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Selection, Optimization & Compensation Strategy and Social Support as Predictors of Elder's Psychological Wellbeing: The Case of West Shewa Zone, Oromia, Ethiopia

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Abstract- Psychological wellbeing is a crucial concern of the elderly. The aim of this study was to examine whether Selection, Optimization, & Compensation strategy and social support is predicting elders psychological well-being or not. At the same time patterns of Psychological wellbeing across demographic variables was identified. In order to achieve the objective of the study, community based descriptive survey design were used. Data were collected from arbitrarily selected 393 elders (170 males, and 223 females) in Western Shewa Town through questionnaire. As the result of the study revealed, most elders have moderate and below moderate Psychological wellbeing (30.3% & 49.4%), Selection, Optimization, Compensation strategy (31.6%, &47.7%) and social support(41.5% &37.7%) respectively. Also the result of the study indicated that Psychological well-being was significantly and positively correlated with social support (r=.977, P<.01), SOC (r=.980, P<.01), income (r=.772, P<.01) and educational level (r= .687, p<0.01) while, age were significantly & negatively correlated to psychological wellbeing of elderly (r=-.421, P<.01).As of the t-test showed there is significant gender difference between Male (mean=136.72, SD=49.29) and female (M=92.41, SD=42.83), total (393), (t=9.52,P=.000 (two-tailed), P<.05) in experiencing Psychological wellbeing.

Keywords: *social support, psychological well-being, selection, optimization and compensation strategy.*

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Selection, Optimization & Compensation Strategy and Social Support as Predictors of Elder's Psychological Wellbeing: The Case of West Shewa Zone, Oromia, Ethiopia

Ejigu Olana[α] & Tessema Amente[σ]

Abstract- Psychological wellbeing is a crucial concern of the elderly. The aim of this study was to examine whether Selection, Optimization, & Compensation strategy and social support is predicting elders psychological well-being or not. At the same time patterns of Psychological wellbeing across demographic variables was identified. In order to achieve the objective of the study, community based descriptive survey design were used. Data were collected from arbitrarily selected 393 elders (170 males, and 223 females) in Western Shewa Town through questionnaire. As the result of the study revealed, most elders have moderate and below moderate Psychological wellbeing (30.3% & 49.4%), Selection, Optimization, Compensation strategy (31.6%, &47.7%) and social support(41.5% &37.7%) respectively. Also the result of the study indicated that Psychological well-being was significantly and positively correlated with social support (r=.977, P<.01), SOC (r=.980, P<.01), income (r=.772, P<.01) and educational level (r= .687, p<0.01) while, age were significantly & negatively correlated to psychological wellbeing of elderly (r=-.421, P<.01).As of the t-test showed there is significant gender difference between Male (mean=136.72, SD=49.29) and female (M=92.41, SD=42.83), total (393), (t=9.52,P=.000 (two-tailed), P<.05) in experiencing Psychological wellbeing. On other hand, One-way ANOVA indicated that there is significant psychological well being (F=42.451,P=000) difference among elder's age categories(young, old and old old age) elder. The Scheffe post hoc tests also showed that there was a significant mean difference between elder's ages categories which implies young elderly had more psychological wellbeing than those were advanced in age. To promote psychological wellbeing of elderly, it was suggested that responsible organizations should establish different programs and activities that promote psychological well beings of elder.

Keywords: social support, psychological well-being, selection, optimization and compensation strategy.

I. Introduction

In recent years, there has been a rapid increase of elderly population all over the world. Nowadays, the proportion of one to ten persons is 60 years old and above, while in 2050 this rate will be one to five and finally in 2150 it will be one to three individuals (Helpage, 2004). In Ethiopia, the population of older persons is increasing from time to time. According to the Central Statistical Agency (CSA) national population and housing census report, the number of older people who aged 60 years and over was 3, 051,962 (CSA,1994). This number increased to 3, 441,024 by 2007 (CSA, 2007). This trend has shown that the number of older persons increased by 389,062 within a decade.

With regard to the concept of old age; there is no common agreement among psychologists which varies from context to context. For instance, Santrock(2006), Sharma, cited in Belay Getaneh (2010) and UN (2001) indicated that old age starts in the 60 has and stretches to 120 to125 years. While Riker and Braisbane (1997) contended that the period of old age begins at age of 65 and above. Among different developing countries, socially constructed meanings of age are more significant such as the roles assigned to older people; in some cases is the loss of roles accompanying physical decline which is significant in defining old age (Gorman, 2000).

The elderly in Ethiopia have been the source for Ethiopian rich history, culture and tradition. Similarly, Ethiopia has always valued and treasured the elderly to persevere its custom that has depth and maintained insurmountable originality (MOLSA, 2006). However, in the recent years, Ethiopia's elderly over the age of sixty have been marginalized. Ministry of Labour and Social Affaire (MOLSA) reported that there is a rapid growth of the elderly population in Ethiopia and high percentage of the population is facing economic, social, psychological, and religious atrocities (MOLSA, 2006), there is no government pension or assistance for the needy. Three percent of older people in the world suffer from some form of domestic abuse, neglect or mistreatment at any one time.

With increasing age, the relative importance of psychological wellbeing will change so that elders will have significantly different relationships among the components of psychological well-being more than the younger participants (Ryff, 1989). This effect will be more pronounced for those who are aging well in each of the cohorts as they use these resources to maintain optimal levels of functioning.

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Psychological well-being is a multifaceted concept; it is generally agreed that three aspects can be distinguished including evaluative well-being, involving global assessments of how people evaluate their lives, or their satisfaction with life; Affective or hedonic well-being, involving measures of feelings such as happiness, sadness and enjoyment and eudemonic well-being, which focuses on judgments about the meaning or purpose of one's life and appraisals of constructs such as fulfillment, autonomy and control (Dolan, Layard and Metcalfe, 2011; Kahneman and Deaton, 2010). It is a view of health that emphasizes the state of the entire being and its ongoing development (Andrew, Panayotes& Cesar, 2002).

Above all,research in this field suggests that using SOC strategies to manage changes in the multiple domains that occur in old age are a key factor to enhance personal development and well-being (Freund &Baltes, 2007).SOC strategy is universal processes of adaptive regulation throughout the life-span. Studies pointed out the importance of the interplay of the three SOC processes in successful ageing (Freund &Baltes, 2000). The positive relation of selection, optimization and compensation with subjective indicators of successful ageing as satisfaction with ageing and psychological well-being is pointed out in several research (e.g., Freund & Baltes, 1998; Freund & Riediger, 2003 cited in Gaudêncio, Silva, Dória, n.d). However, detailed investigation regarding the role of SOC strategy on psychological wellbeing of elders has not been done (Freund, 2002).

In the aging process, many of the losses such as loss of relationship, work productivity and financial strain are brought by factors external to older adults over whom they have little or no control. Psychological researches have explored the dimensions of PWB of elders. However, SOC strategy, social support and some selected socio-demographic variables including gender, marital status, age as well as income of the family as a conditioning factor of wellbeing has not yet been adequately explored. Contemporary few studies finding disclosed that there were no significant effect between social support variables and psychological well-being while others revealed as it is the most indispensable variable. Researchers also have investigated the moderate effects of SOC on the PWB of elders which calls for further research to explore this issue.

Beside to this, the Growth and Transformation Plan programs and the National Action Plan in 2014 which are implemented for the older people are focused on policies and community based alternatives that allow the elder dignity, freedom and their social connection to their community

However, lack of research finding conducted and absence of scholarly suggestions in West Shewa Zone about the frequency, causes and intervention mechanisms of elderly psychological wellbeing trigger the severity and magnitude of the problem. Therefore, the final result of this study has created new insights and understandings to implement properly, working in the helping professions. So, this study has been designed:

1. To identify the prevalence of SOC strategy,Social Support and PWB among elders in West Shewa Zonal Towns.
2. To investigate the association between SOC strategy, social support and PWB in West Shewa Zonal Towns
3. To see whether a statistically significant difference exists in PWB across sex, marital status, educational status, income, and health status on elders in West Shewa Zonal Towns
4. To identify the extents of SOC & Social support Predict Psychological wellbeing of elders in west Shewa Zone.
5. To recommend possible mechanisms to improve the situation.

II. Methodology

a) Description of Study Design and Area

This study was aimed at examine if there selection, optimization and compensation, and social support is predicting psychological wellbeing of elders in West Showa Zonal Towns. To address this objective, community based cross-sectional survey design was employed for the study that consists quantitative approaches. This study was conducted in West Showa Zonal Towns. It is a city in central Ethiopia; located in the West of the Oromia region, of Addis Ababa. The study site was purposively selected because the criterion showed the existing of elder persons with different challenges. Thus, having the understanding of the difficult situation of the elderly, those towns where selected for the study. In addition to this, the sites were selected based on the researchers' practical experiences and observation about psychological wellbeing among the elderly in the study area. Moreover, the area was the researcher's prospective place of work that where convenient for them to make a follow up studies on the issues.

b) Population

The target populations of this study were elder living in West Shewa Zonal towns. In this study, any individual whose age was above 60 years old regardless of sex, ethnicity and socio-economic status, religion, political outlook and educational level were targeted as a subject. Their age is limited based on the UN agreement to refer old age. UN adoption of a standard criterion to refer the older population in Africa is to be 60+ (Marybeth, 2001). There is a rapid growth of the elderly population in Ethiopia. As reported in 1994 by Central Statistical Agency, the number of older people who aged 60 years and over was 3,051,962. This

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number increased to 3, 441,024 by 2007 (CSA, 2007). Based on figures from the CSA in 2007, West Shewa Zone town has 10819 (6299 female and 4520 male) elders over 60 years.

c) Sampling and Sample Size Determination

The sample size was determined by using the following statistical formula because the target population is above 10,000.

$$n = \frac{Z^2 P(1-P)}{M^2} = \frac{1.96^2 \times 0.5(1-0.5)}{0.05^2} = 384$$

Based on the above formula, the study sample size where computed to be 384 participants, but the researchers considered in adding 10% contingency of elder participants in to the study population as non response rate to produce a valid result. Totally, 393 samples were included in this study. The sampling technique of the research was proportionate stratified sampling techniques.

Variable of the study: Psychological wellbeing was a dependent variable while, SOC, social support and some selected demographic variable were taken as independent variables of the study.

d) Instrument of data Collection

In order to collect data the 42-item Scales of Psychological Well-Being (Ryff et al., 2007), the 12-items Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988), and The 12-item SOC questionnaire were used in addition to self-developed background information collection tools. The validity and reliability of the instrument was checked on 80 subjects in ambo town, as the pilot study indicated the reliability coefficient of the instrument in alpha cronbatchwas (r=0.89 for Psychological wellbeing, r=0.91 for social support and r=0.86 for SOC respectively. After the data collected from respondents code was given for the completed questionnaires and insert to SPSS version 20 statistical packages and different statistical analysis techniques was employed.

III. Result and Discussion

Table 1: Status of Respondent's Perceived Social Support, SOC and Psychological Wellbeing

Characteristics	Category		Total	
			N	%
Social Support	**Low**	**12-28**	**148**	**37.7**
	Moderate	29-44	168	41.5
	High	45-60	82	20.9
SOC	**Low**	**12-28**	**187**	**47.6**
	Moderate	29-44	122	31.0
	High	45-60	84	21.4
Psychological well-being	**Low**	**42-98**	**194**	**49.4**
	Moderate	99-155	119	30.3
	High	156-210	80	20.4

As it was observed from the above table higher significant number of participants148 (37.7%) had low level of Social Support, while 168 (41.5%) of the respondents were experiencing moderate level Social Support, and only 82 (20.9%) had high level of Social Support. This result implies that only a few numbers of elderly have received high social support. Concerningto Selection, Optimization and Compensation strategy majority of the respondents 187 (47.6%) were had low Selection, Optimization and Compensation strategy hence, 122 (31.0%) had moderate level of SOC. From this result elderly level of SOC was low in which only a few numbers of elderly reported that their SOC level is high social support. With respect to the status of respondent psychological well being the result of the study confirmed that majority of them 194(49.4%) were experiencing low level of psychological well being while only 80(20.4) of the respondents showed high level of psychological well being.

a) Correlation between the predictor and outcome variables

Table 2: Correlation *between Independent and Outcome Variables*

Variables	correlation					
	Age	educational level	Income	Social Support	SOC	Psychological well-being
Age of respondents	-					
educational level	-.428**	-				
Income	-.461**	.768*	-			

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Social support	-.411**	.685**	.753**	-		
SOC (selection, Optimization and compensation)	-.415**	.699**	.760**	. .990**	-	
Psychological well-being	-.413**	.703**	.769**	.984**	.985**	-

*P<0.05 level (2-tailed) **P< 0.01 level (2-tailed)

The result of the study on the above table revealed that Psychological well-being was significantly and positively correlated with social support (r=.977, P<.01), SOC (r=.980, P<.01)), income (r=.772, P<.01) and educational level (r= .687, p<0.01). This implies that the availability of adequate social support, high level of SOC, increase in educational status and having high income increase elderly Psychological well-being. The result also indicated that Psychological well-being has significant negative relationship with age (r=-.421, P<.01.This show as age increases the level of Psychological well-being decrease.

b) Gender difference on Social support, SOC and Psychological wellbeing

Independent t-test was computed to see a gender difference on perceived social support, SOC and psychological wellbeing.

Table 3: Gender Differences on Social Support, SOC and Psychological well-being

	Sex	N	Mean	SD	t	Df	Sig.(2 tailed)	Decision
Psychological well-being	M	170	127.72	43.35	9.27	391	.000	significant
	F	223	89.65	37.89				

The result of t-test revealed that there is significant difference on experiencing Psychological wellbeing in males have (M=136.72, SD=49.29) and females (M=92.41, SD=42.83,t-value =9.52,P=.000 (two-tailed), P<.05). This implies that there is significant sex difference on psychological wellbeing in which male reported higher Psychological wellbeing than female elderly. So that sex significantly affects Psychological wellbeing of elderly.

c) Marital status and Psychological wellbeing

Table 4: Chi-square result on the difference of three levels of marital status on Psychological wellbeing

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	45.066[a]	4	.000
Likelihood Ratio	50.329	4	.000
Linear-by-Linear Association	34.310	1	.000
N of Valid Cases	393		

0 cells (0.0%) have expected count less than 5. The minimum expected count is 5.09.

Concerning psychological wellbeing and level of marital status the result of the study showed that there were significant different proportions observed between the three levels of marital status and psychological well-being value of .000<.05 (P-Value). This indicates that there were strong association between marital status and Psychological well-being. Also this indicated thatmajority of the married respondent (N=204) 128 (62.8%) revealed high or moderate Psychological wellbeing. Whereas majority of widowed elderly (N= 164) 107 (65.2%) and highly significant number of divorced elderly (N=25)18 (72.0%) had low psychological wellbeing. This implied that being married have significant contribution for elders psychological well being than widowed and divorced elders.

d) Age differences on Psychological wellbeing

To compare the three age groups on Psychological wellbeing one-way analysis of variance (ANOVA) was carried out. The results are presented in the following Tables.

Table 5: ANOVA Table summary of the three Age groups on Psychological Wellbeing

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	180087.773	2	90043.887	42.451	.000
Within Groups	827229.448	390	2121.101		
Total	1007317.221	392			

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As one can see from the above Table 6, there are significant differences between elders three level of age categories (i.e. young old, old, old old age) in their psychological well being with (F=42.451,P=000). This implied that age categories have strong prediction power on elders psychological well being. In other words F-test only shows the presence of significant differences among the participants of the age categories. However, it cannot locate where the differences lied. Therefore, in order to locate where the differences were existed, Scheffe pair wise comparison test was employed and results are presented in table 7 below.

Table 6: The Scheffe post hoc multiple comparisons test of the three age groups on Successful aging (N=393)

Variable	Age Categories	Number	Mean	St. deviation	Mean Difference		
					60-70	71-80	80+
Psychological wellbeing	60-70	182	131.01	50.59	-	23.51*	55.71*
	71-80	128	107.50	50.30		-	32.20*
	80+	83	75.30	22.76			-

*$P<0.05$

The Scheffe post hoc tests in Table 7 above showed that there was a significant mean difference between the age group of 60-70 and 71-80, 60-70 and 80+, and 70-80 and 80+ (mean diff=23.51, 55.71and 32.20) respectively in Psychological wellbeing. Elderly within the age range of 60-70 (M =131.01, SD=50.59) had significantly higher level of Psychological wellbeing than 70-80 (M=10.50, SD=50.30) and 80+(M=75.30, SD=22.76). The actual difference in mean scores between the groups was quite large. The effect size calculated using eta squared, was .18 which was large effect size or there is a large mean difference among three age groups on psychological wellbeing as shown in (Cohen, 1988). From the data one can conclude that when the age increase the level of successful aging and psychological well being decrease.

To sum up,the evidence from the results of the study showed that only 21.4%, 20.9% and 20.4% respondents had a high level of SOC strategy, Social support and Psychological Wellbeing respectively. This indicates that most of the elderly had a moderate and low level of psychological wellbeing because of low level of social support, SOC strategy, income, education and they were not living with spouses. Such findings would be in support of other studies on Psychological Wellbeing (*Adebowale S. A., Atte O., Ayeni. O.,2012)* reported that High proportion of the elderly in the community has poor well-being in North Central Nigeria. Present study indicated that there is a significant difference between male and female elderly on psychological wellbeing in which males' psychological wellbeing is higher than female which in consistent with former research conducted by (Strawbridge, Wallhagen and Cohen, 2002).

To sum up, since gender based discrimination was recorded in Ethiopia in the past in which males were dominant from the present study it is possible to conclude that gender is one factor which affect psychological wellbeing of elderly.

The result from Pearson correlation also revealed that the negatively significant relationship between age and psychological wellbeing. This result is consistence with (*Adebowale S. A., Atte O., Ayeni. O., 2012,* McLaughlin, et. al., 2010) which revealed that poor psychological wellbeing increase with age. In consistent to this finding the research conducted by (Strawbridge, et al., 2002) among 867 participants of the Alameda County Study also found that young elderly had more psychological wellbeing than those older adults who were advanced in age.In general, the result of this study indicated that social support, SOCstrategy and Demographic variable were significantly predicting elders psychological well being. Except with some many of the past result of the study in area were supporting with this finding.

IV. Conclusion and Recommendation

The main objective of the present study was to assess the role of SOC strategy, social support and selected demographic variables as predictors of elder's psychological wellbeing. The result of the study was portrayed that participants were closer to the lower level in Psychological wellbeing, SOC strategy and social support levels. On other hand Pearson correlation coefficient revealed that social support, SOC strategy, income and educational levels are positively and significantly correlated to Psychological wellbeing, while, there is significant negative relationship between age and elderly Psychological wellbeing. This means, as age increase psychological wellbeing decrease. Consequently, 60-70 age group reported higher psychological wellbeing and above 80 years were reported lower psychological wellbeing. The result of independent t-test also revealed that there is a significant gender difference in psychological wellbeing where male elderly report high psychological wellbeing than females.

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Based on the conclusions made above, the researchers forward the following suggestions:

Social support, & SOC strategy were strongly contributing strongest in the psychological wellbeing of elderly. Therefore, family, friends, relatives, government institutions, NGOs and other significant persons and institutions should better to understand the importance of social support & SOC strategy in promoting psychological wellbeing of elders.

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