

**CORRELATION BETWEEN SELF-PERCEPTION TOWARDS AGEING
AND SUBJECTIVE WELL-BEING OF OLDER ADULTS IN KAJULU
WARD, KISUMU COUNTY, KENYA**

BY

EMMY KAGEHA INGAIZA

**A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF
REQUIREMENTS FOR THE DEGREE OF MASTER OF ARTS IN
COUNSELLING PSYCHOLOGY**

SCHOOL OF ARTS AND SOCIAL SCIENCES

MASENO UNIVERSITY

©2019

Declaration

This thesis is my original work and has not been presented for any award of degree in this or any other university/institution.

Student

Signature  Date 12/11/2019

EMMY KAGEHA INGAIZA

MA/FA/0018/2014

Supervisors Declaration:

This thesis has been submitted for examination with our approval as University Supervisors

Signature  Date 12/11/2019

DR. MARGARET DISIYE
DEPARTMENT OF PSYCHOLOGY
MASENO UNIVERSITY

Signature  Date 12/11/2019

DR. PETER OMAE ONDERI
DEPARTMENT OF PSYCHOLOGY
MASENO UNIVERSITY

Dedication

To

Dayo, my grandmother

The centenarian of my genealogy

With gratitude and admiration

Thanking you for your endurance and living to 104 years

Acknowledgement

I am first indebted to the almighty God for having enabled me to go through the process of thesis writing. Secondly I thank my supervisors; Dr. Margaret Disiye and Dr. Peter Omae Onderi for the valuable time, advice and guidance given to me during the entire period of this study. Your contributions were an eye opener towards quality work. Equally, I appreciate my peers Ann and Cornila with whom I shared my unprocessed thoughts and ideas. The encouragement you gave me was fundamental in helping me achieve my academic and professional goals. To my neighbors Charles and Walter our short but frequent discussion about this study formed the piles of steps that brought it to completion. To Ruth; for sure you are a special part of this study.

The contribution of the respondents in this research cannot go unnoticed. Their endurance and enthusiasm with which they cooperated in filling in the research instruments displayed their interest in the subject under study. The information they provided enabled me to put this research report together. Just to mention, your non-verbalized expectations from this study will come to pass with time and possibly with the next generations

Lastly, my gratitude goes to all those that am not able to mention by name, who contributed in a small way either by a way of discussion, answering my curiosity question or even showing interest in this study. Your input greatly helped in bringing this study to a completion. God bless each one of you in a special way.

To my family; brother, sisters and late brothers, your encouragement was a valuable input. God bless you.

Abstract

The older adults of the 21st century are experiencing a longer lifespan. This trend may be viewed as an achievement as well as a challenge to the society. The ageing populations are faced with physical, psychosocial, emotional, cognitive, behavioural and environmental changes. In the process, the older adults form beliefs, attitudes and feelings and perform behaviours that influence their perception towards ageing and well-being. Research into self-perception towards ageing and subjective well-being of older adults is at an early stage world over. Most of the available information has been obtained from studies conducted west. However, studies done in Kenya have focused on older adult's abuse and vulnerability. Furthermore, these studies have used younger populations, thus lack self-reporting by the older adults themselves. Therefore, this study aimed at establishing the correlation between self-perception towards ageing and subjective well-being of older adults in Kajulu ward, Kisumu County. The study objectives were to: establish the relationship between self-perception towards ageing and subjective well-being, to find out the influence of demographic characteristic on self-perception towards ageing, determine the influence of demographic characteristics on subjective well-being, and lastly to establish the strongest predictor of subjective well-being of older adults. The study adopted Theory of Reasoned Action (Fishbein & Ajzen, 1975) and Theory of Planned Behaviour (Ajzen & Fishbein, 1980) that relate to voluntary cognitive behavioural representation and involuntary emotional behaviours respectively. Causal-comparative and correlation research designs were used to obtain data from a random sample of 140 older adults aged above 65years. The data was collected by use of questionnaires. Data was analyzed using Pearson correlation coefficient, the ANOVA followed by post hoc Tukey HSD tests and regression analysis. The study instrument had a reliability of $\alpha = .65$. Findings revealed a weak, negative correlation between self-perception towards ageing and subjective well-being of older adults. Employment status and poor self-perceived health significantly influenced self-perception towards ageing. The findings further revealed that being married, having own source of income, attaining secondary education and poor self-perceived health significantly influenced subjective well-being. The relative absence of negative affect, positive affect and satisfaction with life emerged as the strongest predictor's of subjective well-being of older adults. Understanding the dynamics and intrapersonal processes of self-perception towards ageing may help in adopting psychological interventions, strategies and policy programs that could enhance subjective well-being of older adults.

Table of Contents

Declaration	ii
Dedication	iii
Acknowledgement.....	iv
Abstract	v
Table of Contents	vi
List of Tables	ix
List of Figures.....	xi
Operational Definitions of Terms.....	xii
List of Abbreviations and Acronyms	viii
CHAPTER ONE: INTRODUCTION	1
1.1 Introduction.....	1
1.2 Background to the Study.....	1
1.3 Statement of the Problem.....	4
1.4 The purpose of the Study.....	5
1.5 Research Objectives.....	5
1.6 Research Hypothesis.....	5
1.7 The Significance of the Study.....	5
1.8 The Scope of the Study.....	6
1.9 Limitations of the Study.....	6
1.10 Theoretical Framework	7
CHAPTER TWO: LITERATURE REVIEW	12
2.1 Introduction	12
2.2 Relationship between Self-Perception towards Ageing and Subjective Well-being of older adults	12
2.2.1 Self-Perception towards Ageing	12
2.2.2 Subjective Well-Being of Older Adults	18
2.2.3 Correlation between Self-Perception towards Ageing and Subjective Well-Being of Older Adults	21
2.2.4 Predictors of Subjective Well-Being of Older Adults	23
2.3. The Influence of Demographic Characteristics on Self-Perception towards Ageing of Older Adults	24

2.4 The Influence of Demographic Characteristics on Subjective Well-being of Older Adults	28
CHAPTER THREE: RESEARCH METHODOLOGY	34
3.1 Introduction	34
3.2 Research design	34
3.3 Study Area	35
3.4 Study Population	35
3.5 Sampling Procedures and Sample Size	36
3.6. Data collection Techniques	38
3.6.1. Demographic Characteristic	38
3.6.2 The Attitudes to Ageing Questionnaire	39
3.6.3 The Satisfaction with Life Scale	39
3.6.4. The Positive Affect and Negative Affect Schedule	40
3.7 Reliability and Validity	40
3.8 Data Analysis and Presentation	41
3.9 Ethical considerations	43
CHAPTER FOUR: DATA PRESENTATION, ANALYSIS, INTERPRETATION AND DISCUSSION	44
4.1 Introduction	44
4.2 Demographic Characteristics of Participants	44
4.3 Relationship between Self-Perception towards Ageing and Subjective Well-Being of Older Adults	47
4.3.1 Descriptive Statistics of Self-Perception towards Ageing	47
4.3.2 Subjective Well-Being of Older Adults	52
4.3.3 Correlation between Self-Perception towards Ageing and Subjective Well-Being among Older Adults	55
4.4 The Influence of Selected Demographic Characteristics on Self-Perception towards Ageing of Older Adults	64
4.4.1 Non-Significant Demographic Characteristics and Self-Perception towards Ageing	65
4.4.2 Significant Demographic Characteristics and Self-Perception towards Ageing	68
4.5 The Influence of Demographic Characteristics on Subjective Well-Being of Older Adults	72

4.5.1 Non-significant Demographic Characteristics on Subjective Well-Being of Older Adults	72
4.5.2 Significant Demographic Characteristics on Subjective Well-Being of Older Adults	76
CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS	85
5.1 Introduction	85
5.2 Summary of Findings	85
5.3 Conclusions.....	87
5.4 Recommendations.....	88
5.5 Suggestions for Further Research	89
REFERENCES	90
APPENDICES	107
Appendix A: Informed Consent letter	107
Appendix B: Self-Perception of Older Adults towards Ageing and Their Subjective Well-being Questionnaire	108
Appendix C: Request for Permission to Collect Research Data.....	113
Appendix D: Proposal Approval Letter	114
Appendix E: NACOSTI letter of Authorization to collect data for research	115
Appendix F: NACOSTI Research Clearance Permit	116
Appendix G: County Commissioner authorization letter	117
Appendix H: County Director of Education Consent letter	118
Appendix A: Location of Kajulu Ward on the Map of Kenya	119

List of Tables

Table 1 Study Sample Size by Sub-Location	37
Table 2 Data Analysis Matrix	42
Table 3 Demographic Characteristics of Participants	45
Table 4 Frequency and Percentages for Subjective Age of Older Adults	48
Table 5 Frequency, Percentages, Mean and Standard Deviations for the Domains of Self-Perception towards Ageing	50
Table 6 Frequency, Percentages, Mean and Standard Deviations for Health Status of Older Adults	52
Table 7 Frequency, Percentages, Mean and Standard Deviations for the Domains of Subjective Well-being of Older Adults	53
Table 8 Correlation between Self-Perception towards Ageing and Subjective Well-Being of Older Adults.....	56
Table 9 Correlation Analysis Results between the Significant Variables of Subjective Well-Being of Older Adults.....	60
Table 10 Regression Analysis on Predictors of Subjective Well-Being of Older Adults.....	61
Table 11 Analysis of Variance of Predictor Variables on Subjective Well-Being of Older Adults	62
Table 12 Regression Analysis of Predictor Variables on Subjective Well-Being of Older Adults.....	63
Table 13 The ANOVA Results for Non-Significant Demographic Characteristics and Self-Perception towards Ageing	65
Table 14 The ANOVA Results for Significant Demographic Characteristics and Self-Perception towards Ageing	68
Table 15 Multiple Comparison Tabulation for the Influence of Employment on Self-Perception towards Ageing	69
Table 16 Multiple Comparison Tabulation for the Influence of Health Status on Self-Perception towards Ageing	70
Table 17 The ANOVA Results for Non-Significant Demographic Characteristics and Subjective Well-Being of Older Adults	73
Table 18 The ANOVA Results for Significant Demographic Characteristics and Subjective Well-Being of Older Adults	77

Table 19 Multiple Comparison Tabulation for the Influence of Academic Level on Subjective Well-Being of Older Adults78

Table 20 Multiple Comparison Tabulation for the Influence of Marital Status on Subjective Well-Being of Older Adults80

Table 21 Multiple Comparison Tabulation for the Influence of Other Sources of Income on Subjective Well-Being of Older Adults81

Table 22 Multiple Comparison Tabulation for the Influence of Overall Self-Perceived Health on Subjective Well-Being of Older Adults83

List of Figures

Figure 1: Conceptual Framework of Self-Perception towards Ageing, Social Cultural Factors and Subjective Well-Being of Older Adults.....	10
Figure 2: Scatter Plot map showing the relationship between Self-Perception towards Ageing and Subjective Well-Being of Older Adults.....	57

Operational Definitions of Terms

The following terms have been defined as used within the study as:

Eternal Youth refers to a never-ending felt tendency of the older adults to feel and behave younger than their actual age. This allows the older adult to fit into the current societal trends

Life Satisfaction represents the conscious cognitive judgmental process of subjective well-being in which individuals assess the quality of their lives on the basis of their own unique set of criteria

Negative Affect: In this study positive affect is represented by absence of unpleasant feelings of being afraid, upset, nervous, ashamed and hostile

Older adult will be represented by those adults aged 65 years and above participating in the social protection programme under the older persons cash transfer sub-programme for the elderly being implemented by the Department of social services

Positive Affect: In this study positive affect is represented by presence of pleasant feeling of being inspired, alert, attentive, active and determined

Self-perceptions of ageing refer to individualized view of own age and ageing process in general

Subjective well being is described as overall happiness and satisfaction with various life facets. In this study subjective well-being also refer to as happiness, quality of life and life satisfaction.

Successful ageing: Is about being satisfied with where one is and what he or she has. It is also accepting what one is at a particular point in time. It entails the older adult not dwelling on what he or she could have been or forgot to do or couldn't do or things he or she wants to do that he or she is no longer capable of doing.

List of Abbreviations and Acronyms

AAQ	Attitude to Ageing Questionnaire
APA	American Psychological Association
GOK	Government of Kenya
KNCHR	Kenya National Commission for Human Rights
NA	Negative affect
OPCT	Older Persons Cash Transfer
PA	Positive Affect
PANAS	Positive Affect and Negative Affect Schedule
PANAS-SF	Positive Affect and Negative Affect Schedule Short-Form
PHYCH	Physical Change
PSYGRO	Psychological Growth
PSYSOLOSS	Psychosocial Loss
QOL	Quality of Life
SPA	Self Perception of ageing
SPSS	Statistical package for social sciences
SWB	Subjective Well-being
SWLS	Satisfaction with Life Scale
TpB	Theory of Planned Behaviour
TRA	Theory of Reasoned Action

CHAPTER ONE

INTRODUCTION

1.1 Introduction

This chapter presents the background and statement of the research problem, purpose of the study, objectives and research hypothesis that guided the study. The study significance, scope, limitations and delimitations are also presented. In addition the theoretical and conceptual frameworks adopted for the study are also provided.

1.2 Background to the Study

The older adults of the 21st century are living longer lives than the previous generations across the globe; Asia, Europe, Latin America, North America, Oceania and Sub-Saharan Africa (Population Pyramid of the World, 2015a). By the 2015, the world's population aged 60 years and older was 900 million, this is expected to rise to 2 billion by 2050. It is also noted that the ageing population started in high income countries. Further, it is estimated that 80% of older people in the world will be living in low-income and middle-income countries by the year 2050 (United Nations Population Division, 2013) and that these persons will be faced with more concerns and worries about ageing (Pew Research Center Survey, 2014). This demographic shift towards the later years of life therefore, poses major challenges that necessitate health, psychosocial and economic enhancement. These statistical assessments are supported by Buki (2014) and Grundy (2006) view that older people's capacity to live a longer life of quality is a pressing issue. Moreover, Heppner, Casas, Carter and Stone (2000 p. 7) proposed that ageing concerns should go beyond biological changes; to consider the contextual factors that influence perceptual evaluations of self-ageing and adaptive subjective well-being across all the countries of the world.

Europe is estimated to have the highest world ageing proportion projected at 36.6% by 2050. Past studies indicate that Europeans are less worried and concerned about the ageing population (Pew Research Center Survey, 2014). More studies indicate that more positive perception towards ageing is associated with higher levels of subjective well-being (Bryant, Bei, Gilson, Komiti, Jackson,

& Judd, 2012). In addition demographic characteristics such as better financial status, being employed and relationship status were also associated with positive perception towards ageing and subjective well-being. Other studies have given contrary findings (Mehmet & Yardan, 2012). In America, where ageing population is projected at 27% by 2050 has also given an increasing trend. Studies have shown that despite experiencing late-life disability, adequate health care and psychosocial support promotes successful ageing among the older adults (Romo, Wallhagen, Yourman, Yeung, Eng, Micco, Perez-Stable & Smith, 2012). On the contrary, a study by Trigg, Watts, Jones, Tod and Elliman (2012) revealed more negative perception to ageing and a lower subjective well-being among the older adults with dementia while a study by Steptoe, Deaton and Stone (2015) revealed that older adults experience varying life satisfaction levels and emotions as they age. Other studies have indicated that demographic characteristics such as gender (Cachioni, Delfino, Yassuda, Batistoni, & de Melo, 2017), being of a younger feel age and being married impacts positively on self-perception and subjective well being of older adults. These studies have indicated differing relationship between self-perception towards ageing and subjective well-being.

Ageing population growth in Asian and Oceania countries is also estimated to be at 22% by 2050. However, studies in Asia have shown incongruent finding regarding self-perception towards ageing and subjective well-being of older adults. Studies such as Lu, Kao and Hsieh (2010) and Sargent-Cox, Anstey and Luszcz (2012a) have associated more positive perception towards ageing with higher levels of subjective well-being. However, other studies revealed a neutral level of self-perception about ageing and a medium level of subjective (Suh, Choi, Lee, Cha, & Jo, 2012). Besides adequate health and economic status, Asian countries have indicated that characteristics such as age, gender, educational level and family relations (Chung & Lee, 2011; Ng, Hakimi, Byass, Wilopo, & Wall, 2010; Ladusingh, & Ngangbam, 2016; Suh, *et al*, 2012, Zhang, & Li, 2013) have differing influence on both self-perception and subjective well-being.

In Sub-Saharan Africa, aged population is expected to be at 10.2%. In particular, Ghanaian population proportion aged 65 years and older was estimated at 3.0% in 2015 and is expected to increase to 6.3% in 2050 (Ghana Statistical Service, 2013;

Population Pyramid of the World, 2015b). The increasing population poses a major concern due to uncertainty about required policy approaches towards understanding the ageing process (Aboderin, 2010). The apprehension of Aboderin was echoed by Mwanyangala, Mayombana, Urassa, Charles, Mahutanga, Abdullah and Nathan (2010) who revealed a low well-being and poor health status among the older Tanzanian. Further, a study by Calys-Tagoe, Hewlett, Dako-Gyeke, Yawson, Baddoo, Seneadza, Mensah, Minicuci, Naidoo, Chatterji, Kowal and Biritwum (2014) and (Phaswana-Mafuya, Peltzer, Chirinda, Kose, Hoosain, Ramlagan, Tabane and Davids (2013) have indicated that besides high income, young oldage, male sex, and higher educational levels are predictors of subjective well-being.

In Kenya, people aged 65 years and above accounted for 2.8% in 2015 and is projected to increase to 6.1% by 2050 (Population Pyramid of world, 2015c). As a result, as it is elsewhere across the globe, Kenyan older people form an increasingly important sub-group that requires adequate health care, psychosocial and economical support in regard to ageing process (Pew Research Center Survey, 2014). A study by Walaba (2014) found out that ageing persons with positive experiences healthily lived beyond 100 years whereas Kabole, Kioli & Onkware, 2013; Kyobutungi, Egondi, & Ezeh, 2010) revealed that different groups of people have different perception towards the elderly, ageing and well-being. In addition, survey reports that many Kenyans have fears and anxieties about growing old (KNCHR, 2009; Pew Research Center Survey, 2014). The results also revealed that age, being male or female, being married and living with spouse or young children had a positive influence on self-perception towards ageing and subjective well-being. Further, the findings advise governments to design innovative policies and services. One of the mitigating strategies adopted by the Kenya Government is the Older Persons Cash Transfer (OPCT) programme that focuses on improving livelihoods of persons aged 65 years and above (GOK, 2006; GOK, 2009; GOK, 2012). Besides, most studies conducted in Kenya have investigated into older adult's abuse and vulnerability (Kabole, Kioli & Onkware, 2013; Kyobutungi, Egondi, & Ezeh, 2010; Walaba, 2014). Therefore, this study sought to gain an understanding into intra-personal and inter-personal characteristics of older adults who participate in the OPCT program.

In this study, old age refers to chronological age of 65 years and above and that ageing is not synonymous with disease and inactivity. Subjective well-being is defined as life experiences that translate to happiness and personal excellence as measured by an older adult satisfaction with life, presence of positive affect and relative absence of negative affect (Diener, Emmons, Larsen, & Griffin, 1985; Ryff, 2014; Thompson, 2007). Self-perceptions represent an integration of thoughts, feelings, and memories towards physical change, psychosocial loss and psychological growth domains either as a direct experience or by observation (Laidlaw, Power & Schmidt, 2007). Previous studies have positively linked self-perceptual evaluations of the immediate environmental characteristics with subjective well-being. However, others have indicated contrasting results across regions and nations. Therefore, this study sought to correlate self-perception towards ageing and subjective well-being of older adults living in Kajulu ward.

1.3 Statement of the Problem

Many countries across the world have registered improving trends in self-perception towards ageing and subjective well-being of older adults, but a decline is evident in some. It is apparent that the positive outlook about ageing has been enhanced by national programs that focus on both inter-personal and intra-personal factors. These factors include having a good physical health, retention of cognitive and physical abilities, interacting with others in a meaningful way and psychological resources such as having sense of control over life and an effective coping and adaptive strategies in the face of changing life circumstances. The western countries posit programs that focus on social support and health care for the senior citizen. In Kenya, the OPCT program, which is a social-economic protection mechanism, aims at improving subjective well-being and livelihood of older adults. However, most studies conducted on OPCT program have used responses from younger cohorts and focused on the vulnerability, abuse and on policy issues of older adults. Therefore, this study aimed at studying on the correlation between self-perception towards ageing and subjective well-being of older adults receiving cash from OPCT program. Besides the economical empowerment being implemented by the Kenyan Government, the findings of this study would help to build knowledge on perceptual evaluations of ageing and subjective well-being of older adults.

1.4 The purpose of the Study

The purpose of this study was to establish the kind of relationship that exists between self-perception towards ageing and subjective well-being of older adults aged 65 years and above.

1.5 Research Objectives

1. To establish the relationship between self-perception towards ageing and subjective well-being of older adults in Kajulu ward, Kisumu County.
2. To find out the influence of selected demographic characteristics on perception towards ageing of older adults in Kajulu ward, Kisumu County.
3. To determine the influence of selected demographic characteristics on subjective well-being of older adults in Kajulu ward, Kisumu County.

1.6 Research Hypothesis

- H₀₁ There is no statistically significant relationship between self-perception towards ageing and subjective well-being of older adults in Kajulu ward, Kisumu County.
- H₀₂ There is no statistically significant influence of selected demographic characteristics on self-perception towards ageing of older adults in Kajulu ward, Kisumu County.
- H₀₃ There is no statistically significant influence of selected demographic characteristics on the subjective well-being of older adults in Kajulu ward, Kisumu County.

1.7 The Significance of the Study

The findings of this study would help counseling psychologist's clinical decision-making process in providing appropriate psychological care to the older adults. The findings on subjective well-being presents an opportunity for psychologists to demonstrate the positive impact psychological interventions can produce in societies regarding the ageing process.

It is also hoped that the findings of this study may inform government policy deliberations in protection and care for the older adults. Kenyan programme such as OPCT focuses on economic empowerment. Therefore, the study sought to

broaden on information that will guide the policy makers in the Kenyan Government to achieving the social development goals and adherence to the Kenyan constitution in improvements of human conditions and rights (GOK, 2003; GOK, 2010). Other policy issue; universal education, universal health care, employment, and social protection mechanism and pension schemes for the older persons may benefit from this study.

Finally the study may be of benefit for further studies in the areas of perception towards own ageing and the corresponding subjective well-being of the older adults.

1.8 The Scope of the Study

This research study sought to determine the correlation between self-perception towards ageing and subjective well-being of older adults aged 65 years and above. The the study was conducted in the month of June, 2017 and used a combination of correlation and causal-comparative research designs. The accessible population consisted of 485 older adults receiving cash transfer fund from the Kenyan Government in Kajulu ward, Kisumu County. It used proportionate stratified random and simple random sampling techniques to obtain a sample size of 140 older adults. The study used a questionnaire to explore into the self-perception towards ageing, to determine the level of satisfaction with life and to analyze positive and negative affect of older adults. The data was analyzed using the correlation coefficient, the regression coefficient, the ANOVA and the Post Hoc Tukey test. The study was guided by the Theory of Reasoned Action (Fishbein, & Ajzen, 1975) and the Theory of Planned Behaviour (Ajzen, & Fishbein, 1980).

1.9 Limitations of the Study

The limitations relate to the study designs and instrumentation. The study adopted causal-comparative and correlation research designs. The causal comparative design examined the older adults behavioural, cognitive and emotional experiences connected to recall of past events; that impinge on the accuracy of certain information. In this case no conclusions was drawn about causality of the older adults' perceptions towards own ageing and subjective well-being. Secondly, all measures were self-reported and related to potential long recall periods. The

recall of activities could have been subjected to under estimation or over estimation based on older adults' affective status at the time of responding to the questionnaire items. Nevertheless, the study still adopted the causal-comparative and correlation designs. This limitation was dealt with by randomization and elimination procedures (Oso & Onen, 2008). This controlled for confounding variables known and imagined. This was achieved by confining the study population to older adults who were participating in the Older Persons Cash Transfer programme (OPCT). These limitations prevented generalizations of study findings to other samples.

1.10 Theoretical Framework

This research was based on the Theory of Reasoned Action (TRA) by Fishbein and Ajzen (1975) and the Theory of Planned Behaviour (TPB) by Ajzen and Fishbein (1980) that predicts that behaviour can either be under individual's voluntary control or can be involuntary. The theory of reasoned action assumes that individuals are usually rational and make systematic use of information available in the immediate environment; they consider the implications of their actions before they decide to engage or not to engage in a given behaviour. The theory suggests that the older adult can motivate themselves to control the way they think about the ageing process. On the contrary, when behaviours are not fully under volitional control, even though a person may be highly motivated by own perception and subjective norm, he or she may not actually perform the behaviour due to the way they feel about the intervening characteristics such as living arrangements, income levels, their relationship with family, age and being male or female. Conversely, the theory of planned behavior by Ajzen and Fishbein (1980) helps to understand motivational influences that individuals have incomplete volitional control over emotional experiences and subsequent behaviour. In this study the self-perception of an older adult towards ageing is determined by the belief that performing a particular behaviour will produce higher subjective well-being. Subjective well-being is described in two dimensions; the cognitive dimension that is under voluntary control that represents the older adult satisfaction with life and emotional dimensions that is involuntary as indicated by the presence of positive affect and the relative absence of negative feelings.

Moreover, Fishbein and Ajzen described the aspects of behaviour control as being on a continuum from one of little control to one of great control, with people who feel they have power over their behaviours experiencing a positive self-perception. A general rule for the two theories is that the more favorable the self-perception towards ageing and demographic characteristics, the greater the perceived control, the stronger the intention to perform the behaviour in question and the higher the subjective well-being. As adopted in this study, the older adult's perception towards own ageing may be influenced by the subjective norm and outcome. If the older adult perceives that the outcome from performing a particular behaviour is positive, he or she will have a positive perception towards performing that behaviour. The opposite can also be stated if the behavior is thought to bring about a negative perception. Therefore, the intent to perform behaviour depends upon the product of the measures of self-perception and the resultant subjective well-being.

Other competing theories include the learning theories of both classical and operant conditioning. As cited by McLeod, (2018a), the operant conditioning works with voluntary behaviours (Pavlov, 1927). The pleasurable cognitive and emotional experience is seen to be having positive reinforcing qualities that increases the likelihood of the older adult engaging in specific behaviours. The negative emotional and cognitive experiences may be negatively reinforcing, thus increasing the likelihood of engaging in behaviours that would enable the older adult to avoid a specific behaviours. In classical conditioning that works with involuntary behaviors (Skinner, 1954; McLeod, 2018b), subjective emotional and cognitive experiences are seen as unconditioned response to certain stimuli (for example the older adult feeling upset when he/she loses physical independence) which become the conditioned response to the contiguous stimuli (for example the person who should render the required assistance). The learning theories have a potential for creating quite a complex association between the environmental cues and the subjective emotional and/or cognitive experiences. This may create more psychological harm to the older adults. Hence the two theories; reasoned action and planned behaviour, provided a suitable theoretical framework to studying the relationship between self-perception toward ageing and subjective well-being of older adults.

The theory of reasoned action and theory of planned behaviour have been applied in previous research studies in the domain of health. Godin and Kok (1996) used the model effectively in explaining intention, perceived behavioural control and perception in determining health-related behaviour across categories such as exercise and food choices. A study by Delamater and Myers (2007) established the links between beliefs, perceptions, norms, intentions and behaviours of individuals. Lastly, a study by Hardeman, Johnston, Johnston, Bonnetti, Wareham and Kinmonth (2010) found out the model is applicable to measure process and outcome variables and to predict intention and behaviour. Therefore, the theory of reasoned action and the theory of planned behaviour were adopted for their presupposition that any specific perception towards ageing is expected to predict the subjective well-being of older adults. Study theoretical framework is diagrammatically conceptualized in Figure 1.

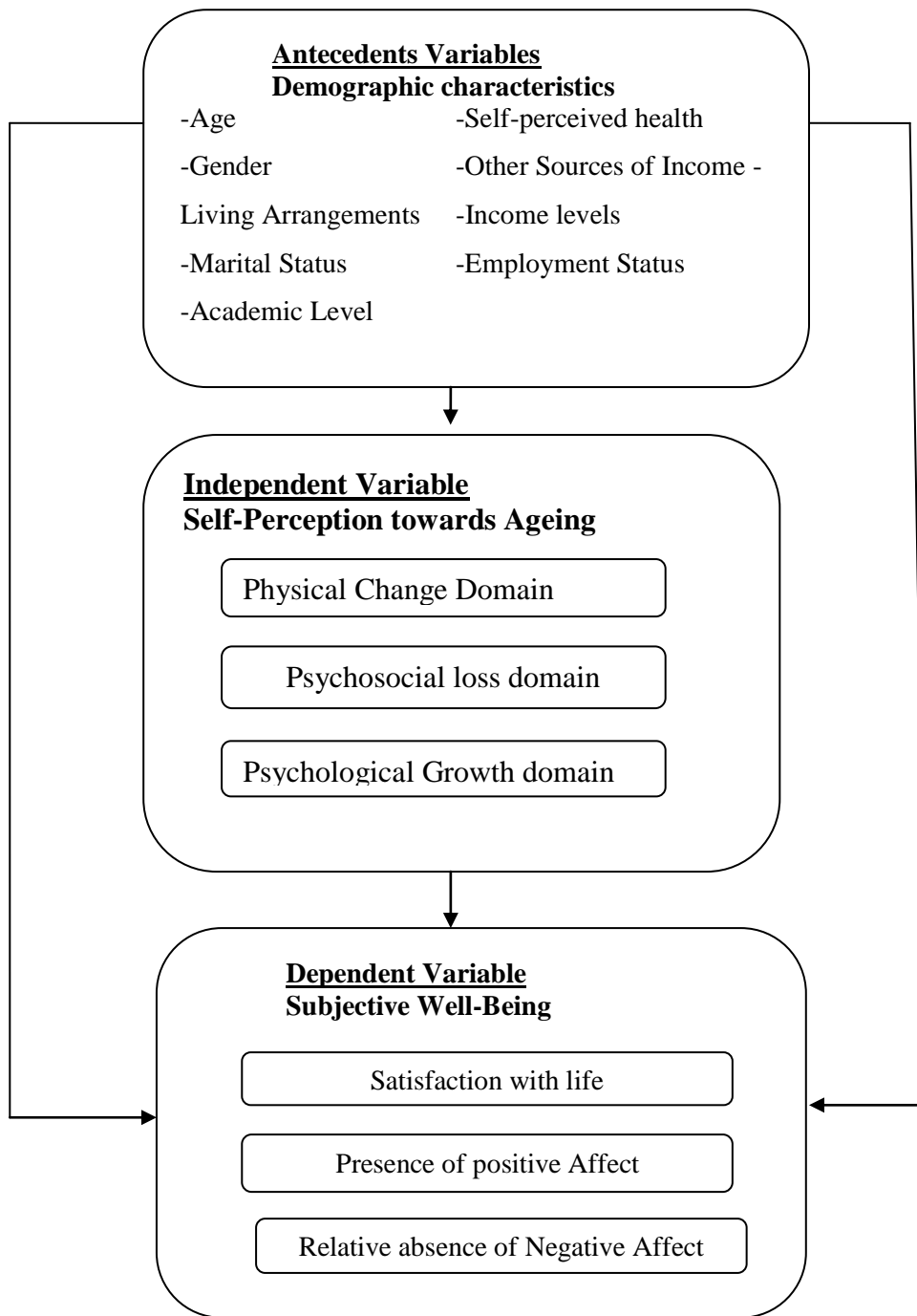


Figure 1: Conceptual Framework of Self-Perception towards Ageing, Social Cultural Factors and Subjective Well-Being of Older Adults

Adopted from Oseno (2014) and modified

Figure 1 presents a conceptual framework of the relationship between the three domains self-perception towards ageing and the subjective well-being as influenced by selected demographic characteristics as antecedent variables. In this case, demographic characteristics catalyze the influence that precedes the relationship between self-perception towards ageing and subjective well-being. Thus, demographic characteristics cause an influence on self-perception towards ageing and the resultant influence; self-perception towards ageing may in turn cause effect in subjective well-being. The concept of self-perception encompasses positive or negative individualized evaluations in the domains of physical change, psychosocial loss and psychological growth as dictated by experienced life events. Scores on any of the three domains has an independent influence towards self-perception, which in-turn may or may not influence the succeeding subjective well-being. Subjective well-being encompass satisfaction with life that is associated with cognitive appraisals of the past life experiences, positive affects and negative affects both associated with the present emotional life experiences. Unlike the domains of self-perception, the three indices have a collective influence towards subjective well-being.

Previous studies have indicated that demographic characteristics are presumed to have a course-effect influence on how self-perception towards ageing relates to the subjective well-being of older adults. In this study the demographic characteristics included age, gender, marital status, living arrangements, employment status, income levels, other sources of income and overall self-rated health. The variables in this study have a multiplier effect; the more favorable the demographic characteristics, the more positive the self-perception towards ageing, the more satisfied a person is with life, the higher the presence of positive affect and a relative absence of negative affect and the higher the subjective well-being of older adults. The researcher used both theoretical and conceptual framework. The theoretical framework provided a general contextual representation of the relationship between self-perception towards ageing and subjective well-being. The conceptual framework graphically explained the specific direction by which the study was undertaken and an understanding of how the research variables connect with each other and the presumed relationship among them.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter presents a review of literature related to the correlation between self-perception towards ageing and subjective well-being of older adults. It also highlights on the influence of selected demographic characteristics; actual age, gender, marital status, monthly income, sources of income, living arrangement and self-perceived health on the research independent variable of self-perception towards ageing and the dependent variable subjective well-being of older adults.

2.2 Relationship between Self-Perception towards Ageing and Subjective Well-being of older adults

2.2.1 Self-Perception towards Ageing

Self-perception represents integrative judgments that summarize the thoughts, feelings, and memories people have toward objects or situations from their direct experience or observation. Self-perception of ageing refers to a personal evaluation of one's own age and ageing process (Levy, 2009). The concept of self-perception towards ageing has two indices; ageing satisfaction and subjective ageing. Subjective age, which is also known as self-perceived age or age identity (Barrett, 2003; Gabrian & wahl, 2017) indicates how old a person feels, the age a person looks and into which age group a person categorizes himself or herself as reflected by the activities and interests of the person (Westerhof, Miche, Brothers, Barrett, Diehl, Montepare, Wahl, & Wurm, 2014). Subjective age is derived from comparison processes whereby individuals' comparing themselves where they are in their lives to where they are expected to be (Barrett & Montepare, 2015). Gerontologists have recognized that different conditions that people experience as they grow older within the years defined as old age determine the ageing process. Therefore, rather than lumping together all people who have been defined as old, some gerontologists have recognized the diversity of old age by defining three sub-groups; the young old (60 - 69), the middle old (70 - 79) and the very old (80 years and older) (Forman, Berman, McCabe, Baim, & Wei, 1992). Describing sub-groups enable a more accurate portrayal of significant life changes that are

helpful in the development of older adult's strategies and interventions. This grouping is useful in understanding the older adult's diverse experiences, in that a 65-year-old's experience of life is much different than a 90-year-old's. Many scholars' report that younger adults often feel or want to be older than they actually are and middle-aged and older adults report younger subjective ages. Feeling younger than one's chronological age by older adults is seen as a self-enhancement and self-protective strategy that helps to psychologically dissociate one against the negative age stereotypes held by society (Weiss & Lang, 2012). Second, older adults tend to underestimate their own age because they compare themselves to an age prototype that is no longer accurate (Teuscher, 2009) and finally feeling younger is an attempt to maintain self-consistency by integrating ongoing experiences into previously established self-schemata (Westerhof, Whitbourne, & Freeman, 2012). Therefore, this study sought to find out the subjective age of the older adults living in Kajulu ward.

A range of empirical evidence that supports the concept of feeling younger by older adults include a 6-year-longitudinal Berlin Ageing Study (age range = 70-104 years) by Kleinspehn-Ammerlahn, Kotter-Grühn and Smith (2008) that found out that individuals' felt age remained about 13 years below their actual age over time. Other studies include that of Rubin and Berntsen (2006) that revealed that Danish adults younger than 25 years reported older subjective ages, those adults older than 25 years reports a younger subjective age and adults above 40 years feel 20% younger than they are. Another study by Keyes and Westerhof (2012) revealed similar findings that older adults in a United States sample also had younger feel age. The findings of these two studies were echoed by earlier studies by Levy (2003) and Uotinen (2006). The study by Levy (2003) revealed that feeling younger and being satisfied with one's own ageing process are expressions of positive self-perceptions towards ageing that reflects on a higher subjective well-being. The tenets of a younger feel age among the older adults are further supported by the suggestions of a 10 year longitudinal study in United States by Mock and Eibach (2011) that hypothesized that older subjective age predicted lower self-perception towards ageing and lower life satisfaction. Further, Mock and Eibach proposed that positive self-perceptions are a psychological moderating resource towards the effects of the ageing processes. Further, the results of a

longitudinal and multidisciplinary study by Uotinen (2006) pointed out that feel age was linked with chronological age but not with gender among the Finnish older adults aged less than 64 years. The study hypothesized that older subjective age may be an earlier indicator of worsening health in older people. Additionally the results showed both men and women did not differ in their feel age. Moreover, the study by Uotinen (2006) also examined the cross-cultural comparison study between Finnish and North-American aged 64 - 85 years and the results showed that Finns had higher feel age than the North-American older adults. These finding suggests that demographic characteristic differences exists in terms of meaning associated with age and ageing that needs to be taken into account in research on subjective age. The results of the above studies have shown the importance of a younger feel age in enhancing self-perception towards ageing and subjective well-being of older adults. The studies have revealed mixed views on how the older adults in different nations and culture subjectively view their age. Therefore, this current study sought to add knowledge on how the older adults in Kajulu ward view their subjective age. In this study, subjective age was measured as one-dimensional concept by asking respondents to rate their feel age as gauged by own person-oriented measures which do not imply any specific comparisons with specific reference groups.

The concept of self-perception towards ageing is also multi-faceted. For example according to Waterman (1993), this facet examine the subjective evaluation of one's happiness expected to be felt whenever pleasant affect accompanies the satisfaction of needs, whether physically, intellectually, psychologically or socially based. Laidlaw, Power and Schmidt (2006) adds that older adults' perception towards ageing incorporate both the concepts of losses and gains that are revealed in three dimensions of the physical change, psychosocial loss and the psychological growth. The dimension of physical change focuses on items related to assessing a subjective individualized psychological perspective of health and the experience of the ageing self. The second dimension of psychosocial loss measures the perceived negative experience involving social loss that is characterized by problems, deficits, losses and declines. The third and last dimension is psychological growth that is positive; also referred to as personal wisdom. The physical change and psychosocial loss domains reflects on concept

of loss while the psychological growth domain encompasses the concept of gains as viewed by older adult. Gerontologists visualize that focusing more on the positive and less on the negative aspects of ageing positively influence self-perception of ageing whereas highlighting on the negative aspects of ageing negatively influences older adults' perceptions towards ageing.

A number of studies have given an indication that scores on the three domains of attitudes towards ageing; the physical change domain, the psychosocial loss domain and the psychological growth domain independently impact the older adults' perception towards own ageing. A cross-sectional study by Urbanová and Bužgová (2017) in Czech Republic aimed to determine self-perception towards old age in 121 older adults living in retirement homes using Czech version of the Attitudes to Ageing Questionnaire. The results pointed out that the older adults had the most positive perception in the domain of psychosocial losses ($p < 0.001$) and negatively rated the domain of physical change ($p < 0.001$) and psychological growth ($p < 0.001$). The results further revealed that the two domains of psychosocial losses and physical changes were positively assessed by men ($p = 0.001$), and older adults with university education ($p = 0.002$); the domain of psychological growth was rated more positively by adults over 85 years ($p = 0.001$) and the older adults with basic education ($p = 0.040$). Another study that found positive perceptions in the domain of psychosocial loss is a study by Bryant, Bei, Gilson, Komiti, Jackson and Judd (2012) in a community dwelling Austrian older adults sample aged 60 years and above ($n = 421$).

Other studies have given an indication that more positive self-perceptions to ageing particularly in the psychosocial loss domain are associated with higher satisfaction with life included that of Berk (2010). The two studies used the same instrument as the current study of the Attitudes to Ageing Questionnaire (AAQ), but in differing dwelling environments; living in retirement homes in Czech Republic (Urbanová, & Bužgová, 2017) and a community dwelling Austrian older adults sample (Bryant, *et al*, 2012). Despite the differing dwelling environment, the results showed more positive self-perception towards ageing in the psychosocial loss domain. Therefore, this study sought to find out the influence of the psychosocial loss domain on self-perception towards ageing of the older adults living in Kajulu ward community, Kisumu County.

Inconsistent findings have also been indicated. A secondary cross-sectional study (N = 4593) found out that the physical change domain had the highest influence on the older adult perception towards ageing in 20 countries (Low, Molzahn, & Schopflocher, 2013). The perception towards the physical change were the strongest mediator of life satisfaction (beta = .122, $p < .01$), followed by the domain of psychosocial loss (beta = .102, $p < .01$) and psychological growth domain (beta = .024, $p < .01$). Low *et al* report that these mediations manifested in the same way across all 20 country samples, regardless of age or gender. Similar results were indicated in a longitudinal study spanning 16 years in Australia older adults sample (N = 1,212) aged 65 years and above (Sargent-Cox, Anstey, & Luszcz, 2012b). This study linked negative self-perceptions of ageing to poor physical health and functioning outcomes in late life. The two studies used differing research designs; a cross sectional and a longitudinal study both with a large sample sizes. The current study sought to use a correlation study design find out how the physical change domain is linked to self-perception towards ageing among the older adults living in Kajulu ward, in a Kenyan context.

Also a quantitative and descriptive exploratory study by Mehmet and Yordan (2012) among Turkish older adults aged above 65 years (N = 120) living in two nursing homes used the World Health Organization Quality of Life Instrument–Older Adults Module (WHOQOL-OLD) and the Attitudes to Ageing Questionnaire (AAQ) found that the three dimensions of psychosocial loss, physical change and psychological growth were significant predictors for QOL in older adults in Turkey with the highest significant relationship being the psychological growth subscale ($r = 0.579$; $P < 0.01$). Moreover, a recent cross-sectional survey in France in a cohort over 55 years of age by Ingrand, Paccalin, Liuu, Gil, and Ingrand (2018) used the French version of the Ageing Perceptions Questionnaire, found out that positive perception of ageing exhibited the strongest direct impact on quality of life ($p < 0.001$). Concomitantly, the domain of psychological growth also showed significant influence on self-perception towards ageing but in a different nations and culture backgrounds. Therefore, this study sought to find out the influence of the psychological growth domain of self-perception of older adults living in Kajulu ward, Kisumu County.

The WHO (2015) observes that the ageing population is characterized with major challenges and reflective consequences for individual and the community. For this reason, Mendoza-Nunez, Sarmiento-Salmon, Marin-Cortes, de la Luz, Martinez-Maldonado, and Ruiz-Ramos (2018) proposed development of programs for promoting successful ageing in the community based on scientific knowledge and those that are adapted to the socio-cultural context of each Nation and the demographic characteristic of each individual. A study by Mendoza-Nunez *et al* (2018) revealed that a negative self-perception of old age could have an effect on the health programs that prevent and control chronic diseases in Mexican community-dwelling older people. This implies that positive self-perception towards ageing has a profound effect on the health programs that are designed for the older adults. Further, the benefits of positive perception towards ageing have been demonstrated in a number of studies including a four-year follow-up study by Sun, Kim and Smith (2018) found out that positive self-perception towards ageing were associated by a lower rate of hospitalization over 4 years period, increased longevity (Kotter-Grühn, Kleinspehn-Ammerlahn, Gerstorf, & Smith, 2009; Sargent-Cox, Anstey, & Luszcz, 2014; Levy, Slade, Murphy, & Gill, 2012). The reviewed studies examined the self-perception towards ageing on the health outcomes of older adults. However, this study sought to provide knowledge on how demographic characteristics influence self-perception towards ageing and the OPCT program resources.

The above cross-sectional and longitudinal studies suggest that self-perception towards ageing does not remain stable across timeliness and is independent of nations and regions including dwelling places and prevailing environmental situations and demographic characteristics. These findings underscore the importance of demographic background in the way older adults view the ageing process. Further, the reviews reveal subjective ratings on the three domains are independent of each other. Therefore, using a correlation study, this study sought to test the hypothesis that perception toward own ageing has no significant influence on subjective well-being of older adults aged above 65 years living in Kajulu ward, Kisumu County, Kenya.

2.2.2 Subjective Well-Being of Older Adults

A number of researchers suggest that subjective well-being is synonymous to other like terms such as health-related quality of life, well-being, flourishing, positive mental health, optimal health, happiness, psychological well-being, life satisfaction and other terms that exists in the literature whereas (Diener, Suh, & Oishi, 1997; Helliwell, & Huang, 2008). However, most of the scholars acknowledge that the concept of well-being is an evolving science with contributions from multiple disciplines. Conventionally, health-related quality of life has been linked to patient's deficits in functioning such as pain and negative affect. In contrast, well-being focuses on assets in functioning including psychological resources such as positive affect and relative absence of negative affect. Subjective well-being typically refers to self-reports contrasted with objective indicators of well-being in the physical, mental and social domains.

The study of subjective well-being seeks to understand self assessment of the extent to which an individual experiences happiness with general normal daily life tasks and activities. It underscores the importance of subjectivity in assessing what makes life good and desirable according to one's own criteria; a standard chosen by the individual themselves (Diener, 2013). Subjective well-being can be defined as a combination of outstanding life satisfaction and an optimum set of emotions that represent a high level of one's perception in relation to self, others and the environment. Well-being is conceptualized either as a one-dimensional (Bell, & Blanchflower, 2004) or multi-dimensional concept (Diener, & Tay, 2015; Ettema, Gärling, Olsson, & Friman, 2010). As one-dimensional model the older adults, were asked a single question 'How can you describe your overall health?' The older adult's responses gave an indication ranging from very low to very high health status. Previous studies on subjective health status have been conducted in the western world. There was no evidence of the same in Kenyan context. Therefore, this study sought to describe the health status of the older adults living in Kajulu ward with intent of adding more information on the existing literature.

The multi-dimension model of subjective well-being consist of three components; satisfaction with life (Diener, Emmons, Larsen, & Griffin, 1985), presence of positive emotions and relative absence of negative emotions (Thompson, 2007).

Emotions refer to the evaluation of subjective well-being by affective criteria and are relatively less stable than satisfaction with life. The emotional appraisals reflect on an individual positive and negative emotional feeling experienced within a short time frame. The satisfaction with life dimension represents the cognitive appraisal of specific domains in a person's life over a relatively long period of recall. As a measure of well-being, life satisfaction can be appraised in terms of mood, how an individual relates with other persons and with achieved goals and self perceived ability to cope with the challenges of daily living. Being satisfied with life is more of having a favorable self-perception over a long period of life rather than an assessment of present feelings. In this regard, therefore well-being is a measure of both cognitive and emotional appraisals relating to the there-and-then and the here-and-now experiences respectively.

Earlier studies have shown that the arousal of positive feelings and negative feelings can be measured by the frequency and intensity of different emotional affects (Russel, 2003) and that frequency is more strongly related to global well-being measure than the emotional intensity (Suzuki, Fujii, Gärling, Ettema, Olsson, & Friman, 2013). In line with the theory of Reasoned Action (Fishbein, & Ajzen, 1975) and the Theory of Planned Behaviour (Ajzen, & Fishbein, 1980) adopted for this study, subjective emotional experience serve as a signal that helps an older adult to engage in adaptive voluntary behaviour once the initial involuntary emotional surge has passed. The enduring subjective feelings helps to clarify the way the older adult feel, think and behave about the situational event, to make future plans concerning that event, to share feelings with others in a way that will draw out additional support from them and to describe their feeling in a manner that alter other persons emotions. In this study positive affect was represented by being inspired, alert, attentive, active and determined; while negative affect were represented by being afraid, upset, nervous, ashamed and hostile as adopted from the works of Thompson (2007). In this regard, this study aimed at rating both the positive and negative emotional responses in terms of frequency to assess the emotional experience of the older adults.

Research has shown that negative affect is related to frequency of unpleasant events (Jeronimus, Riese, Sanderman, & Ormel, 2014). Individuals high in

negative affect exhibit on average low levels of subjective well-being and higher levels of dissatisfaction. They tend to focus on the unpleasant aspects of themselves, the world, the future and other people and also evoke more negative life events. On the other hand, low negativity is characterized by frequent states of calmness and serenity along with states of confidence, activeness and great enthusiasm. Conversely, people who experience positive affects most of the time are typically enthusiastic, energetic, confident, alert and active. Research has linked positive affect with an increase in longevity, a decrease in stress and a high subjective well-being (Paterson, Yeung, & Thornton, 2015). The scholarly work by Li, Starr and Hershenberg (2017) revealed that people with a high positive affectivity have healthier coping styles, have more positive self-qualities and are more goal oriented. Such persons are open-minded with a high positive perception; they are social and are helpful to self and others. Positive affect is seen as an essential part of everyday life that helps individuals to process emotional information accurately and efficiently, to solve problems, to make plans and to earn achievements. Fredrickson (2001) suggest that positive affect is helpful in broadening people's momentary thought-action inventory and builds on their enduring personal resources and subjective well-being.

Past studies underline the importance of both negative affect and positive affect with emphasis on the experiencing broad range of negative feelings as a normal part of life and human nature (Forgas, 2013; Forgas, 2010). In general the scholars posit that positive affect is associated with assimilation of top-down processing in familiar compassionate environments while negative affect is connected with accommodation of bottom-up processing in unfamiliar problematic environments. Thus positive affect promotes a practical way of learning from past experiences, knowledge and assumptions which is most of the time involuntary. Conversely negative affectivity lies more on cautious, voluntarily controlled and analytic processing of externally drawn information. These views support the prepositions of the Theory of Reasoned Action (Fishbein, & Ajzen, 1975) and the Theory of Planned Behaviour (Ajzen & Fishbein, 1980) adopted for this study that predicts behaviour can either be under individual voluntary control or can be involuntary. Summarily, positive affect provides a psychological buffering function to the problems associated with negative emotions and ill health. Those having low

levels of positive affectivity and high levels of negative affectivity are characterized by social anxiety, sadness, weariness, distress and un-pleasurable engagement; indicating low levels of subjective well-being. Further research evidence shows that cognitive and affective component have distinct findings and that one component may not be a reflective of the other component. If a person is highly satisfied with his or her life and frequently experiences positive emotions and relatively low negative emotions, he or she is said to have high subjective well-being (Eryılmaz, 2010). Accordingly Diener and Suh (1997) observes that subjective well-being is concerned with the respondents own internal judgments rather than what the other persons thinks or feels. It is argued that a self-match between individuals' life goals and self-perception of the extent to which the individual has reached own life goals is a determining factor in reaching high subjective well-being. Therefore, this study sought to measure the frequency of both positive affect and negative affect experienced by the older adults with a view of computing the overall subjective well-being of the older adults living in Kajulu ward.

2.2.3 Correlation between Self-Perception towards Ageing and Subjective Well-Being of Older Adults

Studies on subjective well-being assesses how characteristics of life such as self-perception towards ageing; the physical change domain, the psychosocial domain and the psychological growth domain, contribute to the extent to which the older adults are satisfied with their life and the level at which they experience the presence of positive and a relative absence of negative emotions. The studies have indicated varied relationships in terms of strength and direction of how self-perception towards ageing and subjective well-being. Evidence for the benefits of positive self-perception comes from a number of studies. For example a study by Bryant, Bei, Gilson, Komiti, Jackson and Judd (2012) indicated that a higher positive perception towards ageing was associated with higher levels of satisfaction with life and better self-report on physical and mental health community dwelling Austrian older adults aged 60 years and above. On the contrary, it is reported that older adults who hold more negative self-perception are more likely to hold more negative views towards the ageing process that are

associated with high subjective complaints (Sindi, Juster, Wan, Nair, Ying Kin, & Lupien, 2012). For this reason, a study by Trigg, Watts, Jones, Tod and Elliman (2012) recognized that self-perception towards ageing influences subjective well-being. Specifically the study of Trigg *et al* (2012) revealed that those older adults with dementia had more negative perception to ageing than those without dementia and a lower subjective well-being; supporting the view that ageing is a time of psychosocial loss. The study further suggested that older adults should focus on the abilities that they retain other than to what they lose. Additional, a study by Mock and Eibach (2011) concludes that self-perception to ageing moderates the relationship between subjective perceptions of chronological age and subjective well-being. The reviewed literature indicates that there is either a positive or negative relationship between self-perception towards ageing and subjective well-being. Therefore, these studies sought to find the extent and direction of the relationship between self-perception towards ageing and subjective well-being older adults living in Kajulu ward.

Other studies have found a different pattern. For example a cross-sectional and correlation study by Suh, Choi, Lee, Cha and Jo (2012) examined the influence of self-perception about ageing among 405 older Korean adults on life satisfaction. The results showed self-perception about ageing was neutral and life satisfaction was at the medium level. To add, a recent study by Steptoe, Deaton and Stone (2015) revealed that older adult across the world experience varying life satisfaction levels and emotions as they age. The study report that life satisfaction declines around middle age and increases in older age in high-income English-speaking countries. The same study found contrasting results among the residents of other regions such as the former Soviet Union, Eastern Europe and Latin America who get less satisfied as they age. The studies by Suh *et al* (2012) and Steptoe *et al* (2015) reveal contradictory results across the nations of the world; of much interest to this study is the finding that subjective well-being is very low at all ages in Sub-Saharan Africa. Therefore, this study sought to add more information on the findings of Suh *et al* and Steptoe *et al* from the responses of older adults living in Kajulu ward

2.2.4 Predictors of Subjective Well-Being of Older Adults

The reviewed literature has provided evidence that link good governance and well-being (Helliwell, & Huang, 2008). Such studies have helped governments to identify and describe the domains that can be changed for the betterment of its citizen. The findings have pointed towards various domains and characteristics to having influence on subjective well-being of older adults. Therefore, this study sought to examine and add knowledge on whether the selected demographic characteristics, the domains of self-perception towards ageing and the dimensions of subjective well-being were specific predictors of subjective well-being of older adults in Kajulu ward.

Past studies have indicated that positive affect, negative affect and life satisfaction are specific indicators of the broader concept of subjective well-being. A study by Siedlecki, Salthouse, Oishi and Jeswani (2014) examined the relationship among types of social support and facets of subjective well-being; life satisfaction, presence of positive affect, and absence of negative affect (N = 1,111) in individuals aged 18 to 95; found out that there were no significant differences in predictors of subjective well-being across age. The findings of an integrative model by Galinha and Pais-Ribeiro (2011) showed that the predictors of subjective well-being were exclusively intrapersonal; satisfaction with life, negative state affect and positive state affect. This result underpins the importance of using the self report to give a self-report on self-ageing process. Another study by Singh and Jha (2008) explored on the relationship between the concepts of happiness, life Satisfaction, positive and negative affect among other variables among undergraduate students (N = 254) in India. Results revealed a significant positive ($r = 0.38, p < 0.01$) correlation between the domains of positive affect and a significantly negative correlation ($r = -0.16, p < 0.01$) between negative affect with Life Satisfaction. Other studies put forward that different dimensions and levels of measurement of subjective well-being show different predictors that may not be generalized to the others (DeNeve & Cooper, 1998; Schimmack, Schupp, & Wagner, 2008). The results of this study pre-supposes that the contribution of the predictors to subjective well-being is dynamic, depending on other factors such as the demographic characteristics of the sample, the variables being

assessed, and the time frame used and the prevailing environmental situations. In lieu of this, it is important to assess the subjective well-being of older adults in different parts of the world including Kajulu ward. Therefore, this study sought to provide further information to the Kenyan Government that besides boosting income levels through the Older Persons Cash Transfer program, there could be other issues or areas that can be addressed to enhance subjective well-being of older adults. For this reason, this study sought to identify and describe the domains that have a stronger influence on subjective well-being on the life of the older adults living in Kajulu ward, Kisumu County.

Literature reviewed above indicates that various researchers have reported disparate findings on the relationship between self-perception towards ageing and subjective well-being of older adults. Furthermore, the results are dependent on prevailing demographic characteristics and environmental factors. Besides, most studies were conducted in the western world, with only a few in the sub-Saharan Africa. Also, there has been little research relating to the broader view of subjective well-being in developing countries. As highlighted, the current study used existing geographical, cultural and study design gaps to investigate into the broader view of subjective well-being among the older adults living in Kajulu ward.

2.3. The Influence of Demographic Characteristics on Self-Perception towards Ageing of Older Adults

The demographic characteristics are considered primarily relevant in shaping the way one age; in pre-determined societal perceptions. A number of scholarly studies have shown that demographic characteristics form a passageway through which the external aspects impact on ageing experiences within an individual. With people living longer than ever before, there is an increased urgency to identify and describe the associated demographic characteristics that have the power and ability to involuntarily or voluntarily alter self-perception towards the ageing process. In this study, the selected demographic characteristics included age, gender, marital status, income levels, self-perceived health, and other sources of income, living arrangement and employment status.

Previous studies have found linkages between self-perception towards ageing and demographic characteristics of levels of income and financial status and being employed. For example, a study by Bryant, Bei, Gilson, Komiti, Jackson and Judd (2012) found out that self-perception develops in a psychosocial context involving a complex interaction of specific demographic characteristics among a community dwelling Austrian older adults aged above 60 years and above. In particular, the results indicated that positive perception and demographic characteristics such as financial status, being in a relationship, and being employed were associated with better physical and mental health. Similar findings were revealed by Antonucci, Birditt and Webster (2010) who also indicated that better financial status and being employed were associated with more positive self-perception towards ageing. The respondents to this study were older adults above 65 years of age, who are not in formal employment but could be involved in somewhat informal working where they get some kind of extra earning to add to the cash transfer fund. Therefore this study sought to include the three variables of economic status; income levels, any form of employment status and sources of fund to investigate on their influence on self-perception towards ageing of the older adults who receive cash transfer fund from the Kenyan Government.

The bio-social demographics of age and gender have been found to have either a positive or a negative influence on self-perception towards ageing. A study by Cramm and Nieboer (2017) found out that age had a significant influence to the Dutch in relation to the ageing perceptions. On the other hand age was found to have insignificant influence on the Turkish elders and the Dutch elders

Another study by Cramm and Nieboer (2017) explored whether ethnic differences had an influence on self-perception towards ageing among Turkish migrants aged 65-90 years (N = 680) and native Dutch older adults aged 70-99 years (N = 994) residing in Rotterdam, Netherlands. The study used the 21-item Ageing Perceptions Questionnaire–Short. Health was found to have the most important relationship with self-perception towards ageing in both the Turkish elders and the Dutch elders. However, education was found to be significant to the Turkish older adults while age was significant to the Dutch in relation to the ageing perceptions. The Turkish elders showed more negative ageing perception than the Dutch elders. Further results revealed poorer health, lower income and educational levels

among Turkish than among Dutch elders. The results of this study showed that ethnicity is a significant predictor of ageing perceptions; with different demographic characteristics having significant or insignificant influence on self-perception towards ageing. Using the ethnicity gap, this study sought to investigate into the influences of selected demographic characteristics on self-perception towards ageing among older adults living in Kajulu ward.

Other researchers found out that different types of relationships such as social, marital and family can have a positive or negative influence on an older adult's life. For instance, positive relationships with spouse and family were found to have a significant influence in the physical and psychosocial domains (Antonucci, Birditt, & Webster, 2010). Another study by Trudel, Boyer, Villeneuve, Anderson, Pilon and Bounader (2008) conducted among French older adults living in Canada found out that spouses provide the needed social support as one advances in age. In particular, the study concluded that positive marital relationships provided the greatest means of protection from health and mental disparities. In tandem with this results, a Chinese study by Chow and Bai (2011) using a revised Chinese version of image of ageing scale, chi-square and one way ANOVA test, confirmed that the demographic factors of age, marital status, working status, living arrangement, neighborhood relationships, illness and daily activity were significant predictors of elders' perception of ageing in a Chinese ageing population. Evidence from the same study observed no significant difference in gender. The study further indicated that older person living in rural areas and married had a positive image of ageing. In contrast, those living alone and relatively older in age were more likely to experience a negative perception of the image of ageing. Other studies that have found a positive influence between marital status and self-perception towards ageing include Tannistha, Feinian and Reeve (2015) in India. The study by Chow and Bai (2011) used a revised Chinese version of image of ageing scale. Therefore this current study sought to use the attitude to ageing questionnaire to further establish the influence of marital status on self-perception towards ageing among the older adults living in Kajulu ward.

A study by Laidlaw, Wang, Coelho and Power (2010) found dissimilar results in a cross-sectional evaluation of expectation for children care towards their parents and perception to ageing in three different cultural groups; older Chinese

immigrants living in the United Kingdom, Chinese older people living in Beijing and Scottish older people living in Scotland. The findings indicated that the United Kingdom born participants had a lower expectation to be cared for by their children than the Chinese group and the Scottish older persons. The study of Laidlaw *et al* points to differing influence of the older adults expectations to be cared for by their adult children. Studies have indicated that older people hold strong expectations to be met by their children in Asian culture to an extent that older adults perception towards the experience of ageing may be influenced by the way children behave towards their older parents and by how far the older adult perceives their expectations are being met. These findings are echoed by a recent study by Tannistha, Feinian and Reeve (2015) that investigated the association between the multigenerational household context and health of older adults in India. The study findings showed that the older adults living in multigenerational households have the lowest levels of short-term illness. Among them, those who live with their spouse, adult children, and young grandchildren experience the highest health gains, followed by those older adults living only with a spouse and adult children and the health gain were lower for those older adult who live only with their spouse. Solitary living was associated with poor perception towards ageing. The findings of studies conducted among the Indian, Chinese and Scottish by Laidlaw *et al* (2010) and Tannistha *et al* (2015) indicate that different geographical areas have a differing influence on self-perception towards ageing among older adults.

Earlier studies have indicated the importance of demographic characteristics in advancing self-perception towards ageing and overall health of older adults. As much as this characteristic encompass both the loss and gains aspect of life, scholarly studies have hypothesized that dealing with the losses and focusing on the gains in old age results into higher levels of self-perception towards ageing and subjective well-being. However, depending on the prevailing life circumstances, in most cases an individualized perspective may lead the older adult to focus more on losses and less on the gains resulting into an otherwise poor self-perception towards ageing and lower life satisfaction. Besides, earlier studies have pointed to mixed results regarding the influence of demographic characteristic on self-perception towards ageing. In particular, the studies have

revealed different demographic characteristics may or may not influence self-perception towards ageing and that the results are dependent on the time and space. It is on this basis that the current study sought to verify the contradicting findings from the above reviewed studies. The findings of this study may be helpful in designing programmes that may promote the older adults self-perception towards ageing.

2.4 The Influence of Demographic Characteristics on Subjective Well-being of Older Adults

Subjective well-being can also be considered alongside an older adult's demographic characteristics such as bio-social variables like gender and age and social support variables; such as living arrangements, relationship with family, financial factors and employment and self-perceived health. Earlier studies have shown that self-rated health of older people typically deteriorates with increasing age. Despite women having higher life expectancy than men, older men report better health than their female counterparts in an Indonesian sample (Ng, Hakimi, Byass, Wilopo, & Wall, 2010), in Nairobi slums, Kenya (Kyobutungi, Egondi, & Ezeh, 2010) and in rural South Africa community (Phaswana-Mafuya, Peltzer, Chirinda, Kose, Hoosain, Ramlagan, Tabane, & Davids, 2013). Recent studies have also indicated that gender is significantly associated with overall life satisfaction and morale in a Brazilian sample (Cachioni, Delfino, Yassuda, Batistoni, & de Melo, 2017). On the contrary, a study by Mehmet and Yardan (2012) found out that gender does not affect overall QOL among Turkish older adults living in two nursing homes. This study therefore factored in the demographic characteristic of gender in order to corroborate these contrary findings.

Further, studies also reveal that participants in older age groups, those not in any marital relationship and low educational and low socioeconomic status are significantly more likely to indicate poor health status compared to those who are more educated, married, younger, and higher socio-economical status (Ng, Hakimi, Byass, Wilopo, & Wall, 2010; Gomez-Olive, Thorogood, Clark, Kahn, & Tollman, 2010; Kyobutungi, Egondi, & Ezeh, 2010). The studies add that older people aged 70 years and above reported significantly poorer health status than

those aged 50-59. The authors conclude that the declining health with increasing age is likely to increase demand for health care and other services as people grow older. Therefore, understanding the determinants of healthy ageing is essential in targeting health-promotion programmes for older people. These results are supported by Mock and Eibach (2011) who conducted a 10 year longitudinal study in a United States sample that found out that older subjective age predicted lower life satisfaction and a higher negative affect and a low ageing perception. On the contrary, some scholarly studies have given an indication that older adults are relatively satisfied with their ageing until relatively late in life when taking into account the factors associated with increased age such as poor health and widowhood, which explains for poorer subjective well-being in older cohorts (Cachioni, Delfino, Yassuda, Batistoni, & de Melo, 2017; Jivraj, Nazroo, Vanhoutte, & Chandola, 2014; Kotter-Gruhn, & Hess, 2012). The study results show that life satisfaction is greatest in older cohort indicating that even in the face of declining health, the elderly become more satisfied and happier with their situation than when they were younger. The reviewed literature gives dissimilar results regarding the influence of age on subjective well-being. Further literature review show that men and women have similar levels of subjective well-being but the pattern changes with age (Inglehart, 2002) and it also changes over time (Stevenson, & Wolfers, 2009). It is for this reason that the current study sought to investigate into the influences of age on subjective well-being of older adults living in Kajulu ward.

Other studies have also investigated into the influence demographic characteristic variable of income on subjective well-being of older adults. For example an earlier study by Pinqart and Sörensen (2000) indicated that income was correlated more strongly with well-being than education. A more recent study by Ingrand, Paccalin, Liuu, Gil, Ingrand (2018) adds that perception of personal financial situation has a direct influence on quality of life. In tandem with this study, a research by Dai, Zhang, and Li (2013) among 3,795 older Chinese living within the major mainland cities indicated that health, economic status and family relations have a direct influence on subjective well-being. The study further suggested that family relations had a stronger effect than health and economic status on subjective well-being. Previous studies observe that the relationship

between income, work and well-being is complex (Argyle, 1999; Diener, Suh, Lucas, & Smith, 1999; Frey, & Stutzer, 2002). The authors assert that income correlates only moderately with well-being. In general, associations between income and well-being are stronger for those at lower economic levels, but studies also have found effects for those at higher income levels (Biswas-Diener, 2008). Paid employment is critical to the well-being of individuals by conferring direct access to resources, as well as fostering satisfaction, meaning and purpose for some (Warr, 2003). Unemployment negatively affects well-being both in the short- and long-term (Argyle, 1999; Lucas, Clark, Georgellis, & Diener, 2004; Warr, 2003).

Earlier studies have theorized that that subjective well-being is shaped within the context of time and space (Nordbakke & Schwanen, 2013). This is evidenced by inconsistent finding based on data spanning 15 years by Chung and Lee (2011) in Korean national survey from 1994, 2004 and 2008. The results showed different influencing factors on life satisfaction at each of the survey year among elderly persons. The results revealed that the determinants of life satisfaction were subjective economic and health condition in 1994; age, gender, education, monthly income, subjective economic and health condition in 2004 and education, spouse, job, daily activities, subjective economic status, health condition and perception of ageing in 2008. Similarly, a cross-sectional and correlation study by Suh, Choi, Lee, Cha and Jo (2012) among older Korean adults showed that older age and lower economic status reduced life satisfaction and that being female, having a monthly income of 300,000 Korea Republic Won or more (approximately 26,781 Kenya shillings), living with a spouse, better knowledge and perception about ageing were associated with enhanced life satisfaction. Living with a spouse and high self-perception about ageing were the most powerful predictors of life satisfaction, followed by perceived health status. Suh *et al* (2012) concludes that the tendency to perceive oneself positively and in good health may lead to a higher level of life satisfaction in older adults. As cited by Suh, *et al*, other previous studies conducted in Korean society reports that monthly allowance, self-perceived health, and physical illness affected life satisfaction (Kim, 2009) and that health condition, living with a spouse and income also influenced life satisfaction (Lee, 2010). An earlier study by

Fernandez-Ballesteros, Zamarron and Ruiz (2001) among the Spanish population revealed that age, gender, and marital status, self-perceived health and physical illness, education and income have a significant influence on life satisfaction. Past studies have revealed the influence of multiple demographic characteristics towards subjective well-being of older adults in various parts of the world. Therefore this study sought to identify and describe the various demographic characteristics that have a significant influence on subjective well-being.

Living arrangement has been cited as one of the factors that has differing results on subjective well-being. Earlier studies have revealed that in Vietnam, social network such as having quality contact with adult children (Pinquart & Sörensen, 2000) and that intergenerational co-residence (Yamada & Teerawichitchaian, 2015) significantly increases subjective well-being of older adults. These findings agree with results of a study conducted in San Diego County, California by Reichstadt, Sengupta, Depp, Palinkas and Jeste (2010) among community dwelling adults aged above 60 years. The study observed that those older adults who give themselves to others, cherish each day, possess a positive self-perception, and maintain a social support system have a sense of positive well-being. Another study by Bryant, Bei, Gilson, Komiti, Jackson and Judd (2012) found out that relationship status was also significantly associated with satisfaction with life among community dwelling Austrian older adults. The above studies were conducted in community with well-known living arrangement. However, the living arrangement in Kajulu ward is not well documented. Therefore, this study sought to establish the influence of living arrangement on subjective well-being of older adults living in Kajulu ward.

Marital status and other aspects of living situations have also been studied in relationship to subjective well-being. According to Calys-Tagoe, Hewlett, Dako-Gyeke, Yawson, Baddoo, Seneadza, Mensah, Minicuci, Naidoo, Chatterji, Kowal, and Biritwum, (2014) marital status showed insignificant associated with subjective well-being among the older Ghanaian population. Similar findings were documented by a study by Mwanyangala, Mayombana, Urassa, Charles, Mahutanga, Abdullah and Nathan (2010) that revealed a positive influence between marital status and subjective well-being among older adults in Tanzania.

Other past studies that found a significant influence between marital status and subjective well-being of older adults includes Yang (2004) and Mroczek and Spiro (2005). The above findings give mixed results regarding the influence of marital status on subjective well-being. Therefore, this study sought to find out the influence of marital status on subjective well-being of older adults living in Kajulu ward.

Studies on well-being and ageing process in African context are scanty. A few studies such as that of Calys-Tagoe, Hewlett, Dako-Gyeke, Yawson, Baddoo, Seneadza, Mensah, Minicuci, Naidoo, Chatterji, Kowal, and Biritwum, (2014) that acknowledges that later years of life are accompanied by many physical, emotional and environmental changes which impact on the subjective well-being of older Ghanaians (N = 4,724) aged 50 years and above. Using multivariate logistic regression analysis, Calys-Tagoe, *et al* (2014) concluded being of a younger old age, being of male sex, having a high educational level and high income were associated with high levels of subjective well-being. Another study conducted in the rural Ifakara population in Tanzania by Mwanyangala, Mayombana, Urassa, Charles, Mahutanga, Abdullah and Nathan (2010) sought to describe the impacts of ageing on the health status, quality of life and well-being of older people (N = 8,206) aged over 50 years. The study findings showed that having good quality of life and health status was significantly associated with being male, married and not being among the oldest old, a high level of education and higher level of socio-economic status of the household. The findings of this study agreed with the studies conducted in Europe and Asia that well-being decreased with increasing age and that women reported poor subjective well-being. Another study conducted in a rural population in western Kenya, Emuhaya District by Kabole, Kioli and Onkware (2013) on the social context of abuse of the elderly people revealed that different groups of people have different perception towards the older adults and ageing, with 63% of the older adults reporting that they do not experience goodness in old age. In contrast, a review of existing literature on ageing and the aged in Kenya found out that ageing persons with positive experiences healthily lived beyond 100 years and still where useful to the society and their descendants (Walaba, 2014). With the older adults living longer than before, Walaba advocated for policy and strategies that could promote

the well-being of older adults. From the above studies is evident that the studies conducted in Kenya dealt with policy issues and vulnerability of the older adults. Therefore, the current study sought to establish the relationship between demographic characteristics and subjective well-being among the older adults living in Kajulu ward.

In summary, the results of the reviewed literature in this present study provide mixed support for third hypothesis that; subjective well-being does not vary by the known associate of subjective well-being in the older adult's population. In this study the associate of subjective well-being include selected demographic characteristics; age, gender, marital status, income levels, self-perceived health, other sources of income, living arrangement and employment status. Therefore, this study sought to identify and describe the demographic characteristics that influence subjective well being of older adults in Kajulu ward, Kisumu County.

In conclusion, most of the above mentioned studies, like several others on self-perception towards ageing and subjective well-being were carried out in the developed world, with a few studies done in developing countries like Kenya. If the current trend in ageing population continues, then more and more Kenyans are expected to live longer leading to an increase in the proportion of the aged persons. As indicated by the reviewed literature, the way people perceive the ageing process and feel about their life as they grow older is influenced by a number of demographic characteristics including their bio-social factors, social support systems and state of health which to some extent dribbles to those around them and impact the nation as a whole. Therefore self-perception towards ageing and subjective well-being is important concepts that require understanding in the Kenyan context.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents a brief description of the research design that was used to determine the relationship between self-perception towards ageing and subjective well-being of older adults. In this chapter, the researcher described the study design, area where the study was conducted, the population that was studied, the sampling procedure and sample size as well as the instruments that were used to collect data. Finally, this section highlights on the study's quality control measures as well as the ethical considerations related to researching human beings and in particular the older adults as respondents.

3.2 Research design

This study was conducted using two research designs; retrospective causal-comparative design and correlation research design. The retrospective causal-comparative design helped the researcher to investigate into self-perception towards ageing of older adults when the effects have already occurred and then attempts to determine whether self perceived ageing influenced subjective well-being of the older adults. The correlation research design was used to establish the kind and strength of relationship that existed between self-perception towards ageing and subjective well-being of older adults (Oso & Onen, 2008). The process of correlation design provided rigorous and replicable procedure for determining if there existed a linear relationship between self-perception towards ageing, satisfaction with life, presence of positive affect and relative absence of negative affect and the overall subjective well-being of older adults. These two designs were used to collect self-reported data from the older adults aged above 65 years in regard to their perception towards own ageing, demographic characteristics and their subjective well-being. The two designs were used to explain how the two variables of self-perception towards ageing and subjective well-being vary together and predict one variable from the other.

3.3 Study Area

This study was carried out in Kajulu ward, Kisumu East sub-county, Kisumu County, Kenya (See Appendix K). Kajulu ward was chosen for it is considered a cosmopolitan ward that consists of Peri-urban and rural dwelling population. Also due to its proximity to the Kisumu city, the ward is inhabited by both the indigenous people and migrants from the neighboring counties and other parts of the Country. Out of the five wards in the county, Kajulu ward has the highest population in the sub-county (GOK, 2013). Kajulu ward therefore, provides a practically deliberate heterogeneous sample with diverse range of situations that enabled the study present as much insight as possible into the self-perception towards ageing and subjective well-being of older adults. The ward covers an area of 38.3 Square Kilometers with a total population of 40,876 persons. It has 9,451 households with a population density of 1,051 persons per Square Kilometre (Government of Kenya (GOK), 2009). Administratively, the ward is sub-divided into five sub-locations namely; Kadero sub-location, Got Nyabondo sub-location, Okok sub-location, Konya sub-location and Wathorego sub-location (see Appendix A8). Konya and Wathorego sub-locations consists of both peri-urban and rural dwelling population while the parts of Kadero, Got Nyabondo and Okok sub-locations are majorly inhabited by rural dwelling community members (GOK, 2009). The five sub-locations formed the five strata from which the researcher selected a proportionate research sample population.

3.4 Study Population

The study targeted a population of older adults aged 65 years and above, both female and male gender living in Kajulu ward, Kisumu East Sub-county, Kisumu County. According to GOK (August, 2010) census report, the Kajulu ward population can be estimated at 40,876 persons. The older adult's population is estimated at 3.3% of the total population giving a target population of 1,348 older adults both males and females (GOK, 2009). The study accessible population consisted of the older adults who participate in the Older Persons Cash Transfer (OPCT) programme. The Older Persons Cash Transfer programme is one of the four cash transfer programmes that is being implemented by the Government of Kenya through the Ministry of Labour, Social Security and Services in the

Department of Social Development. The programme focuses on providing cash transfers to poor households who have at least one member of the family aged above 65 years (GOK, 2009; GOK, 2012). The older person's cash transfer programme serves the non-pensionable and aged Kenyans, who were not formally employed as envisioned under the Social protection Policy (GOK, 2006). The programme visualize that provision of regular and predictable cash transfers to selected vulnerable older adults is a key tool in combating the triple threat of chronic poverty and meeting their basic needs with an aim of improving subjective well-being and livelihood through sustainable social protection mechanism.

The older persons cash transfer programme is managed through established structures and institutions at every administrative level from national to the sub-location level (GOK, 2011). For this reasons older persons cash transfer programme provided a sampling frame for this study (Mugenda & Mugenda, 2003). According to the annual report 2015 of the Department of Social Development, Kisumu East Sub-County, the number of older adults participating in the older persons cash transfer programme from Kajulu Ward were 485; 65 from kadero sub-location, 72 from Got Nyabondo sub-location, 56 from Okok sub-location, 128 from Konya sub-location and 164 from Wathorego sub-location (GOK, 2015). Therefore, this formed the study accessible population per sub-location.

3.5 Sampling Procedures and Sample Size

The researcher used precision of estimation to calculate the sample size. This ensured that estimates were obtained within required precision, accuracy and level of confidence (Schönbrodt, & Perugini, 2013). The use of precision of estimation is recommended by Kelley and Maxwell, (2003) and Maxwell, Kelley and Rausch (2008) for its significance and fairness in accuracy. A sample size of 140 respondents was determined using a formula by Kothari, (2008) as follows:

$$n = \frac{z^2 \cdot p \cdot q \cdot N}{e^2(N-1) + z^2 \cdot p \cdot q}$$

Where, N = Population

N = Sample size

e = Sampling error / alpha error/ confidence interval (2% Or 0.02)

z = 2.005 = (as per table of area under normal curve for the given confidence level of 99.5 %)

p = 0.02 (Proportion of defectives within the universe)

q = 1-p

$$\text{Hence: } n = \frac{(2.005)^2 (0.02) (1- 0.02) (485)}{(0.02)^2(485-1) + (2.005)^2(0.02) (1- 0.02)} = 140 \text{ older adults}$$

The researcher used a mixed sampling method. The stratified sampling technique was used to draw a proportionate sample population from the five sub-locations within Kajulu ward. This was because the Kajulu ward consists a cosmopolitan population consists of both rural and peri-urban dwelling and native and migrants older adults. The stratified random sampling increased the representativeness of the sample population whereby specific characteristics of older adults such as; dwelling environment, level of income, living arrangements, and relationship with family, age and gender were represented in the sample and that the sample reflected the true proportion in the population. The stratified sampling technique also ensured that there was no overloading in any of the mentioned variables and groups within the population (Creswell, 2014). Therefore, the proportionate random sample size that was drawn from each sub-location is shown in Table 1.

Table 1

Study Sample size by sub-location

Sub-location	Older adults on cash transfer fund (N)	(x) percentage sample $x = \frac{N}{485} \times 100$	(n) Sample target $n = \frac{x}{100} \times 140$	Sex	
				F	M
Kadero	65	13.4	19	10	9
Got Nyabondo	72	14.85	21	11	10
Okok	56	11.55	16	8	8
Konya	128	26.39	36	18	18
Wathorego	164	33.81	48	24	24
Totals	485	100	140	71	69

The researcher also used a proportionate female to male ratio of 1:1.1 to select the sample on the basis of sex. This increased the representativeness of sample. The study sample population was selected by use of simple random sampling technique from each of the five strata above. The register of the 485 older adults participating in Older Persons Cash Transfer programme provided by the Sub-County Social Development Officer, Kisumu East Sub-County (GOK, 2015), formed the sampling frame out of which 140 older adults were randomly selected. In this procedure every older adult participating in the programme had an equal chance of being selected as a part of the sample population (Bryman, 2012).

3.6. Data collection Techniques

The study used a self-report questionnaire to collect data (See Appendix B) that consisted of an introduction to the study, the demographic characteristics, a modified version of the Attitude to Ageing Questionnaire (AAQ) (Laidlaw, Power & Schmidt, 2007) to explore into the self-perception of the older adults towards ageing, a modified Satisfaction with Life Scale (SWLS) by Diener, Emmons, Larsen & Griffin, (1985) to analyze the cognitive dimension of subjective well-being, and Positive Affect and Negative Affect (PANAS) short form scale by Thompson (2007) to examine emotional dimension of subjective well-being of older adults.

3.6.1. Demographic Characteristics

The researcher used self developed structured items (See Appendix B.2) to explore on the older adults bio-social variables related to gender, age and perceived age, and social support variables related to education level, employment status, marital status, income levels, and other sources of income, living arrangements and the self-rated overall perceived health. On these items, the researcher provided alternative responses that the respondent had to choose from. Such questions were useful because they limited the number of responses and eased the data analysis process (Mugenda & Mugenda, 2008).

3.6.2 The Attitudes to Ageing Questionnaire

A modified Attitude to Ageing Questionnaire (AAQ) developed by Laidlaw, Power and Schmidt (2007) was used to measure self-perception of older adults towards ageing (See Appendix B.3). The AAQ is a 24-item scale sub-divided into eight items each in three domains of physical change (PHYCH), psychosocial loss (PSYSOLOSS), and psychological growth (PSYGRO). The first subscale, Physical Change subscale assesses older adults' perception toward physical functioning and its items relate primarily to health, exercise, and the experience of ageing itself. For example 'my health is better than I expected for my age'. The second sub-scale is the Psychosocial Loss subscale that focuses on losses relevant to older adults in psychological and social aspects for example 'Old age is a time of loneliness'. Psychological Growth is the third subscale that has a positive focus. It reflects gains in relation to self and others; for example I am 'more accepting of myself as I have grown older'. Participants were asked to rate their responses on a 5-point Likert scale ranging from "Strongly disagree" to "Strongly agree". Scores for each of the three domains were transformed, analyzed and computed into corresponding items of physical change, psychosocial loss and psychological gain and finally into self-perception of older adults. The PHYCH and PSYGRO domains are positively worded with higher score indicating more positive perception towards ageing; whereas the PSYSOLOSS is negatively worded with higher scores indicating more negative perception.

3.6.3. The Satisfaction with Life Scale

The satisfaction with life scale (SWLS) originally developed by Diener, Emmons, Larsen, and Griffin (1985) is a 5-item instrument designed to measure global cognitive-judgmental process of satisfaction with one's life experiences (See Appendix B.4). This scale comprises five questions that were answered on a modified 5-point Likert scale ranging from 1 = '*Extremely dissatisfied*' 2 = '*Dissatisfied*' 3 = '*Neutral*' and 4 = '*Satisfied*' 5 = '*Extremely Satisfied*'. The items on this scale are deliberately broad to capture overall evaluations of life satisfaction. The scores on the SWLS are interpreted in terms of absolute as well as relative life satisfaction. They range from being extremely dissatisfied with life, slightly dissatisfied to a neutral point on the scale where the respondent is equally

satisfied and dissatisfied; to the point where the respondent is slightly satisfied and extremely satisfied. The scores on the Satisfaction with Life Scale were computed as group data for the sampled population.

3.6.4. The Positive Affect and Negative Affect Schedule

Lastly, Positive Affect and Negative Affect schedule (PANAS) by Thompson (2007) that consists of 10 words was used to describe different feelings and emotions (See Appendix B.5). Five of the items measure the positive affects; being inspired, alert, attentive, active and determined. The other 5 measure the negative affects; being afraid, upset, nervous, ashamed and hostile. The items on PANAS were rated on a 5-point scale ranging from 1 = '*Very slightly or not at all*' 2 = '*A little*' 3 = '*Moderately*' and 4 = '*Quite a bit*' 5 = '*Extremely*' to measure the extent to which the affect has been experienced during the past few weeks. According to Watson, Clark and Tellegen (1988) as cited in Merz, Malcarne, Roesch, Ko, Emerson, Roma and Sadler (2013) both positive affect and negative affect represent largely independent constructs ranging from low to high levels of emotional experience. For the positive affect, higher score represents a higher level of positive affect while lower scores for the negative affect represents lower levels of negative affect. Low positive affect scores reflect sadness and lethargy whereas high positive affect scores reflect high energy, full concentration, and pleasurable engagement. Low negative affect scores describes a state of calmness and serenity whereas high negative affect scores suggest subjective distress and unpleasant engagement.

3.7 Reliability and Validity

The research questionnaire consisted of Attitude to Ageing Questionnaire (AAQ), the satisfaction to life scale (SWLS) and the positive affect and negative affect schedule (PANAS). All the three scales have been used widely for cross-cultural comparisons of older adult's perspective towards own ageing and subjective well-being. The scales have a good concurrent, construct and content validity. The Cronbach alpha for internal consistency for this study was .65 with 59 items. This indicates that the items used to collect the study data were internally consistent in measuring the construct of self-perception towards ageing and subjective well-

being of older adults (Bryman, 2012). A study by Kalfoss, Low and Molzahn (2010) found acceptable internal consistency of $\alpha = .70$ Canadian (n = 202) and Norwegian (n = 490) sample. Bryant, Bei, Gilson, Komiti, Jackson, and Judd (2014) found .76 in Australian sample (n = 421). A pilot study (N =14) was drawn from Kolwa ward; a neighbouring ward to Kajulu Ward. The pilot study Cronbach's alpha for the items was .62. Most of the reviewed literature had a customised questionnaire in particular the AAQ. This therefore calls for a home-grown questionnaire to assess the perception towards ageing.

Face validity of the instruments was ascertained by experts in the subject area from the Department of Psychology, Maseno University. Their valuable comments were used to improve on the research questionnaire to ensure significant inferences were drawn from data obtained from the sample population. The content validity was enhanced by literature review.

3.8 Data Analysis and Presentation

Data was coded and organized for analysis using Statistical Package for Social Sciences (IBM SPSS Statistics 23). Both descriptive and inferential statistics were used in data analysis. Descriptive statistics included frequencies, percentages and group mean and standard deviations that gave an indication on the trends and characteristics on each group of respondents. The study also used inferential statistics as tabulated in Table 2.

Table 2
Data Analysis Matrix

Research Hypothesis	Independent Variable	Dependent variable	Method of analysis
H ₀₁ There is no statistically significant relationship between self-perception towards ageing and subjective well-being of older adults.	Self-perception towards ageing	Subjective well-being	-Descriptive statistics; means, frequencies and percentages -Correlation Coefficient -Regression coefficient
H ₀₂ There is no statistically significant influence of demographic characteristics on self-perception towards ageing of older adults.	Selected Demographic characteristics: Age, gender, Perceived age, Marital status, Academic level, Income levels, Self-perceived health, Other Sources of Income, Employment status, Living Arrangements	Self-perception towards ageing	-Descriptive statistics: means, frequencies and percentages - ANOVA and Tukey HSD
H ₀₃ There is no statistically significant influence of demographic characteristics on subjective well-being of older adults.	Selected Demographic characteristics: Age, gender, Perceived age, Marital status, academic level, Income levels, Self-perceived health , Other Sources of Income, Employment status, Living arrangements	Subjective well- being	-Descriptive statistics; means, frequencies and percentages -ANOVA and Tukey HSD

3.9 Ethical considerations

The researcher sought approval of the research proposal from the School of Graduate Studies Maseno University (See Appendix C and D). After which the researcher sought and was granted a research permit (See Appendix E and F) by the National Commission of Science, Technology and Innovation (NACOSTI), Nairobi. Later, consent was sought and permission granted by the County Commissioner and the Director of Education, Kisumu County to collect data. They were also asked not to indicate their names on the research instruments or anything that would identify them; such that identities would be a salient feature in the study (See Appendix G and Appendix H). The older adults selected for the study were first informed of the purpose of the study, issues of confidentiality, privacy and anonymity pertaining to identity and data and that no names were written on the questionnaire (See Appendix A). According to ethical standards by APA (2010) sub-section 8.02 and ACA (2014) sub-section G.2, the respondents were informed about the nature and consequences of participating in the study and they consented to willingly take part or withdraw from the study. The unique characteristics of the ageing process in regards to age-related vulnerabilities, such as cognitive decline and avoidance of ageist assumptions were also considered at the time of collecting data (McGuire, 2009; GOK, 2014; Bellingtier & Sharifian, 2016).

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS, INTERPRETATION AND DISCUSSION

4.1 Introduction

This chapter presents the results of the findings on the correlation between self-perception towards ageing and subjective well-being of older adults. It also reports data analyses on the influence of selected demographic characteristics; sex, age, self-perceived age, academic level, employment status, marital status, income levels, and other sources of income, living arrangements and overall self-perceived health ratings on the self-perception towards ageing (independent variable) and the subjective well-being (dependent variable) of older adults. This chapter also gives the results of an analysis of the strongest predictor of subjective well-being among the older adults of Kajulu Ward. All the results analyzed are presented in tabula form accompanied by a statistical interpretation followed by a discussion in context of previous related studies.

4.2 Demographic Characteristics of Participants

The participants responded to structured items to bring out their demographic characteristics. The participants were presented structured items with response options from which they chose an alternative that best described each of them. The demographic characteristics generated data on personal information regarding the older adult bio-social variables related to age and gender, and social support variables related to self-perceived age, marital status, education level, income levels, other sources of income, employment status, and living arrangements as well as the self-rated overall health. The demographics description of the 140 older adults who participated in this study presented in Table 3.

Table 3
Demographics Characteristics of Participants

Personal Characteristic	Likert Scale	Frequency	Percentage
Sex	Male	69	49.3
	Female	71	50.7
Age bracket (Years)	65-69	27	19.3
	70-74	42	30
	75-79	38	27.1
	Above 80	33	23.6
How do you rate your age in relation to your actual age?	I feel younger	24	17.1
	I feel the same	111	79.3
	I feel older	5	3.6
What is your highest academic level?	Less primary	101	72.1
	Primary level	33	23.6
	Secondary level	2	1.4
	College level	4	2.9
Indicate your employment status	Not employed	87	62.1
	Unskilled	35	25.0
	Professional	3	2.1
	Business/self employed	15	10.7
Marital status	Never married	0	0
	Married	62	44.3
	Widowed	75	53.6
	Separated	3	2.1
Do you have other sources of income? (specify)	Savings	20	14.3
	Business investment	18	12.9
	Children and relatives	84	60.0
How much money do you receive/month?		18	12.9
	Less than 2000	43	30.7
	2001-5000	82	58.6
	5001-10000	15	10.7
Describe your living arrangement at home	I live alone	34	24.3
	With spouse	3	2.1
	Spouse and children	0	0
	Children& grandchildren	57	40.7
	With children	40	28.6
How can you describe your overall self-perceived health?		6	4.3
	Very poor	46	32.9
	Poor	70	50.0
	Moderate	24	17.1
	Good	0	0
	Very good	0	0

The majority of the respondents were in the middle old age bracket of 70 – 79 years (52.1%; n = 81), followed by the very old age bracket above 80 years (23.6%; n = 33) and the young old bracket of 60-69 years (19.3%; n = 27) and equal proportions of the sample were female (50.7%; 71) and males (49.3%; n = 69).

Just above a half of all participants 53.6%; n = 75 were widowed, (44.3%; n = 62) were married, 2.1%, n = 3 were separated. Slightly less than three-quarters of the participants were of less than primary level of education (72.1%; n = 101) and less than a quarter (24.6%; n = 33) were of primary level of education. The rest were of college level of education (2.9%; n = 4) and secondary level of education (1.4%; n = 2). None of the participants had attained university level of education. On employment status 62.2%; n = 87 of the total respondents were not employed, 25%; n = 35 were of unskilled employment, 2.1%; n = 3 had a professional employment while 10.7%; n = 15 were engaged in business or self employed.

Apart from the cash transfer fund, 60%; n = 84 of the respondents get added income from their children and relatives, 14.3%; n = 20 from savings, and 12.9%; n = 18 from business investment and 12.9%; n = 18 from other sources of income. Slightly above a half of the participants (58.6%; n = 82) handled between 2001-5,000Kshs per month, 30.7%; n = 43 handled less than 2,000Kshs per month and 10.7%; n = 15 handled 5,001-10,000kshs per month. In respect to living arrangement, 40.7%; n = 57 live with children and grandchildren, 28.6%; n = 40 live with children, 24.3%, n = 34, live alone while the rest live with relatives (4.3%; n = 6) and spouse (2.1%; n = 3). A half of the participants described their overall subjective health as being poor (50%; n = 70), a third as very poor (32.9%; n = 46), and those who described their health as being moderately healthy (17.1%; n = 24) while none indicated of having either a good or very good health.

These demographic characteristics were later analyzed in hypothesis H₀₂ and hypothesis H₀₃ to find out how they influence self-perception towards ageing and subjective well-being of older adults.

4.3 Relationship between Self-Perception towards Ageing and Subjective Well-Being of Older Adults

The first objective of this study sought to establish the relationship between self-perception towards ageing and subjective well-being of older adults living in Kajulu Ward, Kisumu County. In order to realize this objective, the following hypothesis was formulated. ‘There is no statistically significant relationship between self-perception towards ageing and the subjective well-being of older adults in Kajulu ward, Kisumu County.

To establish the relationship between self-perception towards ageing and subjective well-being of older adults, the researcher sought to find out and describe the self-perception towards ageing and the subjective well-being, the older adults of Kajulu ward responded to both uni-dimensional question and multi-model questions in three modified instruments Attitude to Ageing Questionnaire (AAQ), Satisfaction with Life Scale (SWLS) and Positive Affect and Negative Affect Schedule (PANAS). After completing the questionnaires, the scores were processed and computed using descriptive statistics and a Pearson’s correlation (r) was worked out to determine the direction and strength of the relationship between self-perception towards ageing and subjective well-being of 140 older adults in Kajulu Ward, Kisumu East sub-county.

4.3.1 Descriptive Statistics of Self-Perception towards Ageing

Self perception towards ageing was established in two ways. First as a uni-dimensional concept by asking the older adults a single structured question ‘How do you rate your age in relation to your actual age?’ The descriptive statistics result for subjective age was as shown in Table 4.

Table 4

Frequency and Percentage for Subjective Age of Older Adults

The Subjective Age	Gender		Frequency	Percentage
	Female n (%)	Male n (%)		
I feel younger than my actual age	11(15.5)	13(18.8)	24	17.1
I feel the same as my actual age	56(78.9)	55(79.7)	111	79.3
I feel older than my actual age	4(5.6)	1(1.4)	5	3.6

Table 4 above shows the participants self-rating on subjective age also referred to as felt-age. The majority indicated that their feel age to be the same (79.3%; n = 111) as their chronological age, 17.1%; n = 24 felt younger while 3.6%; n = 5 felt older than their actual age. The findings show that there is no difference in actual age and the subjective age of the older adults in Kajulu ward. The majority of the respondents revealed that their felt age was the same as their chronological age (M = 1.86, SD = .436). This result is indicative of the fact that the older adults experience a neutral perception towards the ageing self. This is contrary to the findings of previous longitudinal study observations of a younger felt age among the older adults by Kleinspehn-Ammerlahn, Kotter-Grühn and Smith (2008) in Berlin, Germany sample, Rubin and Berntsen (2006) in a Danish adult's population, Keyes and Westerhof (2012) in a United States and Uotinen (2006) in a Finnish older adults study. Further the current study indicated that there is no gender difference in the felt age for both female 56(78.9%) and male 55(79.7%). Both females and males have the same feel age as their actual age. This results support the previous observations of Uotinen (2006) that both men and women did not differ in their feel age among a Finnish older adults sample. Further, the results of Uotinen (2006) showed that Finns had higher feel age than the North-American older adults; indicating that social-cultural differences determine the meaning older adults place on age and ageing.

Correspondingly, this finding are similar to a 10 year longitudinal study in United States by Mock and Eibach (2011) that hypothesized that older subjective age predicted lower self-perception towards ageing and lower life satisfaction. Accordingly felt age also known as subjective age is derived from conscious comparison processes in which the older adults compares self with where he/she is in life to where is expected to be in life (Barrett & Montepare, 2015) and it focuses on self evaluation of how older adult perceives the ageing process (Westerhof, Miche, Brothers, Barrett, Diehl, Montepare, Wahl, & Wurm, 2014); Westerhof, Whitbourne, & Freeman, 2012). Summarily the current study shows that the older adults of Kajulu ward have the same felt age as their chronological age, indicating that the older adults express a neutral perception towards their ageing experience.

The concept of self-perception towards ageing was also considered as multi-dimensional concept. The participants were asked to respond to modified Attitude to Ageing Questionnaire (AAQ) adopted from Laidlaw, Power and Schmidt (2007). The AAQ has 24 items sub-divided into three domains each with 8 items; physical change, psychosocial loss and psychological growth. The AAQ was scored on a 5-point scale where 1 = *strongly disagree*, 2 = *disagree*, 3 = *neutral*, 4 = *agree*, and 5 = *strongly agree* to explore into self-perception towards ageing of older adults. After responding to the items on the AAQ scale, the scores were processed and computed using descriptive statistics to help describe the self-perception towards ageing of older adults living in Kajulu ward. The descriptive statistics results for self-perception towards ageing are as shown in Table 5.

Table 5

Frequency, Percentage, Mean and Standard Deviations for the domains of self-Perception towards ageing

Character	Frequency of responses N (%)					M	SD
	1	2	3	4	5		
Physical change	-	3(2)	124(89)	13(9)	-	3.65	.28
Psychosocial loss	37(26)	95(68)	8(6)	-	-	2.29	.49
Psychological gain	-	10(7)	92(66)	38(27)	-	3.63	.41
Self-Perception	-	-	139(99)	1(1)	-	3.19	.17
Towards Ageing							

Self-Perception towards Ageing: 1 = more negative perception, 2 = low negative perception, 3 = neutral perception, 4 = low positive perception, and 5 = more positive perception.

N = 140

Table 5 shows participants responses to respective domains of self-perception towards ageing. The results reveal that the majority of the respondents have a neutral perception in two domains of physical change (89%, n = 124; (M = 3.65, SD = .28) and psychological gain (66%, n = 92; M =3.63, SD = .41). The literature reviewed posits that physical change domain assesses perception towards physical functioning related to health and practical processes of the ageing self. The psychological growth domain focus on gains linked with acquired wisdom in relation to self and others. The results therefore suggest that the older adults in Kajulu ward have a neutral self-perception towards ageing in regard to their physical functioning as well as psychological growth domain. The results related to physical change domain agree with the findings in an Australian longitudinal study that linked negative self-perceptions of ageing to poor physical health and functioning outcomes in older adults aged 65 years and above (Sargent-Cox, Anstey, & Luszcz, 2012)

The third domain of psychosocial loss revealed a widespread response that is skewed towards the negative level of self-perception towards ageing. About three quarters of

the older adults (68%, $n = 95$; $M = 2.29$, $SD = .49$) were found to have a low negative perception and about a quarter (26%, $n = 37$) experienced a more negative perception towards the psychosocial loss domain ($M = 2.29$, $SD = .49$). A few of the older adults (6%, $n = 8$) indicate a neutral self-perception towards the psychosocial loss domain. Therefore the results revealed a negative perception towards the psychosocial loss domain indicating that the older adults in Kajulu ward have an introspective preoccupation with problems, deficits, losses and declines of the ageing self. These findings support the observation by Sindi, Juster, Wan, Nair, Ying Kin, and Lupien (2012) that ageing is a time of psychosocial loss among the older adults. On the contrary, the results of this study differ with the findings of two past studies by Urbanová and Bužgová (2017) in Czech Republic and that of Bryant, Bei, Gilson, Komiti, Jackson and Judd (2012) in a community dwelling Austrian sample that found out that the older adults had the most positive perception in the domain of psychosocial loss. In addition, the works of Berk (2010) and Bryant *et al* (2012) also gave an indication that more positive self-perceptions to ageing in the psychosocial loss domain are associated with higher satisfaction with life.

The tenets of Laidlaw *et al* (2007) posits that those older adults who focus more on the losses in the physical change and psychosocial loss domains and less on the gains acquired in the psychological growth domain experience a negative self-perception towards ageing. Largely the results exposed a neutral self-perception towards the ageing self (99%, $n = 139$; $M = 3.19$, $SD = .17$). Similar findings were revealed in a previous cross-sectional and correlation study by Suh, Choi, Lee, Cha, and Jo (2012) that the Korean older adults experience a neutral self perception about ageing.

Further, the literature review showed that different nations exhibit independent association in respect to the three domains of self-perception towards ageing. In this study the older adults of Kajulu ward displayed a neutral self-perception towards the physical change domain and the psychological growth and a low negative perception towards the psychosocial loss domain with an overall neutral self-perception towards the ageing self. The findings of this study therefore add information to the literature of self-perception towards ageing among the older adults living in Kajulu ward,

Kisumu County. Furthermore, the results of descriptive statistics for both the unidimensional as well as multi-dimensional revealed similar finding that the older adults of Kajulu ward experience a neutral self-perception towards the ageing.

4.3.2 Subjective Well-Being of Older Adults

Subjective well-being was measured both as one-dimensional as well as a multi-dimensional concept. As a one-dimensional concept the older adults responded to a single structured question item ‘How can you describe your overall health? The respondents were given alternative responses ranging from very poor, poor, moderate, and good to very good health status. The ratings give an indication on the overall subjective well-being of the older adult ranging from very low to very high subjective well-being. The results are as indicated in Table 6.

Table 6

Frequency, Percentage for Health Status of Older Adults

Health Status	Gender		Frequency	Percentage
	Female n (%)	Male n (%)		
Very Poor	11(15.5)	13(18.8)	46	32.9
Poor	56(78.9)	55(79.7)	70	50
Moderate	4(5.6)	1(1.4)	24	17.1
Good	0	0	0	0
Very Good	0	0	0	0

Table 6 above indicate that a half of the older adults in Kajulu ward experience a poor health status (n= 70; 50%), about a third (n = 46; 32.9%) had a very poor health and about a quarter (n = 24; 17.1%) exhibited a moderate health status. The results reveal that the majority of the older adults in Kajulu ward experience a poor health status (M = 1.84, SD = .69) which translates to low subjective well-being.

To measure the multi-dimensional facet of subjective well-being, the older adults responded to two modified instruments of Satisfaction with Life Scale (SWLS) by Diener, Emmons, Larsen and Griffin (1985) and Positive Affect and Negative Affect

Schedule (PANAS) by Thompson (2007). SWLS explores on satisfaction with life of older adults. It presents a 5-point scale where 1 = *extremely dissatisfied*, 2 = *dissatisfied*, 3 = *neutral*, 4 = *satisfied*, and 5 = *extremely satisfied*. Secondly, the participants responded to a 10 item PANAS schedule to explore on both the positive and negative emotional experiences of the older adults. It comprises of 5 items on positive affect scale including being inspired, alert, attentive, active and determined and 5 items of on negative affect; being afraid, upset, nervous, ashamed and hostile respectively. The PANAS schedule was scored on a 5-point scale where 1 = *very slightly or not at all*, 2 = *a little*, 3 = *moderately*, 4 = *quite a bit*, and 5 = *extremely*. The descriptive statistics result for the three dimensions of subjective well-being of older adults is as shown in Table 7.

Table 7

Frequency, Percentage, mean and standard deviations for the domains of Subjective Well-Being of Older Adults

Character	Frequency of responses N (%)					M	SD
	1	2	3	4	5		
Satisfaction with life	11(8)	114(81)	14(10)	1(1)	-	2.53	.45
Positive affect	27(19)	58(41)	31(22)	16(12)	8(6)	2.70	1.08
Negative affect	114(79)	26(19)	1(1)	2(1)	-	1.46	.58
Subjective Well-Being	-	103(74)	36(26)	1(1)	-	2.24	.42

Satisfaction with life: 1 = *extremely dissatisfied*, 2 = *dissatisfied*, 3 = *neutral*, 4 = *satisfied*, and 5 = *extremely satisfied*. **Positive affect and Negative affect:** 1 = *very slightly or not at all*, 2 = *a little*, 3 = *moderately*, 4 = *quite a bit*, and 5 = *extremely*. **Subjective Well-Being:** 1 = *very low*, 2 = *low*, 3 = *neutral*, 4 = *high*, and 5 = *very high*. N = 140

Scores on Satisfaction with Life Scale

The responses on satisfaction with life scale indicated that the majority of the older adults are dissatisfied with their life (81%, n = 114) and about 10% are extremely dissatisfied and another 10% are neither satisfied nor dissatisfied. However, only one responded was satisfied and none was extremely satisfied. This implies that the majority of the older adults in Kajulu ward are dissatisfied with their life (M = 2.24,

SD = .42). The findings of this study is also in line with the results from a longitudinal study conducted among a United States older adults sample by Mock and Eibach (2011) that linked lower life satisfaction with lower self-perception towards ageing. This results support recent findings of Steptoe, Deaton and Stone (2015) that life satisfaction is very low at all ages in sub-Saharan Africa. On the contrary the findings differ with the findings of Suh, Choi, Lee, Cha and Jo (2012) that posits that life satisfaction was at the medium level among a Korean sample. Further the reviewed literature revealed that being satisfied with life is more of having a favourable self-perception over a long period of life rather than an assessment of present feelings.

Scores on Positive Affect and Negative Affect Schedule

Positive affect scores showed that slightly less than half of the respondents experience a little of positive affect (41%; n = 58) and slightly below a quarter moderately experience positive affect (22%, n = 22) while another quarter experience very little of the positive affect or not all (19%, n = 27); a few indicated the older adults experience quite a bit (12%, n = 16) and extreme (6%, n = 8) of positive affect. The older adults responses showed a varied responses on the dimension of positive affect (M = 2.70, SD = 1.08) across the 5-point likert scale. As much as the majority of the older adults experience a little of the positive affect, there were those who experience varied levels of emotions ranging from very little or not at all, moderate, quite a bit or extreme of positive affect. However the results are mostly skewed towards the experience of less of positive affect. According to Watson, Clark and Tellegen (1988) and Merz, Malcarne, Roesch, Ko, Emerson, Roma and Sadler (2013) the older adults who experience less positive affect reflect on sadness and weariness. Further such older adults have less energy to engage in unpleasurable activities most of the time.

The affective dimension of subjective well-being is on a polarity of positive and negative affects. In this regard the descriptive results on PANAS further indicate that the majority (79%, n = 114; M = 1.46, SD = .58) of the older adults experience very little of the negative affect. Unlike the positive emotions that were spread across the 5-point likert scale, the negative affect was more concentrated on the lower level of

the scale. This therefore demonstrated that the older adults in Kajulu ward experience very little of the negative emotions. Past study by Watson, Clark and Tellegen (1988) and Merz, Malcarne, Roesch, Ko, Emerson, Roma and Sadler (2013) suggests that the older adults who experience high levels of positive affect and less of negative affect express a state of calmness in their ageing processes and have a high subjective well-being (Eryilmaz, 2010). Besides evidence from previous studies show that the score on any one component is distinct and does not reflect the score on the other dimension. Further, Diener and Suh (1997) assert that scores depends on internal judgments rather than what the other person thinks or feels. Nevertheless, the descriptive statistics on the dimension of subjective well-being reveal that the older adults living in Kajulu ward experience low levels of both positive and negative affectivity and are dissatisfied with their life.

Further, to establish the level of subjective well-being of older adults living in Kajulu ward, the responses on the three dimensions of satisfaction with life, positive affect and negative affect were computed into a single score of the overall subjective well-being. The results showed that about a quarter (26%, n = 36) of the older adults experience a neutral subjective well-being and a majority nearly three quarters (74%, n = 103) of the older adults experience a low subjective well-being. The results of this study differ with Suh, Choi, Lee, Cha and Jo (2012) that found a medium subjective well-being compared a neutral subjective well-being found among the older adults in Kajulu ward experience a low subjective well-being.

4.3.3 Correlation between Self-Perception towards Ageing and Subjective Well-Being among Older Adults

The descriptive statistics in this study revealed that majority of older adults in Kajulu ward experience a neutral perception towards the ageing self and a low subjective well-being. Following the descriptive statistics, a Pearson Correlation Coefficient was computed to help test the first null hypothesis statement that there is no statistically significant relationship between self-perception towards ageing and the subjective well-being of older adults in Kajulu ward, Kisumu County. The Pearson correlation coefficient results are as shown in Table 8.

Table 8

Correlation between Self-Perception towards Ageing and Subjective Well-being of Older Adults

		Self- Perception towards Ageing	Subjective Well-Being
Self-Perception towards Ageing	Pearson Correlation	1	-.157
	Sig. (2-tailed)		.064
Subjective Well-Being	Pearson Correlation	-.157	1
	Sig. (2-tailed)	.064	

(N = 140)

Table 8, shows a weak, negative correlation which is statistically insignificant ($r = -.157$, $p = .064$) between self-perception towards ageing and subjective well-being of older adults living in Kajulu Ward. To further illustrate how self-perception towards ageing relates to the subjective well-being of older adults living in Kajulu ward, a scatter plot was mapped to give a pictorial presentation of each of the older adult responses of the Pearson's correlation as shown in Figure 2.

Scatter plot of the Correlation between Self-Perception towards Ageing and Subjective Well-being of Older Adults

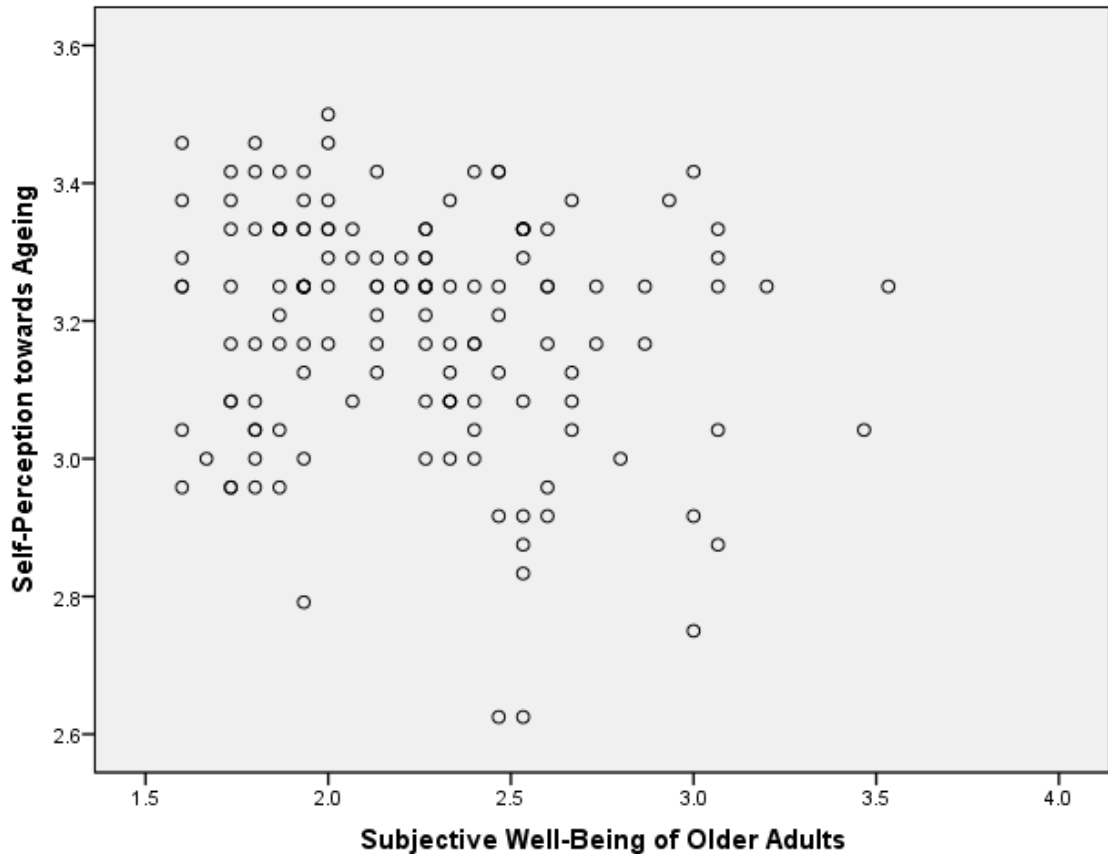


Figure 2: Scatter Plot map showing the relationship between Self-Perception towards Ageing and Subjective Well-Being of Older Adults

The scatter plot diagram in Figure 2 shows a downhill trend with somewhat scattered plots in a wider band indicating the presence of a weak and negative linear relationship. However, in spite of the scatter plot results pointing towards a linear relationship, the Pearson correlation reveal insignificant correlation ($p = .064$) between self-perception towards ageing ($M = 3.19$, $SD = .17$) and subjective well-being ($M = 2.24$, $SD = .42$) among the older adults living in Kajulu Ward of Kisumu County.

In this current study the older adults of Kajulu ward revealed dissatisfaction with their life, a low positive affect and very low negative affect. In general terms very low negative affect is indicative of happiness and satisfaction in life. Further, research

assert that the older adults are more adaptive to stressful situations regarding losses, deficits, declines and problematic issues in their life making them express less of negative affect. This view is supported by earlier research evidence that subjective well-being is concerned with the respondents own internal judgments rather than what the other person thinks or feels (Diener, & Suh, 1997). The two authors further argue that convergence or divergence between individuals' life goals and self-perception of the extent to which they have reached their life goals plays a determining role in reaching high subjective well-being.

Additional, the results of this study holds true to the results of previous studies with a similar indication that a higher positive self-perception towards ageing is associated with higher levels of satisfaction with life. These studies include that of Kotter-Gruhn and Hess (2012) among the German older adults, another study by Bryant, Bei, Gilson, Komiti, Jackson and Judd (2012) that was conducted among a community dwelling Austrian older adults aged 60 years and above and that of Mehmet and Yardan (2012) among Turkish older adults living in two nursing homes Further, the findings of this study are in agreement with the results of Steptoe, Deaton and Stone (2015) that persons living in sub-Saharan Africa where the study area falls; experience very low subjective well-being.

The Dimensions that Predicts Subjective Well-Being of Older Adults

The variables of this study are multi-dimensional in nature. The variable of self-perception towards ageing is conceptualized in three domains of physical change, psychosocial loss and psychological growth. Likewise, the concept of subjective well-being is divided into cognitive dimension that represents the older adult's satisfaction with life and the emotional dimension that looks into the presence of positive affect and relative absence of negative affect. Also, the demographic characteristics can be described in a multiple of ways; age, sex, academic level, employment status, marital status, sources of income, monthly income and living arrangement. In this case a correlation analysis was further conducted to find out how these sub-components relates with the dependent variable of subjective well-being. Furthermore, scholarly

studies have given an indication that the scores on any one of the sub-components of self-perception towards ageing and subjective well-being do not necessarily have a dependent influence on the other. Therefore, this study also sought to find the strongest predictor of subjective well-being among these variables. In this case a regression analysis was to be conducted. According to Pedhazur, (1997) regression analysis can only be performed on predictor variables that have a statistical linear significance with the dependent variable. Therefore, a Pearson correlation analysis was computed and grouped into insignificant variables and significant variables.

The insignificant variables includes sex ($r = .081, p = .343$), employment status ($r = .084, p = .326$), marital status ($r = -.061, p = .472$), other sources of income ($r = -.015, p = .864$), level of income ($r = .022, p = .794$) and living arrangement ($r = .144, p = .090$). Except for the demographic characteristic of age bracket and academic level, most of the demographic characteristics were excluded from being predictors of subjective well-being. Similarly, all the three domains of self-perception towards ageing; physical change ($r = .017, p = .840$), psychosocial loss ($r = -.049, p = .564$), and psychological growth ($r = -.149, p = .080$), indicated insignificant relationship with subjective well-being. The current study revealed differing results from the past studies. For example a quantitative and descriptive exploratory study by Mehmet and Yardan (2012) revealed that all the three dimensions self-perception towards ageing: physical change, psychosocial loss and psychological gain domains were significant predictors for quality of life and subjective well-being in older adults living in nursing home in Turkey with the highest significant relationship being the psychological growth subscale ($r = 0.579, P < 0.001$). The correlation coefficient result for significant variables was as presented in Table 9.

Table 9

Correlation Analysis Results between the significant variables of Subjective Well-Being of Older Adults

		SWLS	PA	NA	Age	Academic level
SWB	r	.398**	.802**	.406**	-.176*	.189*
	p	.000	.000	.000	.038	.025

*correlation is significant at the .05 level (2-tailed)

**correlation is significant at the .01 level (2-tailed)

NA: Negative Affect, PA: Positive Affect, SWB: Subjective Well-Being, SWLS: Satisfaction with Life Scale

The results in Table 9 indicate that all the three dimensions of positive affect ($r = .802^{**}$, $p = <.001$) has the strongest significant relationship with subjective well-being, followed by negative affect ($r = .406^{**}$, $p = <.001$) and lastly satisfaction with life ($r = .398^{**}$, $p = <.001$). In addition, two demographic characteristics variable of academic level ($r = .189^*$, $p = .025$) and age ($r = -.176^*$, $p = .038$) were significant predictive variables on subjective well-being. However, the findings of a study by Galinha and Pais-Ribeiro (2011) revealed that the three dimensions of satisfaction with life, positive affect and negative affect had a strong significant correlation with subjective well-being of older adults. In addition, the demographic characteristics also showed a significant correlation with subjective well-being. This finding further agrees with the finding of an integrative research model by Galinha and Pais-Ribeiro (2011) that both intrapersonal variables from within the individual self (satisfaction with life and the emotional variables positive affect and negative affect) and as well as the demographic characteristic are the main predictors of subjective well-being.

In this study the concept of subjective well-being correlated positively with its own dimensions. The positive affect ($r = .802^{**}$, $p < .001$) had the highest positive significant towards subjective well-being of older adults, followed by relative absence

of negative affect ($r = .406^{**}$, $p < .001$) which was closely followed by satisfaction with life ($r = .398^{**}$, $p < .001$). The results of this current study agree with the previous findings of an integrative model of Galinha and Pais-Ribeiro (2010) that revealed the predictors of subjective well-being were satisfaction with life, negative affect and positive state affect. Galinha and Pais-Ribeiro noted that intrapersonal variable from within the individual self; in this case the affective and cognitive variables were the main predictors of subjective well-being. The results of this current study support the previous researchers that positive affects are an integral part of everyday life in helping persons to process emotional information and they provide a buffering function to the problems associated with negative emotions and ill-health (Li, Starr, & Hershenberg, 2017; Paterson, Yeung, & Thornton, 2015).

Regression Analysis on Predictors of Subjective Well-Being of Older Adults

This study results revealed that all the three dimensions of subjective well-being; satisfaction with life, positive affect, negative affect and two demographic characteristics of age bracket and highest academic level were predictive variables of subjective well-being of older adults living in Kajulu ward. Therefore, a regression analysis was conducted to found out which one of the five variables was the strongest predictor of subjective well-being. A regression model summary showing goodness-of-fit for the data is shown in Table 10, 11, and 12.

Table 10

Regression Analysis for Predictor Variables on Subjective Well-Being of Older Adults

Model	R	R ²	Adjusted R ²	Std. Error of the Estimate
1	.988 ^a	.976	.975	.067

a. Predictors: (Constant), Negative Affect, highest Academic Level, Age Bracket, Satisfaction With Life, Positive Affect.

The results in Table 10 showed that positive affect, satisfaction with life, negative affect, age bracket and highest academic level produced R value of .988 and R^2 .976 respectively. This implies that 97.6% of the variance in subjective well-being can be explained by satisfaction with life, positive affect and negative affect, age bracket and highest academic level. Further, the result shows that the value of adjusted R^2 (97.5%) is closer to the R^2 (97.6%). This explains a good prediction power for the future observations. Since the R^2 value for this study is high, this therefore means that there was less error or less unexplained variance in subjective well-being of older adults in Kajulu ward.

Table 11

Analysis of Variance of Predictor Variables on Subjective Well-being of Older Adults

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	24.058	5	4.812	1073.36	.000 ^b
	Residual	.601	134	.004		
	Total	24.659	139			

a. Dependent Variable: Subjective Well-Being

B. Predictors: (Constant), Negative Affect, highest academic level, age bracket, Satisfaction With Life, Positive Affect

Table 11 explains how well the regression equation fits the data. That is, how the equation predicts the dependent variable. The significance column indicates the statistical significance of the regression equation model. In this present study, the value of $<.001$ is less than the set $\alpha = .05$. This is an indication that overall the regression model is a statistically significant model that predicts the outcome variable of subjective well-being of older adults as shown in Table 12.

Table 12

Regression Analysis of Predictors of Variables on Subjective Well-Being of Older Adults

Model	Un-standardized		Standardized	<i>t</i>	Sig.
	Coefficients				
	B	Std. Error	B		
1 (Constant)	.092	.037		2.46	.015
Age bracket	-.003	.006	-.007	-.499	.618
Highest academic level	-.002	.009	-.003	-.203	.839
Satisfaction With Life	.317	.013	.339	25.28	.000
Positive Affect	.321	.005	.820	60.96	.000
Negative Affect	.326	.010	.451	33.52	.000

a. Dependent Variable: Subjective Well- Being

The results in Table 12 show that the relative absence of negative affect ($\beta = .326, p = < .001$) was the strongest predictor of subjective well-being, followed by presence of positive affect ($\beta = .321, p = < .001$) and finally the dimension of satisfaction with life ($\beta = .317, p = < .001$). On the contrary the demographic characteristics did not reveal themselves as predictive variables in this study. This study therefore deduces that the relative absence of negative affect is the strongest predictor of subjective well-being of older adults in Kajulu ward, Kisumu County, Kenya. Previous study by Galinha and Pais-Ribeiro (2011) found out that contextual socio-demographics were also significant predictors of subjective well-being, which is not the case in the current study. Further, the results of the current study do not agree with the view that the three dimensions of attitudes to ageing; psychosocial loss, physical change and psychological growth were significant predictors for quality of life among the older adults population (Low, Molzahn, & Schopflocher, 2013; Mehmet, & Yardan, 2012).

The results of the current study agree with the view of DeNeve and Coppers (1998) and Galinha and Pais-Ribeiro (2011) that life satisfaction, positive affect and negative affect are specific predictors of subjective well-being of older adults. Using an integrative research model Galinha and Pais-Ribeiro (2011) revealed that

intrapersonal variables from within the individual self; in this case of cognitive variable (satisfaction with life) and the emotional variables (positive affect and negative affect) are the main predictors of subjective well-being. The results of the regression analysis draw attention to the significant influence of both positive and negative affects on mental processes and behaviours that serve an adoptive function in involuntary assimilation of familiar life experiences and voluntary accommodation of unfamiliar or problematic experiences as envisioned by Forgas and Herbert (2010). In addition, the results of regression analysis showed that positive and negative affect were the major predictors of subjective well-being supports the tenets of the two theories: Theory of Reasoned Action (Fishbein, & Ajzen, 1975) and the Theory of Planned Behaviour (Ajzen & Fishbein, 1980) adopted for this study. According to Forgas, (2013) positive affect promotes a practical way of learning from past experiences, knowledge and assumptions which is most of the time involuntary. Conversely negative affectivity lies more on cautious, voluntarily controlled and analytic processing of externally drawn information.

4.4 The Influence of Selected Demographic Characteristics on Self-Perception towards Ageing of Older Adults

The second null hypothesis to be tested was that there is no statistically significant influence by demographic characteristics on self-perception towards ageing of older adults in Kajulu ward. The selected demographic characteristics considered were gender, actual age, academic level, and employment status, marital status, having other sources of income, monthly income, living arrangement and overall self-perceived health rating. In order to test the second hypothesis a one-way analysis of variance (ANOVA) was conducted to compare the variance between groups with the variability within each of the groups. The ANOVA results were grouped into two sets. The first group was for the non-significant demographic characteristics on older adult's self-perception towards ageing. The second group indicates those demographic characteristics that had a significant influence on self-perception of older adults towards own ageing process.

4.4.1 Non-Significant Demographic Characteristics and Self-Perception towards Ageing

Following a one-way between groups analysis of variance to test the influence of demographic characteristics on older adults self-perception towards ageing, eight (8) demographic characteristics were found to have no significant influence on the self-perception towards ageing of older adults living in Kajulu ward, Kisumu County. The results of these insignificant characteristics are shown in Table 13.

Table 13

The ANOVA Results for Non-Significant Demographic Characteristics and Self-Perception towards Ageing

Non significant Characteristics		Sum of squares	Df	Mean square	F	Sig.
Age bracket	Between groups	0.026	3	0.009	0.29	0.831
	Within groups	4.072	136	0.030	3	
Academic level	Between groups	0.108	3	0.036	1.22	0.302
	Within groups	3.990	136	0.029	7	
Monthly income	Between groups	0.106	2	0.053	1.82	0.166
	Within groups	3.992	137	0.029	2	
Living arrangement	Between groups	0.044	5	0.009	0.28	0.919
	Within groups	4.055	134	0.009	8	
Sex	Between groups	0.024	1	0.024	0.81	0.368
	Within groups	4.074	138	0.030	7	
Self-perceived age	Between groups	0.126	2	0.063	2.17	0.118
	Within groups	3.972	137	0.029	3	
Marital status	Between groups	0.107	2	0.053	1.83	0.164
	Within groups	3.992	137	0.029	0	
Other sources of income	Between groups	0.125	2	0.062	2.15	0.120
	Within groups	3.973	137	0.029	3	

Table 13 shows the results of demographic characteristics that have insignificant influence on self-perception towards ageing of older adults living in Kajulu ward, Kisumu East Sub-County. The insignificant demographic characteristics and p values

include sex ($F(1, 138) = .82, p = .368$), age bracket ($F(3, 136) = .29, p = .831$), subjective age rating ($F(2, 137) = 2.17, p = .118$), academic level ($F(3, 136) = 1.23, p = .302$), marital status ($F(2, 137) = 1.83, p = .164$), other sources of income ($F(2, 137) = 2.153, p = .120$), monthly income ($F(2, 137) = 1.82, p = .166$) and finally living arrangements at ($F(5, 134) = 29, p = .919$).

The ANOVA results of this study showed that age has a non-significant influence on self-perception towards ageing on older adults living in Kajulu ward. The results of this study differ from the findings of previous studies which allegethat younger self-perceived age enhances older adult's self-perception towards ageing (Low, Molzahn, & Schopflocher, 2013; Keyes, & Westerhof, 2012). Other studies that revealed a younger feel age to be associated to high self-perception towards ageing include that of Kleinspehn-Ammerlahn, Kotter-Grühn, and Smith (2008) in a Berlin sample, Rubin and Berntsen (2006) among Danish populations, Uotinen (2006) who used a sample from Finnish and North –American older adults population, Chinese study by Chow and Bai (2011) and a recent study by Cramm and Nieboer (2017) among the native Dutch elders. In comparison, the older adults from the western world experience a younger feel age, while the older adults of Kajulu ward feel the same age as their actual age. The result of this study is dissimilar to the findings of previous studies in the western world: it has revealed that age has an influence on self-perception towards ageing older adults in Kajulu ward.

Gender was also found to have no significant influence on self-perception of older adults living in Kajulu ward. The literature reviewed gives mixed findings on the influence of gender on self-perception. First there is similar evidence from a Chinese study by Chow and Bai (2011) that observed no significant difference between gender and self-perception towards ageing. On the contrary, a study by Low, Molzahn and Schopflocher (2013) revealed that gender has a significant influence on self-perception towards ageing.

The demographic characteristic of living arrangement also had an insignificant influence on self-perception among older adults living in Kajulu ward. These results are inconsistent with a previous study by Tannistha, Feinian and Reeve (2015) that

indicated that self perception towards ageing was high among older adults living in households with young grandchildren and that solitary living was associated with the poor perception towards ageing in Indian older population. In addition, the findings by Laidlaw, Wang, Coelho and Power (2010) indicated that Chinese older people living in Beijing and Scottish older people living in Scotland had a higher expectation to be cared for by their children than the Chinese immigrants living in the United Kingdom. The findings of this study accepted the null hypothesis that living arrangement of older adults living in Kajulu ward has no significant influence on their perception towards ageing.

Marital status was also found to have insignificant influence on self-perception towards ageing. This finding is contrary to the results of previous studies that found relationship with spouse enhances positive perception towards ageing. Such studies include that of Antonucci, Birditt and Webster (2010) who indicated that positive relationship with spouse is significant factor in the overall health and well-being of the older persons, Trudel, Boyer, Villeneuve, Anderson, Pilon, and Bounader (2008) among the French older adults living in Montreal, Canada and Bryant, Bei, Gilson, Komiti, Jackson and Judd (2012) among a community dwelling Austrian older adults.

In this study, academic level was found to have a non-significant influence on self-perception towards ageing. This finding was inconsistent with the findings of Cramm and Nieboer (2017) that revealed that academic status was significant to self-perception towards ageing among the Turkish migrants.

In this study, monthly income and having additional sources of income were found to have an insignificant influence on self-perception of older adults in Kajulu ward. This study results are dissimilar to the findings of other studies that indicated better financial status to be associated with more positive self-perception among older adults (Antonucci, Birditt, & Webster, 2010; Bryant, Bei, Gilson, Komiti, Jackson, & Judd, 2012). Similarly, this outcome differed with Cramm and Nieboer (2017) findings that lower income was associated with more negative ageing perception among the Turkish older adults than among Dutch elders.

4.4.2 Significant Demographic Characteristics and Self-Perception towards Ageing

The second set of a one-way ANOVA results between group's analyses found out that employment status and overall self-perceived health have a significant influence on self-perception towards ageing of older adults living in Kajulu ward, Kisumu County. These results are shown in Table 14.

Table 14

The ANOVA Results for Significant Demographic Characteristics and Self-Perception towards Ageing

Significant Demographic Characteristics		Sum of squares	Df	Mean square	F	Sig.
Employment status	Between groups	0.305	3	0.102	3.647	0.014
	Within groups	3.793	136	0.028		
Overall self-perceived health	Between groups	0.220	2	0.110	3.879	0.023
	Within groups	3.879	137	0.028		

According to the ANOVA results in Table 11, there was a statistically significant differences on employment status ($F(3, 136) = 3.647, p = .014$) and overall self-perceived health ratings ($F(2, 137) = 3.879, p = .023$) on self-perception towards ageing of older adults. In this case, a Post-hoc comparison using the Tukey HSD test was conducted for the significant variables of employment status and overall self-perceived health ratings to establish where these differences in the means lies between the categories as indicated in Table 15 and 16 below.

4.4.2.1 The Influence of Employment Status on Self-Perception towards Ageing

The ANOVA results as indicated employment status has a statistically significant influence on self-perception towards ageing. In this case, a Post-hoc comparison using the Tukey HSD test was conducted on the employment statuses to establish where these difference means lies between the categories of not employed, unskilled employment, professional employment and business/self-employed. The results are shown in Table 15.

Table 15

Multiple Comparison Tabulation for the Influence of Employment Status on Self-Perception towards Ageing

Employment status		Mean	Std.	Sig.	95% Confidence	
		Differ	Error		Interval	
		ence			Lower	Upper
					Bound	Bound
Not Employed	Unskilled employment	-.027	.033	.86	-.11	.060
	Professional	-.250	.098	.056	-.506	.005
	Business/Self-employed	-.106	.047	.110	-.227	.015
Unskilled Employment	Not employed	.027	.033	.855	-.060	.114
	Professional	-.224	.100	.121	-.485	.038
	Business/Self employed	-.079	.052	.417	-.213	.055
Professional	Not Employed	.250	.098	.056	-.005	.506
	Unskilled employment	.224	.100	.121	-.038	.485
	Business/Self employed	.144	.106	.522	-.130	.419
Business/Self employed	Not Employed	.106	.047	.110	-.015	.228
	Unskilled Employment	.079	.052	.417	-.055	.213
	Professional	-.144	.106	.522	-.419	.130

In Table 15, the Tukey HSD comparison test results between not employed with unskilled employment, professional and business/self-employed all yield significant values of more than $\alpha = .05$. Further, post hoc test results shows that there is no significant difference between the categories of employment status; not being employed, unskilled employment, professional employment and business/self-employed. Therefore, there are no specific employment statuses that significantly influence self-perception towards ageing of older adults in Kajulu ward, Kisumu East sub-county. The results of this study indicate that the employment status significantly

influence the perception of older adults towards the ageing self. This study results concur with the findings of two previous studies that indicated that employment status has a significant influence on self-perception (Bryant, Bei, Gilson, Komiti, Jackson & Judd, 2012) among Austrian older adults aged above 60 years and by Chow and Bai (2011) in Chinese a population. Literature on influence of employment status on self-perception towards ageing is scanty. Therefore this study recommends for more studies to help build on the literature.

4.4.2.2 The Influence of overall Self-perceived Health on Self-Perception towards Ageing

The ANOVA results revealed that the overall self-perceived health had a statistically significant influence on self-perception towards ageing. Post-hoc comparison using the Tukey HSD test was run for the significant variable of overall self-perceived health to establish where these mean difference lie between the categories of very poor, poor and moderate self-perceived health as shown in Table 16.

Table 16

Multiple Comparisons for the Influence of Self-Perceived Health Status on Self-Perception towards Ageing

Overall self-perceived health status		Mean Difference	Std. Error	Sig.	95% Confidence Interval	Lower Bound	Upper Bound
Very Poor	Poor	-.082*	.032	.031	-.16	-.01	
	Moderate	-.091	.042	.085	-.19	.01	
Poor	Very Poor	.082*	.032	.031	.01	.16	
	Moderate	-.009	.040	.972	-.10	.09	
Moderate	Very Poor	.091	.042	.085	-.01	.19	
	Poor	.009	.040	.972	-.09	.10	

*. The mean difference is significant at the 0.05 level.

In Table 16, post-hoc Tukey's HSD tests showed that poor self-perceived health of a participant has a significantly higher influence on self-perception towards ageing (p

= .031) more than moderate and very poor self-perceived healthy conditions. The descriptive results of this study revealed that a half of the participants described their overall self-perceived health as being poor (50%; n = 70), a third as very poor (32.9%; n = 46), and those who described their health as being moderately healthy were (17.1%; n = 24) while none gave indication of having either a good or very good self-perceived health.

Previous studies have linked negative self-perception to poor physical health; for example research by Bryant, Bei, Gilson, Komiti, Jackson, and Judd (2012) in community dwelling in Austria, and a study by Sargent-Cox, Anstey and Luszcz (2012) in an Australian sample. Another past study by Low, Molzahn and Schopflocher (2013) observed that declining health can result in anticipation of negative future changes and being in good health yield a sense of hope for maintaining health-related resources and activities. In a recent study by Cramm and Nieboer (2017), poorer health was found to be significant among the migrants Turkish elders and native Dutch elders living in Rotterdam, Netherlands. Further, the study by Cramm and Nieboer revealed that the Turkish elders showed more negative ageing perception than the Dutch elders. As is the case with the present study, the previous studies linked negative self-perception to poor physical health. The current study hypothesizes that poor self-perceived health is one of the underlying factors towards the negative and weak relationship between self-perception towards ageing and subjective well-being among the older adults in Kajulu ward, Kisumu County.

The second null hypothesis (H_{02}) stated that there is no statistically significant relationship between self-perception towards ageing of older adults in Kajulu ward. The interpretation of ANOVA and post hoc Tukey HSD test yielded two sets of results, those that accepted and those that rejected the hypothesis. In this study the demographic characteristics age, gender, living arrangement, academic level, marital status, monthly income level and sources of income accepted the null hypothesis that there is no mean difference between the eight (8) demographic characteristic and self-perception towards ageing of older adults living in Kajulu ward.

The second set of ANOVA and post hoc Tukey HSD test revealed that employment status and poor self-perceived health status showed a significant influence towards self-perception of older adults in Kajulu ward. The two demographic characteristics rejected the null hypothesis that there is no statistically significant relationship between self-perception towards ageing of older adults in Kajulu ward. Previous studies reviewed have given a differing indication that most of the selected demographic characteristics in the current study have a significant influence on self-perception particularly in the western world. Notably is that previous studies conducted were cross-sectional and longitudinal in nature with larger samples.

4.5 The Influence of Demographic Characteristics on Subjective Well-Being of Older Adults

The third null hypothesis stated that there is no statistically significant influence of selected demographic characteristics on the subjective well-being of older adults in Kajulu ward, Kisumu County. To test this hypothesis, the respondents were asked to give responses to structured personal demographic characteristics. The respondents also responded to two modified scales of satisfaction to life scale (SWLS) and positive affect and negative affect scales (PANAS). The itemized results of the sample population were computed into respective demographic characteristics and subjective well-being ratings. After which a one-way ANOVA was used to test the null hypothesis to indicate whether or not there is significant differences in the mean scores of subjective well-being of older adults across the selected demographic characteristics of age bracket, self-perceived age, sex, marital status, academic level, employment status, having other sources of income, amount of money the older adults handle in a month, living arrangement and older adults overall self-perceived health rating. The ANOVA results were divided into two sets; non-significant and significant demographic characteristics on subjective well-being of older adults.

4.5.1 Non-significant Demographic Characteristics on Subjective Well-Being of Older Adults

Following a one-way between groups ANOVA of the demographic characteristics; age, employment status, income, living arrangement, sex and self-perceived age

ratings were found to have no significant influence on the subjective well-being of older adults living in Kajulu ward as shown in Table 17.

Table 17

ANOVA Tabulation for Non-Significant Demographic Characteristics that Influence Subjective Well-Being of Older Adults

Non-significant Demographic Characteristics		Sum of squares	Df	Mean square	F	Sig.
Age bracket	Between groups	.704	3	.235	1.374	.253
	Within groups	23.220	136	.171		
Employment status	Between groups	.719	3	.240	174.22	.244
	Within groups	23.924	136	.171		
Monthly income	Between groups	.051	2	.026	.147	.863
	Within groups	23.873	137	.174		
Living arrangement	Between groups	.790	5	.158	.915	.473
	Within groups	23.134	134	.173		
Sex	Between groups	.157	1	.157	.910	.342
	Within groups	23.767	138	.172		
Self-perceived Age	Between groups	.107	2	.054	.38	.735
	Within groups	23.817	137	.174		

Table 17 gives the results for the one-way ANOVA between dependent variable subjective well-being and the six demographic characteristics of older adults namely age bracket, employment status, monthly income, living arrangement, and sex and self-perceived age rating. From the table 14, it can be observed that there is no significant influence on the subjective well-being of older adults as shown by the insignificant p-values, sex ($F(1, 138) = .91, p = .342$), age bracket ($F(3, 136) = 1.37, p = .253$), employment status ($F(3, 136) = 174.22, p = .244$), monthly income ($F(2, 137) = .15, p = .863$), living arrangement ($F(5, 134) = .92, p = .473$), sex ($F(1, 138) = .91, p = .342$) and self-perceived age rating ($F(2, 137) = .74, p = .735$). Since the p values are not significant, post hoc Tukey HSD tests was not done on these variables to compare the responses within the categories.

Gender was found to have insignificant influence on older adult subjective well-being as was the case in a study by Mehmet and Yordan (2012) among the Turkish older adults living in nursing homes. However, this finding is contrary to the findings of most recent studies that indicate gender as significantly associated with overall life satisfaction (Cachioni, Delfino, Yassuda, Batistoni, & de Melo, 2017; Fernandez-Ballesteros, Zamarron, & Ruiz, 2001; Mwanyangala, Mayombana, Urassa, Charles, Mahutanga, Abdullah, & Nathan, 2010). Specifically a study by Calys-Tagoe *et al* (2014) among the Ghanaians older population indicated that being male was significantly associated with higher subjective well-being. On the contrary, other past studies have shown gender to be related to well-being. They observe that men and women have similar levels of subjective well-being but the pattern changes with age (Inglehart, 2002) and it also changes over time (Stevenson, & Wolfers, 2009). The demographic characteristic of age presents a U-shaped distribution with subjective well-being indicating that younger and older adults tend to have more subjective well-being compared to middle aged adults (Argyle, 1999). In addition a most recent finding by Suh, Choi, Lee, Cha and Jo (2012) has also revealed that the female gender had the highest influence on subjective well-being among the Koreans older population. The reviewed literature specifies that subjective well-being is dependent on both age and gender and that the pattern changes with time.

Another demographic characteristic that was found to insignificantly influence subjective well-being was age. On the contrary, being of a younger old age has been found to have a positive significant influence on subjective well-being among older Korean adults (Suh, *et al* 2012), among the Spanish population (Fernandez-Ballesteros *et al*, 2001) and among the Ghanaians older adults (Calys-Tagoe *et al*, 2014). Further, the current study findings are similar to a study by Mock and Eibach (2011) that found out that older subjective age predicts lower life satisfaction in a United States sample. In addition previous studies conducted in Kenya have found that age has a significant influence on subjective well-being; Kabole, Kioli and Onkware (2013) conducted a research in Emuhaya District, Western Kenya that revealed being among the oldest old age bracket reduces the quality of life. Also a study conducted by Walaba, (2014) found contrasting results from this study that

older persons living in Eldoret Municipality, Uashin Gishu County, Kenya were still useful to their society and family even beyond 100 years of age. Besides, self-perceived age also known as feel age was found to have no significant influence on subjective well-being of older adults living in Kajulu ward. This is in line with the demographic responses that 79.7% of the older adults indicated that they feel the same age as their chronological age. It is therefore expected that the feel age will have the same significance as the actual age.

Employment status and level of income were also found to have no significant influence on subjective well-being of older adults living in Kajulu ward. This result is dissimilar to the findings which showed that having a higher monthly income was associated with enhanced subjective well-being among older Korean adults (Kim, 2009; Lee, 2010; Suh, *et al*, 2012). The two studies were conducted in Korean society and found out that having a higher income has a significant influence on life satisfaction. Similar results have been found in other societies such as Spanish population (Fernandez-Ballesteros, Zamarron, & Ruiz, 2001) and among the Ghanaians older adults (Calys-Tagoe, *et al*, 2014). Besides, earlier studies have also indicated that income correlated more strongly with well-being (Pinquart, & Sörensen, 2000; Ingrand, Paccalin, Liuu, Gil, & Ingrand, 2018). On the contrary, earlier studies showed a stronger association between income and well-being for individuals at both low and high income levels (Biswas-Diener, 2008). Further works have found dissimilar result that unemployment negatively affect subjective well-being (Argyle, 1999; Lucas, Clark, Georgellis, & Diener, 2004; Warr, 2003). Literature review highlighted on the importance of paid employment in providing direct access to resources that foster satisfaction, meaning and purpose in life. This result was contrary to the findings of the current study that income levels and employment status had no significant influence on subjective well-being of older adults living in Kajulu ward.

This study found out that living arrangement does not significantly affect subjective well-being of older adults living in Kajulu ward. Contrary to these findings, previous studies have identified living arrangement as a significant demographic characteristic

affecting subjective well-being (Kim, 2009, Lee, 2010; Yamada & Teerawichitchaian, 2015). This differing result was found in Korean and Vietnam societies that are predominantly intergenerational co-residence societies compared to the study area of this current study. However, other studies have recognized that family relationship status was significantly associated with satisfaction with life; such studies include those of Reichstadt, Sengupta, Depp, Palinkas and Jeste (2010) among the community dwelling adults aged above 60 years in San Diego County, California and a study by Bryant, Bei, Gilson, Komiti, Jackson and Judd (2012) among community dwelling Austrian older adults.

4.5.2 Significant Demographic Characteristics on Subjective Well-Being of Older Adults

During the ANOVA analysis four of the demographic characteristics were found to have a significant influence on subjective well-being of older adults living in Kajulu ward, Kisumu County. These demographic characteristics include the academic level, marital status, other sources of income and overall self-perceived health. The ANOVA results are shown in Table 18.

Table 18

ANOVA Results for Significant Demographic Characteristics on Subjective Well-Being of Older Adults

Significant Demographic Characteristics		Sum of squares	Df	Mean square	F	Sig.
Academic level	Between groups	1.940	3	.647	4.001	.009
	Within groups	21.984	136	.162		
Marital status	Between groups	17.172	2	8.586	174.22	.000
	Within groups	6.752	137	.049		
Other source of income	Between groups	6.618	2	3.309	26.193	.000
	Within groups	17.307	137	.126		
Overall Self-Perceived health	Between groups	1.456	2	.728	4.439	.014
	Within groups	22.468	137	.164		

Table 18 presents the one-way ANOVA results for the significant demographic characteristics that influence subjective well-being of older adults in Kajulu sub-county. The ANOVA results indicated a statistically significant difference between four of the demographic characteristics and subjective well-being. The results shows that marital status ($F(2,137) = 174.22, p < .001$) and other sources of income ($F(2,137) = 26.19, p < .001$) have the highest statistical influence on subjective well-being, followed by academic level ($F(3,136) = 4.00, p = .009$), and lastly overall self-perceived health ($F(2, 137) = 4.439, p = .014$).

The null hypothesis that there is no significant relationship between the demographic characteristics and subjective well-being was partly rejected; since the four demographic characteristics of academic level, marital status, other sources of income and overall self-perceived health showed a significant influence with subjective well-

being. A post hoc Tukey HSD test was conducted to establish where the mean differences lie between the categories of the four demographic characteristic.

4.5.2.1 The Influence of Academic Level on Subjective Well-Being of Older Adults

The ANOVA results revealed that academic level has a significant influence on the subjective well-being of older adults. Therefore a Post-hoc comparison using the Tukey HSD test was conducted for academic level to establish where these mean difference lie between the categories of less primary level, secondary level, college level and university level as shown in Table 19.

Table 19

Multiple Comparison Tabulation for the Influence of Academic Level on Subjective Well-Being of Older Adults

Academic Level		Mean Difference	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Less Primary	Primary	-.099	.081	.611	-.31	.11
	Secondary	-.902*	.287	.011	-1.65	-.16
	College	-.252	.205	.609	-.79	.28
Primary	Less Primary	.099	.081	.611	-.11	.31
	Secondary	-.803*	.293	.034	-1.56	-.04
	College	-.153	.213	.889	-.71	.40
Secondary	Less Primary	.902*	.287	.011	.16	1.65
	Primary	.803*	.293	.034	.04	1.56
	College	.650	.348	.247	-.26	1.56
College	Less Primary	.252	.205	.609	-.28	.79
	Primary	.153	.213	.889	-.40	.71
	Secondary	-.650	.348	.247	-1.56	.26

*. The mean difference is significant at the .05 level.

It can be observed from the Table 19 that there is a significant difference between less primary level and secondary level of education with a significant p value of .011. There is a significant difference between primary level of education and secondary

level of education with a significant p value of .034. This indicates that subjective well-being of older adults living in Kajulu ward; Kisumu East sub-county is higher in older adults who attained secondary level of education. The bio social variables indicated that the majority of the older adults (72.1%) were of less primary educational level, primary level 23.6%, college level 2.9%, the least were of secondary level 1.4% and none was of University educational level. The study finding further gives indication that having a higher educational level is associated with a higher subjective well-being among older adults living in Kajulu ward. This comparison further gives an indication towards the low and negative correlation between self-perception towards ageing and subjective well-being of the study respondents.

Earlier studies have found out that higher education was associated with psychological well-being (Cachioni, Delfino, Yassuda, Batistoni, & de Melo, 2017; Ng, Hakimi, Byass, Wilopo, & Wall, 2010; Gomez-Olive, Thorogood, Clark, Kahn, & Tollman, 2010; Kyobutungi, Egondi, & Ezech, 2010). In literature reviewed various studies compared the results of level of education with other demographic characteristics. For example a study by Pinquart and Sörensen (2000) indicated that income was correlated more strongly to well-being than education. Contrary to the findings of Pinquart and Sörensen, the current study observes that education had a significant mean difference with subjective well-being while income had no significant influence with subjective well-being. Findings by Mwanyangala, et al (2010) indicated that both a high academic level and a higher socio-economic status of the household among the rural population in Tanzania were associated with a higher quality of life and a good health status. The older adult's cohort requires attention and care that is focused in priority areas of their lives. This feature needs to be mirrored in the programs and strategies focusing on enhancing the well-being of the older adults. Therefore studies on older adults should aim at identifying and describing the priority areas that will benefit the older adult.

4.5.2.2 The Influence of Marital Status on Subjective Well-Being of Older Adults

The ANOVA results showed that marital status has a significant influence on subjective well-being of older adults in Kajulu ward. A Post-hoc comparison using the Tukey HSD test was run for the demographic characteristic of marital status to find out where these mean difference lie between the categories of being married, widowed, separated and divorced. The results are shown in Table 20.

Table 20

Multiple Comparison Tabulation for the Influence of Marital Status on Subjective Well-Being of Older Adults

Marital status		Mean	Std.	Sig.	95% Confidence Interval	
		Difference	Error		Lower	Upper
					Bound	Bound
Married	Widowed	-.631 [*]	.038	.000	-.72	-.54
	Separated	-1.461 [*]	.131	.000	-1.77	-1.15
Widowed	Married	.631 [*]	.038	.000	.54	.72
	Separated	-.830 [*]	.131	.000	-1.14	-.52
Separated	Married	1.461 [*]	.131	.000	1.15	1.77
	Widowed	.830 [*]	.131	.000	.52	1.14

*. The mean difference is significant at the .05 level.

Table 20 shows a post hoc test result on the influence of marital status on subjective well-being of older adults in Kajulu ward, Kisumu East sub-county. All comparisons indicate significant differences between being married, separated and widowed ($p < .001$). This means that the marital status of older adults has a significant influence on the older adult's subjective well-being.

The results of this study are consistent with the findings of several studies including that by Yang (2004), Mroczek and Spiro (2005) and Diener, Gohm, and Oishi (2000) which identified marital status as significantly affecting subjective well-being of older adults. Another study by Calys-Tagoe, Hewlett, Dako-Gyeke, Yawson, Baddoo, Seneadza, Mensah, Minicuci, Naidoo, Chatterji, Kowal, Biritwum, (2014) revealed

contrary results that marital status was not found to significantly affect subjective well-being of the Ghanaians older population. In addition, the current study revealed that being married at any one point is of equal importance to the older adults. Hence the post hoc Tukey HSD test on the three categories of staying with spouse, being separated and widowed all have a significant influence on subjective well-being of older adults living in Kajulu ward.

4.5.2.3 The Influence of Other Sources of Income on Subjective Well-Being of Older Adults

Other source of income is another demographic characteristic that was found to have a statistical mean difference with subjective well-being of older adults in Kajulu ward, Kisumu County. To find out where this mean difference lays, a post hoc Tukey HSD test was run within the categories of other sources of income; savings, business, investment, and children and relatives. The results are indicated in Table 21.

Table 21

Multiple Comparison Tabulation for the Influence of Other Sources of Income on Subjective Well-Being of Older Adults

Other sources of income		Mean	Std.	Sig.	95% Confidence Interval	
		Difference	Error		Lower	Upper
					Bound	Bound
Savings	Business Investment	.454*	.067	.000	.30	.61
	Children and Relatives	.008	.084	.995	-.19	.21
Business Investment	Savings	-.454*	.067	.000	-.61	-.30
	Children and Relatives	-.446*	.087	.000	-.65	-.24
Children and Relatives	Savings	-.008	.084	.995	-.21	.19
	Business Investment	.446*	.087	.000	.24	.65

*. The mean difference is significant at the .05 level.

Table 21 shows the results of a post hoc Tukey HSD test that was done to establish mean differences between the categories of other sources of income and their influence on subjective well-being of older adults of Kajulu ward, Kisumu East sub-county. It can be observed that there is a significant difference between savings and

business investment ($p < .001$) and also between business investment and receiving money from children and relatives ($p < .001$). This finding helps in deducing that subjective well-being of older adults in Kajulu ward, Kisumu East sub-county is highly influenced by adults who have savings followed by those who have invested in businesses and finally those who get financial assistance from their children and relatives. This finding reveals that for the older adults who receive the cash transfer from the government, having yet another source of income and particularly money earned by self; in this case from savings, business or investment is an added attribute towards enhances subjective well-being. The demographic results of this study show that 60%; $n = 84$ of the respondents get added income from their children and relatives, 14.3%; $n = 20$ from savings, and 12.9%; $n = 18$ from business investment and 12.9%; $n = 18$ from other sources of income. However, as much as more older adults (60%; $n = 84$) receive money from children or relatives, this category ranked low, which contrary to the norm of the older adult's expectation to be cared for by their children or relatives. From this result, the study points to the meaning the older adults attach to the cash transfer program in relation to subjective well-being. This study concludes that the sources of income is one of the reasons the study results indicated a weak negative correlation between self-perception towards ageing and subjective well-being of the older adults living in Kajulu Ward, Kisumu County.

However, previous studies have revealed a significant relationship between income (Calys-Tagoe, *et al*, 2014; Lee, 2010) and levels of socio-economic status (Suh *et al*, 2012) with subjective well-being. Conversely, there was no literature to compare the relationship between subjective well-being and the sources of income. Notably for this study, it is not the amount of money received but the source of the funds; in particular self earned money from own savings, business or investment that significantly influenced the subjective well-being of older adults living in Kajulu Ward, Kisumu County. The present study revealed that self-earned money has a higher influence on the subjective well-being of older adults than money given to them by their children or relatives.

4.5.2.4 The Influence of overall Self-perceived Health on Subjective Well-Being of Older Adults

During the analysis of one way ANOVA, the influence of overall self-perceived health indicates a statistical significant influence on subjective well-being. A post hoc test was conducted to find out where these mean difference lie within the categories of very poor self-perceived health, poor self-perceived health and moderate self perceived health. The results are as shown in Table 22.

Table 22

Multiple Comparison Tabulation for the Influence of Overall Self-perceived Health on Subjective Well-Being of Older Adults

Overall self-perceived health		Mean Difference	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Very Poor	Poor	.127	.077	.226	-.05	.31
	Moderate	-.148	.102	.317	-.39	.09
Poor	Very Poor	-.127	.077	.226	-.31	.05
	Moderate	-.275*	.096	.013	-.50	-.05
Moderate	Very Poor	.148	.102	.317	-.09	.39
	Poor	.275*	.096	.013	.05	.50

*. The mean difference is significant at the .05 level.

Table 22 presents post hoc test results on the influence of overall self-perceived health on subjective well-being of older adults of Kajulu ward, Kisumu East sub-county. From the analysis, it can be observed that moderate self-perceived health and poor self-perceived health has more influence on subjective well-being with a significance p value of .013 and a mean difference of .275*. However, a half of the respondents indicated to having a poor self-perceived health (50%), a third very poor (32.9%) and 17.1% as having a moderate self-perceived health status. It is noted that none of the respondent gave an indication of experiencing good or very good self perceived health. This could also be another pointer to weak negative correction between the self-perception towards ageing and subjective well-being of older adults

in Kajulu ward, Kisumu County. The results of this current study agree with findings of earlier studies that found a significant mean difference between self-perceived health and subjective well-being of older adults. Such studies include that of Kim (2009), Lee (2010) in Korean society and Fernandez-Ballesteros, Zamarron and Ruiz (2001) among the Spanish population and a study by Low, Molzahn and Schopflocher (2013) conducted USA and in 20 other countries. On the other hand, results of current study disagree with the findings of a national study by Dai, Zhang and Li (2013) that examined the relationships between resources and subjective well-being among the Chinese older adults that suggested that family relations had a stronger effect than health and economic status on subjective well-being.

Summarily, the ANOVA and post hoc Tukey test results partly accepted and rejected the null hypothesis that there is no significant relationship between demographic characteristics and subjective well-being. The study results reveal that having a secondary academic level, being married, having own source of income, having a poor and moderate overall perceived health have a significant influence on subjective well-being of older adults in Kajulu Ward. Conversely, the current study found out that the demographic characteristic of age, self-perceived age, gender, employment status; monthly income and living arrangement have no significant influence with subjective well-being of older adults living in Kajulu ward.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter summarizes the research findings on correlation between self-perception towards ageing and subjective well-being of older adults living in Kajulu Ward, Kisumu County. The chapter also gives summaries on the findings regarding the influence of demographic characteristics on self-perception towards ageing and subjective well-being of older adults. Finally, the chapter ends with a conclusion, recommendations and implications for policy makers as well as suggestions for further research.

5.2 Summary of Findings

The study sought to determine the correlation between self-perception towards ageing and subjective well-being of 140 older adults aged 65 years and above in Kajulu Ward. The following are the study findings.

The first objective of the study sought to establish the relationship between self-perception towards ageing and subjective well-being of older adults. It was hypothesized that there is no statistically significant relationship between self-perception towards ageing and subjective well-being of older adults living in Kajulu ward, Kisumu County. The study results revealed a weak negative correlation ($r = -.16$, $p = .06$) that was statistically insignificant between self-perception towards ageing and subjective well-being among the older adults living in Kajulu Ward, Kisumu County. The findings of this study therefore accepted the first null hypothesis. Further, the study found out that the negative affect ($\beta = .326$, $p = .001$) was the strongest predictor of subjective well-being, followed by positive affect ($\beta = .321$, $p = .001$) and lastly satisfaction with life ($\beta = .317$, $p = .001$).

The second objective sought to found out the influence of demographic characteristics on self-perception towards ageing of older adults. The study hypothesized that there is no statistically significant influence of demographic characteristics on self-perception towards ageing of older adults in Kajulu ward, Kisumu County. The data analyzed showed disparate results. Seven of the selected

demographic characteristics; age, sex, marital status, living arrangement, monthly income and other sources of income showed insignificant influence on self-perception towards ageing among the older adults living in Kajulu ward. Thus, the null hypothesis that there is no significant influence between demographic characteristics and self-perception towards ageing of older adults was accepted. On the other hand, the ANOVA and Tukey HSD test showed that the demographic characteristic of employment status and poor self-perceived health had a significant influence on the self-perception towards ageing of older adults living in Kajulu ward, Kisumu County. Therefore, the second null hypothesis was on the other hand rejected; the demographic characteristics of employment status and poor self-perceived health of older adults has a significant influence on self-perception of older adults.

The third objective of the study sought to find out the influence of demographic characteristics on subjective well-being of older adults. The demographic characteristics of age, sex, employment status, living arrangement, monthly income and other sources of income showed insignificant influence on subjective well-being of older adults living in Kajulu ward. This accepted the null hypothesis that there is no significant influence between the demographic characteristics and subjective well-being of older adults in Kajulu ward. On the other hand, the study results revealed that higher education (secondary level), marital status, poor and moderate self-perceived health and having another source of income in particular from savings, investment/doing businesses had a significant influence on subjective well-being of older adults living in Kajulu ward. These findings rejected the null hypothesis that there is no significant influence between the demographic characteristics and subjective well-being of older adults in Kajulu ward was both rejected and accepted.

5.3 Conclusions

The first objective of the study sought to establish the relationship between self-perception towards ageing and subjective well-being of older adults in Kajulu ward. The study revealed a negative statistically insignificant correlation between self-perception towards ageing and subjective well-being among older adults receiving cash from OPCT program, living in Kajulu ward.

The second objective was to find out the influence of selected demographic characteristics on self-perception towards ageing of older adults in Kajulu ward, Kisumu County. The findings showed disparate results. There were those demographic characteristics that had a significant influence and those that had insignificant influence. The demographic characteristics of age, sex, marital status, living arrangement, monthly income and other sources of income showed insignificant influence on self-perception towards ageing among the older adults living in Kajulu ward. Conversely, the demographic characteristic of any form of employment status and poor self-perceived health were found to have a significant influence on the self-perception towards ageing of older adults living in Kajulu ward, Kisumu County.

The third objective was to determine the influence of selected demographic characteristics on subjective well-being of older adults in Kajulu ward, Kisumu County. The demographic characteristics of age, sex, employment status, living arrangement, monthly income and other sources of income showed insignificant influence on subjective well-being of older adults. On the contrary, the demographic characteristic of secondary educational level, being married, poor self-perceived health and having own source of income in form of savings, investment and businesses had a significant influence on subjective well-being of older adults living in Kajulu ward.

Self-perception towards ageing and the selected demographic characteristics did not show any predictive value with subjective well-being. Further, the dimensions of subjective well-being form intrapersonal evaluations of the older adults while the

self-perception and demographic factors are based on interpersonal elements within the older adult's contextual environment. Therefore, this study deduced that subjective well-being of older adults living in Kajulu ward is dependent on intrapersonal attributes and less on interpersonal issues. The results of this study are important for the government of Kenya in grounding psychological interventions and plans that emphasis on intrapersonal processes aimed at enhancing the older person's well-being.

5.4 Recommendations

In this study poor self-perceived health emerged as a significant variable both on self-perception towards ageing and subjective well-being of the older adults. Therefore, there is need to include the psychological interventions and strategies in mental health care systems for the ageing persons.

The current study showed that secondary educational level had a significant influence on subjective well-being. The government of Kenya is currently developing education programs for her citizen beyond free primary schooling. In her pursuit to augment subjective well-being of the older adults, this study recommends the strengthening of educational program to encapsulate most citizens beyond secondary schooling.

This study revealed the importance of self-earned money towards subjective well-being of older adults. This finding therefore is an eye opener for the government of Kenya to enhance her citizen's earnings, savings and investment abilities; possibly during the earlier years of active service and by extension promote self-earned money through savings and investments during old age. This will be beneficial for the older adults in increasing the older adult's subjective well-being.

5.5 Suggestions for Further Research

1. Previous studies have given an indication that concepts of self-perception towards ageing and subjective well-being is contoured within the context of time and space. Therefore, the current study proposes for a longitudinal study using a larger sample size and a wider geographical area on the correlation between self-perception towards ageing and subjective well-being of older adults. This will allow for comparison and generalization of data with scholarly studies conducted in the western countries.
2. This study involved low income and low academic level cohort receiving cash transfer from the Kenyan Government. As it is evident such restrictions could have had consequences for the study data. Therefore, this study suggests for inclusion high income and high academic group to increase an understanding of the processes of self-perceptions towards ageing and subjective well-being of older adults.
3. This study found out own source of income had a significant influence on self-perception towards ageing. Therefore, further research should examine the influence of sources of income on self-perception towards ageing and subjective well-being of older adults. This may go a long way in enhancing the older person's subjective well-being

REFERENCES

- Aboderin, I. (2010). Understanding and Advancing the Health of Older Populations in sub-Saharan Africa: Policy Perspectives and Evidence Needs. *Dimensions and determinants of health in old age in Kenya and Nigeria: implications for Policy' Public Health Reviews*, 32 (2), 357-76.
- Ajzen, I., & Fishbein, M. (1980). *Understanding Attitudes and Predicting Social Behaviour*. Prentice Hall. Englewood Cliffs: NJ.
- American Counselling Association. (2014). *Code of ethics*. <https://www.counseling.org/resources/aca-code-of-ethics.pdf>
- American Psychological Association. (2010). *Ethical Principles of Psychologists and Code of Conduct*. <http://www.apa.org/ethics/code/index.aspx>
- Antonucci, T., Birditt, K., & Webster, N. (2010). Social relations and mortality: A more nuanced approach. *Journal of Health Psychology*, 15(5), 649-659. doi: 10.1177/1359105310368189
- Argyle, M., (1999). Causes and correlates of happiness. In D Kahneman, E., Diener, N., & Schwarz, N. (Eds.) *Well-being: the foundations of hedonic psychology*. New York: Russell Sage Foundation.
- Barrett, A. E., & Montepare, J. M. (2015). It's about time – Applying life span and life course perspectives to the study of subjective age. In M. Diehl & H. W Wahls (Eds.), *Annual Review of gerontology; subjective ageing: New developments and future directions*, 35, pp 55 - 77. New York, USA. Springer. <https://www.springerpub.com/annual-review-of-gerontology-and-geriatrics-volume-35-2015-9780826196491.html>
- Barrett, A.E. (2003). Socioeconomic status and age identity: The role of dimensions of health in the subjective construction of age. *Journals of Gerontology: Series B: Psychological Sciences and Social Sciences*, 58, 101-109. doi:10.1093/geronb/58.2.S101

- Bell & Blanchflower (Sept. 2004). *The Scots may be brave but they are neither healthy nor happy*. Working paper. Dartmouth College. www.dartmouth.edu/~blnchflr/papers/scotsbookfinal.pdf
- Bellingtier, J., & Sharifian, N. (2016). Ethical considerations for researchers working with older adults. *Adult Development news*. <http://www.apadivisions.org/division-20/publications/newsletters/adult-development/2016/10/ethical-issues.aspx>
- Berk, L., E. (2010). *Development through the lifespan*, Allyn & Bacon.
- Biswas-Diener, R. M. (2008). Material wealth and subjective well-being. In: M. Eid, R.J. Larsen (eds). *The science of subjective well-being*. New York: Guilford Press.
- Bryant, C., Bei, B., Gilson, K., Komiti, A., Jackson, H., & Judd, F. (2014). Antecedents of Attitudes to Aging: A Study of the Roles of Personality and Well-being. *The Gerontologist*, 00 (00), 1-11. <http://dx.doi.org/10.1093/geront/gnu04>
- Bryant, C., Bei, B., Gilson, K., Komiti, K., Jackson, H., & Judd, F. (2012). The relationship between attitudes to aging and physical and mental health in older adults. *International Psychogeriatrics*, 24(10), 1674-1683. [doi.org/10.1017/S1041610212000074](http://dx.doi.org/10.1017/S1041610212000074)
- Bryman, A. (2012). *Social research methods*. (4th ed.). Oxford New York: BUKI.
- (2014). Editors Introduction. The relevance of counseling psychology in addressing major social issues. *The counseling psychologist*, 42(1), 6-12. <http://dx.doi.org/10.1177/0011000013516369>
- Cachioni, M., Delfino, L. L., Yassuda, M. S., Batistoni, S. S. T., & de Melo, R. C. (2017). Subjective and psychological well-being among elderly participants of a University of the Third Age. *Brazilian Journal of Geriatrics and Gerontology*, 20(3). [doi.org/10.1590/1981-22562017020.160179](http://dx.doi.org/10.1590/1981-22562017020.160179)

- Calys-Tagoe, B.N.L., Hewlett, S.A., Dako-Gyeke, P., Yawson, A. E., Baddoo, N. A., Seneadza, N. A. H., Mensah, G., Minicuci, N., Naidoo, N., Chatterji, S., Kowal, P. & Biritwum, R. B. (2014). Predictors of subjective well-being among older Ghanians. *Ghana Medical Journal*, 48(4). doi: <http://dx.doi.org/10.4314/gmj.v48i4.2>
- Chow, N., & Bai, X. (2011). The Effects of Socio-demographic Characteristics on Chinese Elders' Perception of the Image of Ageing. *International Journal of Population Research*, vol. 2011, Article ID 642874, <https://doi.org/10.1155/2011/642874>.
- Chung, S. D., & Lee, S. H. (2011). Changes in life satisfaction of Korean elderly: comparisons of 1994, 2004 and 2008 national survey results on the elderly life conditions and welfare need. *Journal of the Korean Gerontological Society*, 3, 1229–1246.
- Cramm, J. M. & Nieboer, A. P. (2017). Positive ageing perceptions among migrant Turkish and native Dutch older people: a matter of culture or resources? *Biomedic Geriatrics*; 17: 159. doi: 10.1186/s12877-017-0549-6
- Creswell, J. W. (2014). Research Design. *Qualitative, quantitative and mixed methods approaches* (4th ed.). Sage, Inc. Thousand Oaks, California.
- Dai, B., Zhang, B. & Li, J. J. (2013). Protective Factors for Subjective Well-being in Chinese Older Adults. The Roles of Resources and Activity. *Happiness Studies*, 14, 1225. Doi:10.1007/s10902-012-9378-7
- Delamater, J. D., & Myers, D. J. (2007). *Social Psychology*. (6th ed). Thompson Belmont CA:
- DeNeve, K. M.; & Cooper, H. (1998). The Happy Personality: A Meta-Analysis of 137 Personality Traits and Subjective Well-Being. *Psychological Bulletin*. 124 (2): 197–229. doi:10.1037/0033-2909.124.2.197
- Diener, E, Suh, E. M, Lucas R, & Smith, H. (1999). Subjective well-being: Three decades of progress. *Psychological Bulletin*, 125, 276–302.

- Diener, E., & Tay L. (2015). Subjective well-being and human welfare around the world as reflected in the Gallup World Poll. *International Journal of Psychology*, 50(2):135-149. doi: 10.1002/ijop.12136
- Diener, E. & Suh, E. (1997). Measuring quality of life: economic, social and subjective indicators. *Social Indicators Research*, 40: 189. doi.org/10.1023/A:1006859511756
- Diener, E. (2013). The remarkable changes in the science of subjective well-being. *Perspective Psychological Science. A Journal of Association of Psychological Science*. 8(6) 663-666. doi: 10.1177/1745691613507583.
- Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The satisfaction with life scale. *Journal of Personality Assessment*, 49(1), 71–75.
- Diener, E., Suh, E., & Oishi, S. (1997). Recent findings on subjective well-being. *Indian Journal of Clinical Psychology*, 24(1), 25-41. <https://psycnet.apa.org/record/1997-43193-002>
- Eryilmaz, A. (2010). The relationship between using of subjective well being increasing strategies and academic motivation in adolescence. *Journal of Clinical Psychiatry*, 13(2), 77-84.
- Ettema, D., Garling, T., Olsson, L. E., & Friman, M. (2010). Out-of-home activities, daily travel, and subjective well-being. *Transportation Research Part A: Policy and Practice*, 44(9), 723–732. <http://dx.doi.101016/j.tra.2010.07.005>
- Fernandez-Ballesteros, R., Zamarron, M.D., & Ruiz, M.A. (2001). The contribution of socio demographic and psychosocial factors to life satisfaction. *Aging and Society*, 21, 25–43. <http://dx.doi.org/10.1017/s0144686x01008078>
- Fishbein, M., & Ajzen, I. (1975). Belief, Attitude, Intention and Behaviour: *An Introduction to Theory and Research*. Addison-Wesley, Reading, MA.

- Forgas, J. (2013). Don't worry, be sad. On the Cognitive, Motivational and Interpersonal Benefits of Negative Mood. *Current Directions in Psychological Science*. 22 (3): 225–232. doi:10.1177/0963721412474458
- Forgas, Joseph (2010, January 30). "Cognitive Theories of Affect". *Corsini Encyclopedia of Psychology*: 1–3. doi:10.1002/9780470479216.
- Forman, D. E., Berman, A. D., McCabe, C. H., Baim, D. S., & Wei, J. Y. (1992). PTCA in the elderly: The 'young-old' versus the 'old-old'. *Journal of the American Geriatrics Society*, 40(1), 19-20. doi:10.1111/j.1532-5415.1992.tb01823.x
- Fredrickson, B. L. (2001, March). The role of positive emotions in positive psychology: The Broaden-and-Build Theory of Positive Emotions. *American Psychologist*, 56(3): 218-226. doi:10.1037/0003-066x.56.3.218
- Frey, B. S., & Stutzer, A. (2002). *Happiness and economics*. Princeton, N.J.: Princeton University Press.
- Gabrian, M., & Wahl, H.W. (2017) Being slower, feeling older? Experimentally induced cognitive ageing experiences have limited impact on subjective age. *European Journal of Ageing*, 14, 179-188. DOI: 10.1007/s10433-016-0400-5
- Galinha, I., & Pais-Ribeiro, J. L. (2011). Cognitive, affective and contextual predictors of subjective well-being. *International Journal of Wellbeing*, 2(1), 34–53. <http://dx.doi:10.5502/ijw.v2i1.3>
- Godin, G., & Kok, G. (1996). The theory of planned behaviour: a review of its applications to health-related behaviours. *American Journal of Health Promotion*, 11(2):87-98. <http://www.ncbi.nlm.nih.gov/pubmed/10163601>
- GOK, (2003). *Kenya's Vision 2030*. Government Printer Nairobi
 GOK, (2006). *Social Protection Policy, 2006*. Ministry of Gender, Children and Social Development. Government Printer, Nairobi

- GOK, (2009). Kisumu District development plan 2008-2012. Office of the Prime Minister, Ministry of State for Planning, *National Development and Vision 2030*. Government Printers, Nairobi.
- GOK, (2010). *The constitution of Kenya*. Government Printer, Nairobi
- GOK, (2011). The Old Persons Cash Transfer Programme Operations Manual. Nairobi, Kenya: Ministry of Gender, Children and Social Development in cooperation with Help Age International.
- GOK, (2012). *Kenya Social Protection Sector Review*. Ministry of State for Planning, National Development and Vision 2030.
- GOK, (2013). County Integrated Development Plan, 2013-2017. Kisumu County
- GOK, (2014). *Senior citizens care and protection bill*. Kenya Gazette Supplement. National Council for law reporting. Government Printer, Nairobi.
- GOK, (2015). *Annual Report*. Department of Social Development. Ministry of Labour, Social Security and Services. Kisumu East Sub-county
- GOK, (2010, August). *2009 Kenya population and housing census*. Volume 1C Population distribution by age, sex and administrative units. Republic of Kenya & Kenya National Bureau of statistics, Government Printers, Nairobi.
- Gomez-Olive, X. F., Thorogood, M., Clark, B. D., Kahn, K., Tollman, S. M. (2010). Assessing health and well-being among older people in rural South Africa. *Global Health Action*, 3, 23-35, doi: 10.3402/gha.v3i0.2126
- Grundy, E. (2006). Ageing and vulnerable elderly people: European perspectives. *Ageing and Society*, 26, 105-134. <http://dx.doi.org/10.1017/S0144686X05004484>

- Hardeman, W., Johnston, M., Johnston, D., Bonnetti, D., Wareham, N., & Kinmonth, A. L. (2010). Application of the Theory of Planned Behaviour in Behaviour Change Interventions: A Systematic Review. *Journal of Health and Psychology, 17*(2), 123-158. doi: 10.1080/08870440290013644a
- Helliwell, J. F. & Huang, H. (2008). How's your government? International evidence linking good government and well-being. *British Journal of Political Science, 38*(4), 595–619. <https://doi.org/10.1017/S0007123408000306>
- Heppner, P. P., Casas, J. M., Carter, J., & Stone, G.L. (2000). Maturation of counseling psychology: Multifaceted perspectives, 1978-1998. In Steven D. Brown & Robert W. Lent, (2000). *Handbook of counseling psychology*, (3rd ed.). John Wiley & Sons. Canada.
- Inglehart, R. (2002). Gender, aging, and subjective well-being. *International Journal of Comparative Sociology, 43*(3-5), 91–408. doi.org/10.1177/002071520204300309
- Ingrand, I., Paccalin, M., Liuu, E., Gil, R., & Ingrand, P. (2018). Positive Perception of Ageing is a key Predictor of Quality of Life in Ageing People. *PLoS ONE, 13*(10) doi: 10.1371/journal.pone.0204044
- Jeronimus, B. F., Riese, H., Sanderman, R., & Ormel, J. (2014). Mutual reinforcement between neuroticism and life experiences: A five wave, 16-year study to test reciprocal causation. *Journal of Personality and Social Psychology, 107*(4). 751-764. doi: 10.1037/a0037009
- Jivraj, S., Nazroo, J., Vanhoutte, B., & Chandola, T. (2014). Aging and subjective well-being in later life. *Journal of Gerontology, 69*(6):930-941, doi.org/10.1093/geronb/gbu006.
- Kabole, A. L., Kioli, F. N., & Onkware. K. (2013). The social context of abuse of elderly people in Emuhaya District, Kenya. *Sociology and Anthropology 1*(2): 76-86. doi: 10.13189/sa.2013.010206

- Kalfoss, M., Low, G., & Molzahn, A. (2010). Reliability and validity of the attitudes to aging questionnaire for Canadian and Norwegian older adults. *Scandinavian Journal of Caring Sciences*; 24, 75-85. doi://10.1111/j.1471-6712.2010.00786x
- Kelley, K., & Maxwell, S. E. (2003). Sample size for multiple regression: Obtaining regression coefficients that are accurate, not simply significant. *Psychological Methods*, 8, 305–321. <http://citeseerx.ist.psu.edu>
- Kenya National Commission on Human Right. (KNCHR, 2009). Human Rights Report. *Growing Old in Kenya: Making it a positive Experience*. <http://www.knchr.org/Portals/0/StateOfHumanRightsReports/>
- Keyes, C.L M., & Westerhof, G. J. (2012). Chronological and subjective age differences in flourishing mental health and major depressive episode. *Ageing and Mental Health*, 16, 67-74. <https://doi.org/10.1080/13607863.2011.596811>
- Kim, W.B. (2009). A study on the determinants of life satisfaction for elderly Koreans: with a focus on activity and resource theory. *Social Welfare Policy*. 36: 449–470
- Kleinspehn-Ammerlahn, A., Kotter-Grühn, D., & Smith, J. (2008). Self-perceptions of aging: Do subjective age and satisfaction with aging change during old age? *The Journals of Gerontology*, 63. 377-385. doi:10.1093/geronb/63.6.P377.
- Kothari, C. R. (2008). *Research methodology; Methods and techniques*. (2nd ed. revised). New Age International Limited.
- Kotter-Grühn, D., & Hess, T. M. (2012). The impact of age stereotypes on self-perceptions of aging across the adult lifespan. *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, 67(5), 563–571. <http://dx.doi.org/10.1093/geronb/gbr153>

- Kotter-Grühn, D., Kleinspehn-Ammerlahn, A., Gerstorf, D., & Smith, J. (2009). Self-perceptions of aging predict mortality and change with approaching death: 16-year longitudinal results from the Berlin Aging Study. *Journal of Psychological Aging, 24*(3), 654–667. doi: 10.1037/a0016510.
- Kyobutungi, C.; Egondi, T., & Ezech, A. (2010). The health and well-being of older people in Nairobi's Slums. *Global Health Action, 3*. doi: 10.3402/gha.v3i0.2138
- Ladusingh, L., & Ngangbam, S. (2016). Domains and determinants of well-being of older adults in India. *Journal of Cross-Cultural Gerontology, 31*(1), 89-111. doi: 10.1007/s10823-016-9279-z
- Laidlaw, K., Power M. J., & Schmidt, S. (2007). The Attitudes to Ageing Questionnaire (AAQ): development and psychometric properties. *International Journal of Geriatric Psychiatry, 22*, 367–379. <http://dx.doi.org/10.1002/gps.1683>
- Laidlaw, K., Power, M. J., & Schmidt, S. (2006). The WHOQOL–OLD Group: The attitudes to aging questionnaire (AAQ): development and psychometric properties. *International Journal of Geriatrics Psychiatry, 22*(4), 367-379. doi: 10.1002/gps.1683
- Laidlaw, K., Wang, D., Coelho C. & Power, M. (2010). Attitudes to Ageing and Expectations for Filial Piety across Chinese and British Cultures: A Pilot Exploratory Evaluation. *Journal of Aging & Mental Health, 14*(3), 283-292. doi:10.1080/13607860903483060
- Lee, J. G. (2010) Predictors of life satisfaction among older adult in South Korea: differences by education level. *Journal of the Korean Gerontological Society, 30*, 709–726.
- Levy, B. (2009). Stereotype embodiment. *Current Psychosocial Directions in Sciences, 18*, 332-336. <http://dx.doi.org/10.1111/j.1467-8721.2009.01662>

- Levy, B. R. (2003). Mind matters: Cognitive and physical effects of aging self-stereotypes. *Journal of Gerontology, Series B*, 58(4), 203-211. doi.org/10.1093/geronb/58.4.p203
- Levy, B. R., Slade, M. D., Murphy, T. E., & Gill, T. M. (2012). Association between positive age stereotypes and recovery from disability in older persons. *Journal of American Medicine Association*. 308(19), 1972-1973. doi:10.1001/jama.2012.14541
- Li, Y. I., Starr, L. R., & Hershenberg, R. (2017). Responses to positive affect in daily life: positive rumination and dampening moderate the association between daily events and depressive symptoms. *Journal of Psychopathology and Behavioral Assessment*, 39(3), 412-425. doi: 10.1007/s10862-017-9593-y
- Low, G., Molzahn, A. E., & Schopflocher, D. (2013). Attitudes to aging mediate the relationship between older peoples' subjective health and quality of life in 20 countries. *Health and Quality of Life Outcomes*, 11, 146. dOI: 10.1186/1477-7525-11-146
- Lu, L., Kao, S., & Hsieh, Y. (2010). Positive Attitudes toward Older People and Well-being Among Chinese Community Older Adults. *Journal of Applied Gerontology*, 29(5), 622-639. http://dx.doi.org/10.1177/0733464809343289
- Lucas, R. E., Clark, A. E., Georgellis, Y., & Diener, E. (2004). Unemployment alters the set point for life satisfaction. *Psychological Science*, 15, 8-13, doi.org/10.1111/j.0963-7214.2004.01501002.x
- McGuire, J. (2009). Ethical considerations when working with older adults in psychology. *Ethics and Behaviour*, 19 (2), 112-128, doi:10.1080/10508420902772702
- McLeod, S. A. (2018b, Jan, 21). Skinner - operant conditioning. www.simplypsychology.org/operant-conditioning.html
- McLeod, S. A. (2018a, Oct 08). Pavlov's dogs. Retrieved from https://www.simplypsychology.org/pavlov.html

- Mehmet, T. & Yardan, E. D. (2012). Quality of life and attitudes to ageing in Turkish older adults at old people's homes. *Health expectations: An international journal of public participation in health care and health policy* 18(2). doi 10.1111/hex.12032
- Mendoza-Nunez, V. M., Sarmiento-Salmon, E., Marin-Cortes, R., de la Luz, Martinez-Maldonado, M. & Ruiz-Ramos, M. (2018). Influence of the Self-Perception of Old Age on the Effect of a Healthy Ageing Program. *Journal of Clinical Medicine*, 7(5), 106. doi: 10.3390/jcm7050106
- Merz, E. L., Malcarne, V. L., Roesch, S. C., Ko, C. M., Emerson, M., Roma, V. G., & Sadler, G. R. (2013). Psychometric Properties of Positive and Negative Affect Schedule (PANAS) Original and Short Forms in an African American Community Sample. *Journal of Affective Disorders*, 151(3), 942-949. doi: 10.1016/j.jad.2013.08.011
- Mock, S., & Eibach, R. P. (2011). Aging attitudes moderate the effect of subjective age on psychological well-being: Evidence from a 10-year longitudinal study. *Psychology and Aging*, 26(4), 979-986. <http://dx.doi.org/10.1037/a0023877>
- Mroczek D. K., & Spiro A. (2005). Change in life satisfaction during adulthood: Findings from the Veterans Affairs Normative Aging Study. *Journal of Personality and Social Psychology*. 88, 189–202. <http://dx.doi.org/10.1037/0022-3514.88.1.189>
- Mugenda, O. M. & Mugenda, A. G. (2008). Research Methods. *Quantitative Approaches*. (2nd ed.). Nairobi, Kenya. Acts Press.
- Mwanyangala, M. A., Mayombana, C., Urassa, H., Charles, J., Mahutanga, C., Abdullah, S., & Nathan, R. (2010). Health status and quality of life among older adults in rural Tanzania. *Global Health Action Supplement 2, 2010*. doi.org/10.3402/gha.v3i0.2142
- Neri, A. L., Batistoni, S. S. T., & Ribeiro, C. C. (2016). Psychological well-being, health and longevity. In: Freitas, E.V., & Py, L, (ed). *Geriatrics and Gerontology Treaty*. 4th ed. Rio de Janeiro: Guanabara-Koogan.

- Neri, L. A. (2013). Fragility and quality of life in old age. Campinas: Alinea.
- Ng, N., Hakimi, M., Byass, P, Wilopo, S, & Wall, S. (2010). Health and quality of life among older rural people in Purworejo District, Indonesia. *Global Health Action*, 3, 78- 87. doi: 10.3402/gha.v3i0.2125
- Nordbakke, S., & Schwanen, T. (2013). Well-being and mobility: A theoretical framework and literature review focusing on older people. *Mobilities*, 9(1), 104–129. <http://econpapers.repec.org/article/tafirmobxx/v>
- Oseno, B. (2014). *The conceptual framework. Conceptualization in research proposal, project and thesis*. Nairobi, Kenya: Apic Publishers.
- Oso, W. Y. & Onen, D., (2008). *A General Guide to Writing Research Proposal and Report: A Handbook for Beginning Researchers*. (2nd ed.). Kampala, Uganda.
- Paterson, T. S., Yeung, S. E., & Thornton, W. L. (2015). Positive affect predicts everyday problem-solving ability in older adults. *Aging & Mental Health*, 20(8), 871-879. doi:10.1080/13607863.2015.1043619
- Pavlov, I. P. (1927). *Conditioned Reflexes: An investigation of the physiological activity of the cerebral cortex*. <http://psychclassics.yorku.ca/Pavlov/lecture6.htm>.
- Pedhazur, E. J. (1997). *Multiple Regression in Behavioural Research*. (3rd ed.). Orlando, FL: Harcourt Brace
- Pew Research Centre, (2014). *Attitudes about aging: A global perspective*. <http://www.pewglobal.org/2014/01/30/>
- Phaswana-Mafuya, N., Peltzer, K., Chirinda, W., Kose, Z., Hoosain, E., Ramlagan, S., Tabane, C. & Davids, A. (2013) Self-rated health and associated factors among older South Africans: evidence from the study on global ageing and adult health, *Global Health Action*, 6:1, 19880, doi: 10.3402/gha.v6i0.19880
- Pinquart, M & Sörensen, S. (2000). Influences of socioeconomic status, social network, and competence on subjective well-being in later life: A meta-analysis. *Psychology and Aging*, 15(2), 187-224. <http://dx.doi.org/10.1037/0882-7974.15.2.187>

- Population pyramid of the World (2015a). *Population pyramid of the World*.
<https://www.populationpyramid.net/world>
- Population pyramid of the World (2015b). *Population pyramid of Ghana*.
<https://www.populationpyramid.net/Ghana>
- Population pyramid of the World (2015c). *Population pyramid of Kenya*.
<https://www.populationpyramid.net/kenya>
- Reichstadt, J., Sengupta, G., Depp, C., Palinkas, L., & Jeste, D. (2010). Older adults' perspectives on successful aging qualitative interviews. *American Journal of Geriatric Psychiatry, 18*(7), 567-575, doi: 10.1097/JGP.0b013e3181e040bb
- Romo, R. D., Wallhagen, M. I., Yourman, L., Yeung, C. C., Eng, C., Micco, G., Perez-Stable, E., & Smith, A. K. (2012). Perceptions of successful aging among diverse elders with late-life disability. *The Gerontologist, 53* (6), 939-949. <http://dx.doi.org/10.1093/geront/gns160>
- Rubin, D. C., & Berntsen, D. (2006). People over forty feel 20% younger than their age: Subjective age across the lifespan. *Psychonomic Bulletin & Review, 13*, 776-780.
- Russell, J. A. (2003). Core affect and the psychological construction of emotion. *Psychological Review, 110*(1), 145–172.
- Ryff, C. D. (2014). Psychological well-being revisited: Advances in the science and practice of eudaimonia. *Psychotherapy and Psychosomatics, 83*(1), 10-28. doi: 10.1159/000353263.
- Sargent-Cox, K. A., Anstey, K. J. & Luszcz, M. A. (2012a). Change in Health and Self-Perceptions of Aging over 16 years: the role of psychological resources. *Healthy Psychology, 31*(4), 423-432. doi: 10.1037/a0027464
- Sargent-Cox, K. A., Anstey, K. J. & Luszcz, M. A. (2014). Longitudinal change of self-perceptions of ageing and mortality. *Journal of Gerontology, Series B, Psychological Sciences and Social Sciences, 69*(2), 168-173. doi: 10.1093/geronb/gbt005

- Sargent-Cox, K. A., Anstey, K. J., & Luszcz, M. A. (2012b). The relationship between change in self-perceptions of aging and physical functioning in older adults. *Psychology and Aging, 27*(3), 750-760. <http://dx.doi.org/10.1037/a0027578>
- Schimmack, U., Schupp, J., & Wagner, G. (2008). The influence of environment and personality on the affective and cognitive components of subjective well-being. *Social indicators research, 89*, 41-60. <http://dx.doi.org/10.1007/s11205-007-9230-3>
- Schönbrodt, F. D., & Perugini, M. (2013). At what sample size do correlations stabilize? *Journal of Research in Personality, 47*, 609-612. [doi.org/10.1016/j.jrp.2013.05.009](http://dx.doi.org/10.1016/j.jrp.2013.05.009)
- Siedlecki, K.L., Salthouse, T.A., Oishi, S., & Jeswani, S. (2014). The Relationship between Social Support and Subjective Well-Being across Age. *Social Indicators Research, 117*(2): 561-576. doi: 10.1007/s11205-013-0361-4
- Silva, H. S. da, Lima, A. M. M. de, & Galhardoni, R. (2014). Successful aging and vulnerability in health: approaches and perspectives. *Interface (Botucatu), 14*(35) 867-877. [doi.org/10.1590/S1414-32832010005000034](http://dx.doi.org/10.1590/S1414-32832010005000034).
- Sindi, S., Juster, R. P., Wan, N., Nair, N. P., Ying Kin, N., & Lupien, S. J. (2012). Depressive symptoms, cortisol and cognition during human aging: the role of negative aging perceptions. *International Journal on the Biology of stress, 15*(2), 130-137 doi.10.3109/10253890
- Singh, K., & Jha, S. D. (2008). Positive and Negative Affect, and Grit as predictors of Happiness and Life Satisfaction. *Journal of the Indian Academy of Applied Psychology, 34*, Special Issue, 40-45.
- Skinner, B.F. (1954). The science of learning and the art of teaching. *Harvard Educational Review, 24*(2), 86-97.
- Stephens, A., Deaton, A., & Stone, A. A. (2015). Subjective wellbeing, health, and ageing. *Lancet, 385*(9968), 640-648. doi: 10.1016/S0140-6736(13)61489-0

- Stevenson, B., & Wolfers, J. (2009). The paradox of declining female happiness. *National Bureau of Economic Research*. Working paper 14969. <http://www.nber.org/papers/w14969External>
- Suh, S., Choi, H., Lee, C., Cha, M., & Jo, I. (2012). Association between knowledge and attitude about aging and life satisfaction among older Koreans. *Asian Nursing Research*, 6(3), 96-101. doi.org/10.1016/j.anr.2012.07.002
- Sun, J. K., Kim, E. S. & Smith, J. (2018). Positive Self-Perceptions of Ageing and Lower Rate of Overnight Hospitalization in the US population Over Age 50. *Psychosomatic Medicine*, 79(1), 81-90. [doi: 10.1097/PSY.0000000000000364](https://doi.org/10.1097/PSY.0000000000000364)
- Suzuki, H., Fujii, S., Garling, T., Ettema, D., Olsson, L., & Friman, M. (2013). *Rules for aggregated satisfaction with work commuters. Transportation*, 1–12.
- Tannistha, S., Feinian, C., & Reeve, V. (2015). Living arrangements and health of older adults in India. *Journal of Gerontology*, 70 (6), 937-947. <http://dx.doi.org/10.1093/geronb/gbu164>
- Teuscher, U. (2009). Subjective age bias: A motivational and information processing approach. *International Journal of Behavioural Development*, 33, 22-31. [doi: 10.1177/0165025408099487](https://doi.org/10.1177/0165025408099487)
- Thompson, E. R. (2007). Development and validation of an internationally reliable short-term of the positive and negative affect schedule (PANAS). *Journal of cross-cultural psychology*, 38, 227-242
- Trigg, R., Watts, S., Jones, R., Tod, A., & Elliman, R. (2012). Self-reported Self-reported quality of life ratings of people with dementia: the role of attitudes to aging. *International Psychogeriatrics* 24, 1085-1093. <http://journals.cambridge.org/action/displayAbstract>

- Trudel, G., Boyer, R., Villeneuve, V., Anderson, A., Pilon, G., & Bounader, J. (2008). The marital life and aging well program: Effects of a group preventive intervention on the marital and sexual functioning of the retired couples. *Sexual and Relationship Therapy*, 23(1), 5-23. Doi: 10.1080/14681990701635061
- United Nations Population Division. (2013). World population prospects: The 2012 revision. New York: United Nations.
- Uotinen, V. (2006, November). *I am as old as I feel. Subjective age in Finnish adults*. academic dissertation paper presented at the faculty of social sciences of the University of Jyväskylä, auditorium S212. ISBN 951-39-2394-0
- Urbanová, P., & Bužgová, R. (2017). Evaluation of attitudes towards old age among older adults in an institutional facility. *Central European Journal Nursing Midwifery*. 8(1):565–571 doi: 10.15452/CEJNM.2017.08.0003.
- Walaba, A.A. (2014). The plight of the aged and the ageing persons in Kenya: A Review of existing literature. *International Journal of Advanced Research*, 2(4), 68-82. www.journalijar.com/uploads/87_IJAR-3035.pdf
- Warr, P. (2003). Well-being in the workplace. In: D Kahneman , E Diener, N Schwarz (eds.) *Well-Being: The foundations of hedonic psychology*. New York: Russell Sage Foundation Publications.
- Watson, D, Clark, L. A., & Tellegen A. (1988). Development and validation of brief measures of positive and negative affect: The PANAS Scales. *Journal of Personality and social psychology* 54, 1063–1070. <http://dx.doi.org/10.1037>
- Weiss, D., & Lang, F. R. (2012). They are old but I feel younger: Age-group dissociation as a self-protective strategy in old age. *Psychology and Aging*, 27, 153–163, doi: 10.1037/a0024887.

- Westerhof, G. J., Miche, M., Brothers, A. F., Barrett, A.E., Diehl, M., Montepare, J. M., Wahl, H. W., & Wurm, S. (2014). The influence of subjective aging on health and longevity: a meta-analysis of longitudinal data. *Psychology and Aging, 29*, 793 – 803. dOI: 10.1037/a0038016
- Westerhof, G. J., Whitbourne, S. K., & Freeman, G. P. (2012). The aging self in a cultural context: The relation of conceptions of aging to identity processes and self-esteem in the United States and the Netherlands. *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences, 67(1)*, 52–60, doi:10.1093/geronb/gbr075.
- World Health Organization. (2015). World Report on Ageing and Health. Geneva, Switzerland.
http://apps.who.int/iris/bitstream/10665/186463/1/9789240694811_eng.pdf
- Yamada, K., & Teerawichitchaian, B. (2015). Living arrangements and psychological well-being of the older adults after the economic transition in Vietnam. *Journal of Gerontology, 70(6)*, 957-968. doi.org/10.1093/geronb/gbv05
- Yang, Y. (2008). Social inequalities in happiness in the United States, 1972 to 2004: An age-period-cohort analysis. *American Sociological Review, 73*, 204–236. doi.org/10.1177%2F00031224080730

APPENDICES

Appendix B: Informed Consent letter

Dear participant

I am a student at Maseno University pursuing a masters Degree in Counseling Psychology. I am conducting a study to correlate '*self-perception towards ageing and subjective well being of older adults*'. You are being requested to take part in this study.

The information obtained from you will be treated with outmost confidentiality. Your initial agreement to participate does not stop you from discontinuing at any given time. The results from this study will be published as part of a professional master's degree thesis, but only as part of group data.

Please be assured that all your responses will be anonymous and that your participation is voluntary. To ensure anonymity please do not write your name anywhere on this questionnaire. You are free to withdraw at any time.

As a participant, you are encouraged to respond to the questionnaire items personally. In case you are not able to score the questionnaire item by yourself, the researcher will assists by either translating and/or reading the items and the possible responses loud for you to respond accordingly. Remember it is your scores that will be recorded.

SignatureDate

Yours

Emmy Kageha Ingaiza

MA/FA/00018/2014

Appendix C: Self-Perception of Older Adults towards Ageing and Their Subjective Well-being Questionnaire

B.1 Introduction

This study aims at making a correction between self-perception towards ageing and subjective well-being of older adults. It's important not to spend too much time on any one question and remember there is no right or wrong answers to any question in the questionnaire. Simply choose the one response which is a reflection of or closest to your opinion. Work quickly, giving your first reflective reaction in each case and make sure that you respond to every item.

B.2 Personal Information

By use of a tick please indicate your responds to the items below

1. Sex female male

2. Age bracket

65-69 years 70- 74 years

75 –79 years Above80 years

3. How do you rate your age in relation to your actual age?

I feel younger than my actual age

I feel the same age as my age mates

I feel older than my actual age

4. What is your highest academic level?

Less Primary level College level

Primary level University level

Secondary level

5. Indicate your employment status

Not employed Professional employment

Unskilled employment Business/self employed

Others specify).....

6. Marital status

- Never Married Married
 Widowed Separated
 Divorce Any other (specify)

7. Do you have other sources of income? Yes No.

8. If yes, mention the other source of your income? (Can be more than one)

- Savings
 Investments /business
 From children/relatives

8. How much money do you receive/earn in a month?

- Less than 2,000 5,001- 10,000
 2,001-5,000 above 10,000

9. Describe your living arrangement at home?

- I live alone
 I am living with spouse
 I am living with spouse, children and grand children
 I am living with children/grandchildren
 Others (specify)

10. How can you describe your overall health?

- Very poor poor
 Moderate Good
 Very good

B.3. Attitude to Ageing Questionnaire

Below are statements that describe how you see and understand your life at your age now. I know some of these statements may be sensitive or difficult to relate with, but please try to provide a response according to how you view your life now. The statements relate to your overall social life, your physical status and psychological life. Some of the statements may sound similar or repetitive, but please respond to all of the statements for the sake of completeness. The information you provide will be treated with confidentiality and you will not be identified individually. Using the scale below, please respond to the 24 items by putting a tick in the corresponding box as illustrated in the 2 items below.

Item	1	2	3	4	5
My friends are smarter than me			✓		
I don't feel good about my appearance	✓				

Now proceed

B.3.1 Physical Change Domain

Statements	1	2	3	4	5
1 As I get older, I have been able to cope with life better					
2 It is a privilege for me to grow old					
3 I have become wiser as I age					
4 There have been many pleasant things about my growing old					
5 I am more accepting of myself as I have grown older					
6 It is important to pass on the benefits of my experience to younger people					
7 I believe my life has a difference					
8 I want to give a good example to younger people					

1= Strongly Disagree, 2 = Disagree, 3 = Undecided, 4 = Agree, 5 = Strongly Agree

B.3.2. Psychosocial Loss Domain

Statements	1	2	3	4	5
1 It has been important to take exercise at any age of my life					
2 Growing older has been easier than I thought					
3 I don't feel old					
4 My identity is not defined by age					
5 I have more energy now than I expected for my age					
6 Problems with my physical health do not hold me back from doing what I want to do					
7 My health is better than I expected for my age					
8 I keep myself as fit and active as possible by exercising					

1= Strongly Disagree, 2 = Disagree, 3 = Undecided, 4 = Agree, 5 = Strongly Agree

B.3.3. Psychological Gain Domain

Statements	1	2	3	4	5
1 In my life old age is a time of loneliness					
2 Old age is a depressing time of my life					
3 I find it more difficult to talk about my feelings as I get older					
4 I see old age mainly as a time of loss					
5 I am losing my physical independence as I get older					
6 As I get older I find it more difficult to make new friends					
7 I don't feel involved in society now that I am older					
8 I feel excluded from things because of my age					

1= Strongly Disagree, 2 = Disagree, 3 = Undecided, 4 = Agree, 5 = Strongly Agree

B.4. Satisfaction with Life

Below are five statements that you may agree or disagree with. Using the 1 - 5 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding.

	Statements	1	2	3	4	5
1	In most ways my life is close to my ideal					
2	The conditions of my life are excellent					
3	I am satisfied with my life					
4	So far I have gotten the important things I want in life					
5	If I could live my life over, I would change almost nothing					

1 = *extremely dissatisfied*, 2 = *dissatisfied*, 3 = *neutral*, 4 = *satisfied*, and 5 = *extremely satisfied*.

B.5. Positive affect and Negative Affect schedule

This scale consists of a 10 words that describe different feelings and emotions. Read each item and then mark appropriate responses in the space next to that word indicate to what extent you feel this way right now, that is the present moment or indicate the extent you have felt this way over the past two weeks. Use the following scale to indicate your responses.

Item	Affects	1	2	3	4	5
<u>Positive Affect</u>						
1	Inspired					
2	Alert					
3	Attentive					
4	Active					
5	Determined					
<u>Negative Affect</u>						
6	Afraid					
7	Upset					
8	Nervous					
9	Ashamed					
10	Hostile					

1 = very slightly or not at all, 2 = a little, 3 = moderately, 4 = quite a bit, and 5 = extremely.

Thank you for taking your time to complete this questionnaire.

Appendix D: Request for Permission to Collect Research Data



EMMY KAGEHA INGAIZA

TEL 0722-260-142

Email: kagehaemmy@yahoo.co.uk

28th June, 2017

TO THE DEAN
SCHOOL OF GRADUATE STUDIES
MASENO UNIVERSITY

Dear Sir,

REF: REQUEST FOR PERMISSION TO COLLECT RESEARCH DATA – MA/FA/00018/2014

I am a post graduate student of Maseno University in the school of Arts and Social Sciences pursuing a Masters Degree in Counseling Psychology. Having completed my course work and the approval of my research proposal entitled: CORRELATION BETWEEN SELF-PERCEPTION TOWARDS AGEING AND SUBJECTIVE WELL-BEING OF OLDER ADULTS IN KAJULU WARD, KISUMU COUNTY, I hereby request for your permission to proceed on data collection

Once again, looking forward to your assistance and cooperation

Yours

A handwritten signature in black ink, appearing to read "Emmy Kageha Ingaiza".

Emmy Kageha Ingaiza

MA/FA/00018/2014



Appendix E: Proposal Approval Letter



MASENO UNIVERSITY
SCHOOL OF GRADUATE STUDIES

Office of the Dean

Our Ref: MA/FA/00018/014

Private Bag, MASENO, KENYA
Tel:(057)351 22/351008/351011
FAX: 254-057-351153/351221
Email: sgs@maseno.ac.ke

Date: 28th June, 2017

TO WHOM IT MAY CONCERN

**RE: PROPOSAL APPROVAL FOR EMMY KAGEHA INGAIZA—
MA/FA/00018/2014**

The above named is registered in the Master of Arts in Counseling Psychology Programme of the School of Arts and Social Sciences, Maseno University. This is to confirm that her research proposal titled "Correlation between Self-Perception towards Ageing and Subjective Well-being of Older Adults in Kajulu Ward, Kisumu County" has been approved for conduct of research subject to obtaining all other permissions/clearances that may be required beforehand.


Prof. J. O. Agure
DEAN, SCHOOL OF GRADUATE STUDIES



Maseno University

ISO 9001:2008 Certified



Appendix F: NACOSTI letter of Authorization to collect data for research



**NATIONAL COMMISSION FOR SCIENCE,
TECHNOLOGY AND INNOVATION**

Telephone: +254-20-2213471,
2241349, 3310571, 2219420
Fax: +254-20-318245, 318249
Email: dg@nacosti.go.ke
Website: www.nacosti.go.ke
When replying please quote

9th Floor, Uthuli House
Uhuru Highway
P.O. Box, 30623-00100
NAIROBI-KENYA

Ref. No: **NACOSTI/P/17/70879/18461**

Date: **31st July, 2017**

Emmy Kageha Ingaiza
Maseno University
Private Bag
MASENO.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on *“Correlation between self perception towards ageing and subjective well being of older adults in Kajulu Ward, Kisumu County,”* I am pleased to inform you that you have been authorized to undertake research in **Kisumu County** for the period ending **28th July, 2018.**

You are advised to report to **the County Commissioner and the County Director of Education, Kisumu County** before embarking on the research project.

Kindly note that, as an applicant who has been licensed under the Science, Technology and Innovation Act, 2013 to conduct research in Kenya, you shall deposit a **copy** of the final research report to the Commission within **one year** of completion. The soft copy of the same should be submitted through the Online Research Information System.


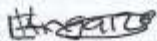




GODFREY P. KALERWA MSc., MBA, MKIM
FOR: DIRECTOR-GENERAL/CEO

Copy to:

The County Commissioner
Kisumu County.

The County Director of Education
Kisumu County.

Appendix G: NACOSTI Research Clearance Permit

<p>THIS IS TO CERTIFY THAT: MS. EMMY KAGEHA INGAIZA of MASENO UNIVERSITY, 0-40103 KISUMU, has been permitted to conduct research in Kisumu County</p>	<p>Permit No : NACOSTI/P/17/70879/18461 Date Of Issue : 31st July, 2017 Fee Recieved : Ksh 1000</p>
<p>on the topic: CORRELATION BETWEEN SELF-PERCEPTION TOWARDS AGEING AND SUBJECTIVE WELL-BEING OF OLDER ADULTS IN KAJULU WARD, KISUMU COUNTY</p>	
<p>for the period ending: 28th July, 2018</p>	
<p> Applicant's Signature</p>	<p> Director General National Commission for Science, Technology & Innovation</p>
<p>CONDITIONS</p>	
<ol style="list-style-type: none">1. The Licence is valid for the proposed research, research site specified period.2. Both the Licence and any rights thereunder are non-transferable.3. Upon request of the Commission, the Licensee shall submit a progress report.4. The Licensee shall report to the County Director of Education and County Governor in the area of research before commencement of the research.5. Excavation, filming and collection of specimens are subject to further permissions from relevant Government agencies.6. This Licence does not give authority to transfer research materials.7. The Licensee shall submit two (2) hard copies and upload a soft copy of their final report.8. The Commission reserves the right to modify the conditions of this Licence including its cancellation without prior notice.	
	<p>REPUBLIC OF KENYA</p>
	
	<p>National Commission for Science, Technology and Innovation RESEARCH CLEARANCE PERMIT</p>
	<p>Serial No.A 15184</p>
	<p>CONDITIONS: see back page</p>

Appendix H: County Commissioner authorization letter



THE PRESIDENCY

MINISTRY OF INTERIOR AND COORDINATION OF NATIONAL GOVERNMENT

Telephone: Kisumu 2022219/Fax: 2022219
Email: ckisumucounty@gmail.com

COUNTY COMMISSIONER
KISUMU COUNTY
P.O. BO X 1912-40100
KISUMU.

Ref: CC/KC/ EDU/ VOL.III/112

Date: 7th August 2017

All Deputy County Commissioners
KISUMU EAST SUB-COUNTY

RESEARCH AUTHORIZATION: EMMY KAGEHA INGAIZA

Reference is made to a letter from the National Commission for Science, Technology and Innovation no. NACOSTI/P/17/70879/18461 of 31st July 2017 on the above underlined subject matter.

The above named is a student of Maseno University. She has been authorized to carry out a research on "*Correlation between self perception towards ageing and subjective well being of older adults in Kajulu world, Kisumu County*". The research period ends on 28th July 2018.

Kindly accord her any assistance that she may need.

**P.A. DOLLA, MBA
COUNTY COMMISSIONER
KISUMU COUNTY.**

Copy to:

Emmy Kageha Ingaiza
Maseno University
Private Bag
MASENO

Appendix I: County Director of Education Consent letter

MINISTRY OF EDUCATION
State Department of Basic Education

Telegrams: "schooling", Kisumu
Telephone: Kisumu 057 - 2024599
Email:
countyeducation.kisumu@gmail.com



COUNTY DIRECTOR OF EDUCATION
KISUMU COUNTY
PROVINCIAL HEADQUARTERS NYANZA
3RD FLOOR
P.O. BOX 575 – 40100
KISUMU

When replying please quote

CDE/KSM/GA/19/3A/V.II/87

18th August, 2017

TO WHOM IT MAY CONCERN

RE: RESEARCH AUTHORIZATION
EMMY KAGEHA INGAIZA
PERMIT NO. NACOSTI/P/17/70879/18461

The above named is a student at Maseno University.

This is to certify that she has been granted authority to carry out research on "*Correlation between self-perception towards ageing and subjective well-being of older adults in Kajulu Ward Kisumu County*" for the period ending 28th July, 2018.

Any assistance accorded to her to accomplish the assignment will be highly appreciated.

A handwritten signature in black ink, appearing to read 'Charles O. Ang'iel'.

CHARLES O. ANG'IELA
For: COUNTY DIRECTOR OF EDUCATION
KISUMU COUNTY

Appendix J: Location of Kajulu Ward on the Map of Kenya

