

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

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6 *Received: 16 December 2016 Accepted: 3 January 2017 Published: 15 January 2017*

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8 **Abstract**

9 Psychological wellbeing is a crucial concern of the elderly. The aim of this study was to  
10 examine whether Selection, Optimization, Compensation strategy and social support is  
11 predicting elders psychological well-being or not. At the same time patterns of Psychological  
12 wellbeing across demographic variables was identified. In order to achieve the objective of the  
13 study, community based descriptive survey design were used. Data were collected from  
14 arbitrarily selected 393 elders (170 males, and 223 females) in Western Shewa Town through  
15 questionnaire. As the result of the study revealed, most elders have moderate and below  
16 moderate Psychological wellbeing (30.3)

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18 **Index terms**— social support, psychological well-being, selection, optimization and compensation strategy.

19 **1 Introduction**

20 In recent years, there has been a rapid increase of elderly population all over the world. Nowadays, the proportion  
21 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  
22 will be one to three individuals ??Helpage, 2004). In Ethiopia, the population of older persons is increasing from  
23 time to time. According to the Central Statistical Agency (CSA) national population and housing census report,  
24 the number of older people who aged 60 years and over was 3, 051,962 ??CSA,1994). This number increased to  
25 3, 441,024 by 2007 ??CSA, 2007). This trend has shown that the number of older persons increased by 389,062  
26 within a decade.

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

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

41 With increasing age, the relative importance of psychological wellbeing will change so that elders will have  
42 significantly different relationships among the components of psychological well-being more than the younger  
43 participants ??Ryff, 1989). This effect will be more pronounced for those who are aging well in each Psychological

#### 4 C) SAMPLING AND SAMPLE SIZE DETERMINATION

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44 well-being is a multifaceted concept; it is generally agreed that three aspects can be distinguished including  
45 evaluative well-being, involving global assessments of how people evaluate their lives, or their satisfaction with  
46 life; Affective or hedonic well-being, involving measures of feelings such as happiness, sadness and enjoyment and  
47 eudemonic well-being, which focuses on judgments about the meaning or purpose of one's life and appraisals of  
48 constructs such as fulfillment, autonomy and control (Dolan, Layard and Metcalfe, 2011; Kahneman and Deaton,  
49 2010). It is a view of health that emphasizes the state of the entire being and its ongoing development ??Andrew,  
50 Panayotes& Cesar, 2002).

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

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

67 Beside to this, the Growth and Transformation Plan programs and the National Action Plan in 2014 which are  
68 implemented for the older people are focused on policies and community based alternatives that allow the elder  
69 dignity, freedom and their social connection to their community However, lack of research finding conducted and  
70 absence of scholarly suggestions in West Shewa Zone about the frequency, causes and intervention mechanisms of  
71 elderly psychological wellbeing trigger the severity and magnitude of the problem. Therefore, the final result of  
72 this study has created new insights and understandings to implement properly, working in the helping professions.  
73 So, this study has been designed: 1. To identify the prevalence of SOC strategy, Social Support and PWB among  
74 elders in West Shewa Zonal Towns. 2. To investigate the association between SOC strategy, social support and  
75 PWB in West Shewa Zonal Towns 3. To see whether a statistically significant difference exists in PWB across  
76 sex, marital status, educational status, income, and health status on elders in West Shewa Zonal Towns 4. To  
77 identify the extents of SOC & Social support Predict Psychological wellbeing of elders in west Shewa Zone. 5.  
78 To recommend possible mechanisms to improve the situation.

79 II.

### 80 2 Methodology a) Description of Study Design and Area

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

### 91 3 b) Population

92 The target populations of this study were elder living in West Shewa Zonal towns. In this study, any individual  
93 whose age was above 60 years old regardless of sex, ethnicity and socio-economic status, religion, political outlook  
94 and educational level were targeted as a subject. Their age is limited based on the UN agreement to refer old  
95 age. UN adoption of a standard criterion to refer the older population in Africa is to be 60+ (Marybeth, 2001).  
96 There is a rapid growth of the

### 97 4 c) Sampling and Sample Size Determination

98 The sample size was determined by using the following statistical formula because the target population is above  
99 10,000.  $n = Z^2 P(1-P) 1.96^2 \times 0.5 (1-0.5) = 384$  M 2 0.05 2 Based on the above formula, the study sample  
100 size where computed to be 384 participants, but the researchers considered in adding 10% contingency of elder  
101 participants in to the study population as non response rate to produce a valid result. Totally, 393 samples were  
102 included in this study. The sampling technique of the research was proportionate stratified sampling techniques.

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## 103 5 d) Instrument of data Collection

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

112 As it was observed from the above table higher significant number of participants148 (37.7%) had low level of  
113 Social Support, while 168 (41.5%) of the respondents were experiencing moderate level Social Support, and only 82  
114 (20.9%) had high level of Social Support. This result implies that only a few numbers of elderly have received high  
115 social support. Concerningto Selection, Optimization and Compensation strategy majority of the respondents 187  
116 (47.6%) were had low Selection, Optimization and Compensation strategy hence, 122 (31.0%) had moderate level  
117 of SOC. From this result elderly level of SOC was low in which only a few numbers of elderly reported that their  
118 SOC level is high social support. With respect to the status of respondent psychological well being the result of the  
119 study confirmed that majority of them 194(49.4%) were experiencing low level of psychological well being while  
120 only 80(20.4) of the respondents showed high level of psychological well being. The result of t-test revealed that  
121 there is significant difference on experiencing Psychological wellbeing in males have ( $M=136.72$ ,  $SD=49.29$ ) and  
122 females ( $M=92.41$ ,  $SD=42.83$ , $t$ -value = $9.52$ , $P=.000$  (two-tailed),  $P<.05$ ). This implies that there is significant sex  
123 difference on psychological wellbeing in which male reported higher Psychological wellbeing than female elderly.  
124 So that sex significantly affects Psychological wellbeing of elderly. Concerning psychological wellbeing and level of  
125 marital status the result of the study showed that there were significant different proportions observed between the  
126 three levels of marital status and psychological well-being value of  $.000<.05$  (P-Value). This indicates that there  
127 were strong association between marital status and Psychological well-being. Also this indicated thatmajority  
128 of the married respondent ( $N=204$ ) 128 (62.8%) revealed high or moderate Psychological wellbeing. Whereas  
129 majority of widowed elderly ( $N= 164$ ) 107 (65.2%) and highly significant number of divorced elderly ( $N=25$ )18  
130 (72.0%) had low psychological wellbeing. This implied that being married have significant contribution for elders  
131 psychological well being than widowed and divorced elders.

## 132 6 Result and Discussion

### 133 7 c) Marital status and Psychological wellbeing

### 134 8 d) Age differences on Psychological wellbeing

135 To compare the three age groups on Psychological wellbeing one-way analysis of variance (ANOVA) was carried  
136 out. The results are presented in the following Tables. As one can see from the above Table 6, there are significant  
137 differences between elders three level of age categories (i.e. young old, old, old old age) in their psychological  
138 well being with ( $F=42.451$ , $P=000$ ). This implied that age categories have strong prediction power on elders  
139 psychological well being. In other words F-test only shows the presence of significant differences among the  
140 participants of the age categories. However, it cannot locate where the differences lied. Therefore, in order  
141 to locate where the differences were existed, Scheffe pair wise comparison test was employed and results are  
142 presented in table 7 below.

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

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

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

## 9 IV. CONCLUSION AND RECOMMENDATION

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

## 171 9 IV. Conclusion and Recommendation

172 The main objective of the present study was to assess the role of SOC strategy, social support and selected  
173 demographic variables as predictors of elder's psychological wellbeing. The result of the study was portrayed  
174 that participants were closer to the lower level in Psychological wellbeing, SOC strategy and social support levels.  
175 On other hand Pearson correlation coefficient revealed that social support, SOC strategy, income and educational  
176 levels are positively and significantly correlated to Psychological wellbeing, while, there is significant negative  
177 relationship between age and elderly Psychological wellbeing. This means, as age increase psychological wellbeing  
178 decrease. Consequently, 60-70 age group reported higher psychological wellbeing and above 80 years were reported  
179 lower psychological wellbeing. The result of independent t-test also revealed that there is a significant gender  
180 difference in psychological wellbeing where male elderly report high psychological wellbeing than females. Based  
181 on the conclusions made above, the researchers forward the following suggestions: Social support, & SOC strategy  
182 were strongly contributing strongest in the psychological wellbeing of elderly. Therefore, family, friends, relatives,  
183 government institutions, NGOs and other significant persons and institutions should better to understand the  
184 importance of social support & SOC strategy in promoting psychological wellbeing of elders.

V. 1

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.

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[Note: 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]

Figure 1:

1

| Characteristics          | Category | N       | Total%           |
|--------------------------|----------|---------|------------------|
| 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   | 99-155 49.4 30.3 |
|                          | Moderate | 119     |                  |
|                          | High     | 156-210 | 80 20.4          |

a) Correlation between the predictor and outcome variables

Figure 2: Table 1 :

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**2**

| Variables          | Age      | educational level | correlation |                 |                             |
|--------------------|----------|-------------------|-------------|-----------------|-----------------------------|
|                    |          |                   | Income      | Social Sup-port | SOCPsychological well-being |
| Age of respondents | -        |                   |             |                 |                             |
| educational level  | -.428 ** | -                 |             |                 |                             |
| Income             | -.461 ** | .768 *            | -           |                 |                             |

Figure 3: Table 2 :

**3**

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

Figure 4: Table 3 :

**4**

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

Figure 5: Table 4 :

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

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

Figure 6: Table 5 :

**6**

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Figure 7: Table 6 :

### 186 .1 Acknowledgements

187 We, the Authors would like to thanks Ambo University for the financial grant and Logistic service to conduct  
188 this study and West shewa social affairs office for their support in collecting information from the respondents.  
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