Consequences of poor psychosocial wellbeing	Sub-theme 3.1: Continuous crying	"I really really cried and I was emotionally broken because he didn't live long to enjoy the fruit of his labour" (77yrs, no formal education, married)
	Sub-theme 3.2: Sleeplessness	"Till date when we go to our hometown I can barely sleep in our family house because of the memories" (72yrs, O' level, widow)
	Sub-theme 3.3: Emotional pain	"I was emotionally broken ...Be sure I was called one

		Sunday afternoon and I was told my daughter was dead, for a minute, I felt it was a joke and they told me it wasn't. I honestly felt pain in my heart" (70yrs, no formal education, widow)
Theme 4: Maximizing psychosocial wellbeing	Sub-theme 4.1: Prayers/Church activities	*"for church activities, I always show up, no matter how sick I feel I always show up to the church and when I come I feel happy"* (72yrs, O' level, widow)
	Sub-theme 4.2: Family duties	*"because we are the eldest in the family, we are Called when something happens…Also awo me ok yea me y3 weku ko mli, to wit, I have been appointed as an okyeame in a certain family, so when something happens I'm called and I see to it that the necessary arrangements are made and sometimes if it's an*

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		announcement I make it as well. (77yrs, no formal education, married)
	Sub-theme 4.3: Mentorship	*"I talk to these young ones and help straighten their paths for life just as our parents taught us, so for that I really do and I get great satisfaction out of that"* (72yrs, no formal education, divorced).

(Source: Researcher's construct, 2022)