IMPLICATIONS OF SOCIAL SUPPORT EXCHANGES ON THE SOCIAL WELL-BEING OF OLDER PERSONS IN KITUI COUNTY, KENYA

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DECLARATION

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This thesis is dedicated to my children Ted, Toby, Tyrese, and Talisa and my husband for bearing with my intermittent presence throughout the study period.

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ABBREVIATIONS AND ACRONYMS

CGK	County Government of Kitui
CNMs	Close Network Members
FGD	Focus Group Discussions
KII	Key Informants Interviews
KNCHR	Kenya National Commission on Human Rights
KNBS	Kenya National Bureau of Statistics
OPCT	Older Persons Cash Transfer
PSUs	Primary Sampling Units
RCT	Rational Choice Theory
SDG	Sustainable Development Goal
SET	Social Exchange Theory
SILSM	Single Item Life Satisfaction Measure
SPSS	Statistical Package for the Social Sciences
SSUs	Secondary Sampling Units
SWB	Social Well-being

TSUs	Tertiary Sampling Units
UN	United Nations
UNDP	United Nations Development Programme

DEFINITION OF KEY TERMS AND VARIABLES

Close Network Members	Are people close to older persons and include family members, neighbours and close friends.
Emotional support	Includes giving reassurance, being available to others, and sympathetic during life's difficult times.
Informational support	This relates to giving or receiving advice and information
Instrumental support	Refers to tangible resources like basic needs and assistance with practical tasks.
Older persons	These are persons aged 60 years and above according to article 260 of the Kenyan constitution.
Social support	These are resources provided by others, as coping assistance or as an exchange of social and material resources
Social Well-being	How people evaluate their circumstances and how they function in the society
Well-being	Can be described as evaluating life positively and satisfaction.
Providing/provided social support	This is giving support to CNM in the form of instrumental, emotional, and information.

ABSTRACT

Social well-being (SWB) is an important aspect of human functionality and is experienced within social relationships. Social support is received and provided in social relationships and has been found in the literature to produce mixed effects on SWB which suggest that a lot remains to be understood about that relationship. Therefore, this study seeks to provide more insight into the contradictory findings for a better understanding of the social phenomenon. This study therefore aimed at assessing the bi-directional implications of social support on the SWB of older persons in Kitui County, Kenya. Specifically, the study focused on the effects of closeness on satisfaction with provided and received social support; the effects of providing social support on SWB; the effects of receiving social support on SWB and suggestions for improving the SWB of older persons. The study was guided by the social exchange theory and rational choice theory which stresses how social relationships entail costs and rewards and that people seek to maximize rewards. The study adopted a convergent parallel mixed methods research design. Cluster and simple random sampling methods were used to sample 369 older persons aged 60 years and above proportionate to the population per sub-county. Secondary data was obtained from books and the internet while primary data was collected using an interview schedule, focus group discussions guide and a key-informant guide. Quantitative data was cleaned, coded and entered into SPSS software Version 21 and subjected to a Chi-square test ($\chi 2$). Qualitative data were analyzed using thematic analysis and presented in form of narratives and verbatim reports. The results indicate that majority of the respondents were female (59.1%), aged between 60 and 69 (50.5%) and married (57.6%). The majority of the respondents were close (96.2%) to their CNMs, especially their spouse and children (82.3%) and closeness to CNMs had a significant association with satisfaction with provided (p=.006) and received social support (p=.000). There was a significant association between the three domains of provided and received social support (instrumental, emotional and informational) and social well-being (p< .05). In addition, older persons identified provision of basic needs; cash transfer (OPCT); caring for the very frail and dependent; co-existing well with CNMs and frequent communication and interaction as instrumental in improving their SWB. From these findings, the study recommends that the Ministry of Labour, Social Security and services and the National Gender and Equality Commission mandated to deal with issues of older persons, to streamline traditional conflict resolution mechanism as enshrined in the National policy of ageing, in its theme on older persons and law to address negative aspects of relationship quality that affects SWB. Address constraints to older persons roles as providers in the family, community and culture theme through intensive campaigns and sensitization. Sensitize communities and families on the need for closeness as a tool to encourage participation, rights and assistance to older persons and address areas of vulnerability identified by older persons as a policy issue. These recommendations will improve the social well-being of older persons in Kitui, Kenya.

CHAPTER ONE: INTRODUCTION

1.1. Background of the study

Social well-being (SWB) is a multi-dimensional concept that refers to how people evaluate their situations and their ability to function well in society (Keyes et al., 2002). Being multidimensional, social well-being is assessed in terms of both objective and subjective well-being. This is because social well-being is not defined by a person's objective circumstances alone, but by an evaluation of the subjective experiences of those objective circumstances (Boreham et al., 2013). SWB is an important area of focus that has drawn the attention of individuals, scholars and policy makers (Maccagnan et al., 2019), especially among the growing population of older persons as a vital component for health and quality of life. As of 2019, there were 703 million persons aged 65+ years globally and 32 million of them in sub-Saharan Africa (SSA) with the number projected to reach 101 million by 2050 (United Nations et al., 2019).

In Kenya, the population of persons aged 60 years and above is 2.7 million (KNBS, 2019) and is expected to rise fourfold by mid-century (Aboderin & Owii, 2017). The SWB of older persons is an area of concern because though it is a relatively well-studied and analyzed phenomenon in high-income countries, it has received limited scholarly attention in low-middle-income countries (Elliott et al., 2017). In addition, well-being is affected by many factors with physical and mental well-being being widely investigated and SWB neglected (Hashemi et al., 2016).

By its very essence, social support is a sociological phenomenon and construct (Burt et al., 2019) which is an important predictor of SWB (Brajša-Žganec et al., 2018).

According to Auguste Comte (1875) “all mental action depends on social support p 314”. Social support may be regarded as resources provided by others, as coping assistance, or as an exchange of both social and material resources (Schwarzer et al., 2004) which are intended as helpful and are perceived as such (Dykstra, 2015). Numerous studies have examined the impact of receiving and providing social support on the well-being of older persons (Chalise et al., 2007; Chen & Silverstein, 2000; Krause & Markides, 1990; Silverstein et al., 1996; Thomas, 2010; Zanjari et al., 2022). However, the findings are mixed and contradictory.

In some studies, providing social support enhances SWB by bolstering identity through reinforcing a sense of independence and usefulness to others (Thomas, 2010), satisfaction with life (Frolova & Malanina, 2016), and by giving one a sense of meaning and purpose in life (Taylor, 2011). A study in Russia established that providing social support made a majority of older persons satisfied with their lives (Frolova & Malanina, 2016). In the USA, a study sought to establish whether giving or receiving social support affected mortality (Brown et al., 2003). Providing social support accounted for reduced risks in mortality in old age than receiving social support. In China, providing social support led to enhanced well-being in older persons who took care of their grandchildren unlike those who did not (Bai et al., 2020). These studies demonstrate that providing social support was associated with boosting esteem capacity due to older persons’ ability to support the family rather than being the recipient of help from family.

In the African context, older persons provide social support by caring for their grandchildren (Ani, 2014) which gives them a sense of meaning and purpose in life. A study among pensionable grandmothers in Kwa Zulu Natal demonstrated that they experienced an amplified sense of usefulness to others after providing social support to close network members (CNMs) through their income (Madhavan, 2004). In a study on the health and well-being of older adults in Ghana, Ayernor, (2016) found that older persons provide social support to others, and providing social support was related to self-rated health. Equally in Kenya, the majority of older persons are independent and earn to support themselves and their families which enhances their well-being (Mugo et al., 2018). Older persons also receive Older Persons Cash Transfer (OPCT) from the Kenyan government to help them live decent lives (The Republic of Kenya, 2017) which they use to provide social support to their families. Among the Akamba people, Kaleli-Lee (2015) observed that providing social support bolsters older persons' sense of identity as useful members of the community. For instance, they train their grandchildren on their future roles and responsibilities (Waila, 2012) which makes them feel useful and needed. However, the benefits of providing social support are rarely studied and studies that tap those benefits do it inadvertently (Brown et al., 2003).

Other studies found providing social support overwhelming (Krause & Shaw, 2002), and eliciting feelings of burden and frustration (Morelli et al., 2015; Thomas, 2010). In Brazil, dos Anjos Brito et al. (2019), found that providing social support diverts older persons' resources that could aid in enhancing health. Likewise, in Uganda, providing social support through caregiving responsibilities involves social-economic costs which diminish the SWB of older persons (Rishworth et al., 2020). In Bondo, Kenya, Juma et

al. (2004) found that older persons were providing social support to their ailing children and dependents which affected their health and added to their frailty. Further, Maina et al. (2017) in a study on intergenerational caregiving in Kitui County noted that caregiving is a burden that affects the well-being of older persons. The lack of consensus on the effects of providing social support on well-being although associated with the way it is conceptualized calls for further scholarly interrogation.

The other social exchange dynamic is receiving social support which is positively associated with SWB in some studies. Those receiving social support may develop coping assistance (Nguyen et al., 2016), develop self-enhancing qualities such as love and caring (Dykstra, 2015), and experience higher well-being (Scholz et al., 2012). In Chile, although social support from families is declining, older persons' receiving social support experienced enhanced well-being (Gallardo-Peralta et al., 2018). In Ghana, receiving social support in terms of direct costs for medical and non-medical costs from CNM boosted the SWB of older persons (Nortey et al., 2017). Likewise, in Uganda, receiving social support through remittances from children improved the SWB of older persons (Rishworth et al., 2020).

According to Mbugua et al. (2013), receiving social support enhances the self-esteem of older persons in Kenya by generating feelings of being loved and cared for. However, social support from CNM in African countries like Ethiopia, South Africa, Uganda, and Kenya, is declining due to the effects of modernization, nuclearization, and rural-urban migration (Bigombe & Khadiagala, 2004; Hamren et al., 2015; Juma et al., 2004; Rishworth et al., 2020). According to these studies, the collapse of the traditional family

structure has led to structural changes, including a decrease in care for older persons due to rising individuality. Thus, this necessitates further research on social support received by older persons.

Conversely, other studies also indicate that receiving social support may generate negative effects on SWB such as feelings of low self-worth (Lepore et al., 2008;) and being indebted to the support provider (Siedlecki et al., 2014). Furthermore, the equity theory postulates that when people receive more support than they give, feelings of guilt and distress arise and hurt SWB (Dykstra, 2015) even negative association with well-being (Bolger et al., 2000). These mixed findings suggest that a lot remains to be understood about the relationship between social support (i.e., received and provided) and SWB of older persons (Merz & Huxhold, 2010). According to Dissanayake, (2013) having contradictions in literature confirms a prerequisite of further investigation. It is against this background that this study investigated the implications of providing and receiving social support on the SWB of older persons in Kitui County, Kenya.

1.2 Statement of the Problem

The social well-being of older persons is an important component of health and well-being. There is limited analysis and a reported decrease in the SWB of older persons in African countries despite their growing population making SWB an area of concern. Social support is identified as a strong predictor of SWB and is provided and received in social relationships. However, studies provide mixed findings on the implications of providing or receiving social support. Specifically, studies indicate that providing social support produces self-enhancing effects on SWB, while others demonstrated that

providing social support negatively affects the SWB of older persons. In addition, the benefits of providing social support to others are rarely studied and studies that tap the benefits of providing social support do it inadvertently.

Receiving social support is the other dynamic of social support that has generated contradictory findings because some studies find receiving social support beneficial and others harmful. Decreased SWB is likely to persist if analysis of SWB is not prioritized especially the factors contributing to its decrease in the low-middle-income countries. These contradictions in literature presents a problem that requires thorough investigation in order to provide more insight for a better understanding of social support and social well-being in the Kenyan context. There was also prevalent unidirectional focus on providing social support or receiving social support in the literature but has been found inadequate in establishing the effects of social support on social well-being. Few studies have utilized a bidirectional lens without employing comparable measures. In this case, therefore, a social exchange theory is necessary to adequately understand the cumulative and combined outcomes of social support on older persons' social well-being.

1.3 Objectives of the study

The purpose of this study was to examine the implications of receiving and providing social support on the social well-being of older persons in Kitui County, Kenya.

1.3.1 Specific Objectives

This study had four specific objectives which were to:

i. Determine the effects of closeness on the social well-being of older persons in Kitui County, Kenya.
ii. Investigate the effects of providing social support on the social well-being of older persons in Kitui County, Kenya.
iii. To assess the effects of receiving social support on the social well-being of older persons in Kitui County, Kenya.
iv. Identify recommendations for improving the social well-being of older persons in Kitui County, Kenya.

1.4 Research Questions

1. What are the effects of closeness on the social well-being of older persons in Kitui County, Kenya.
2. How does providing social support affect the social well-being of older persons in Kitui County, Kenya.
3. What are the effects of receiving social support on the social well-being of older persons in Kitui County, Kenya.
4. What can be done to improve the social well-being of older persons in Kitui County, Kenya?

1.5 Justification and Significance of the study

There is a dearth of SWB research in Kenya especially among older persons. Existing research demonstrates that the SWB of older persons is decreasing and that analysis of SWB in low-middle-income countries is limited (Elliott et al., 2017). This finding is particularly important in sub-Saharan Africa where older persons are not only reported

to have lower SWB but are also expected to dramatically increase in their population from 46 million to 694 million by 2100 (United Nations et al., 2019). This study was, therefore, necessary to elucidate the role of social support on the SWB of the growing population of older persons in Kenya.

This study contributes to the existing body of knowledge on social support because it has been identified as a strong predictor of SWB (Brajša-Žganec et al., 2018). Specifically, it contributes to three areas of research; bidirectional exchanges of social support, closeness, and cumulative effects of receiving and providing social support. The findings of this study will be used in future studies to expand on the knowledge of social support exchanges on the SWB of older persons in Kenya. The findings of this study are beneficial to older persons by showcasing the effects generated by social support received and provided in order to inform governments initiatives in supporting them like OPCT.

The current study informs Sustainable Development Goal (SDG) 3 which seeks to ensure healthy lives and promote well-being for all of all ages (UNDP, 2015). This study contributed to health promotion by demonstrating the negative effects of providing or receiving social support that acts against the enhancement of well-being. The study also informs Kenya Vision 2030's Social Pillar, especially in its gender, youth and vulnerable groups (e.g., older persons) provision (The Republic of Kenya, 2008). This study was therefore timely because older persons are a vulnerable group and understanding what affects their SWB is vital.

1.6 Scope and delimitations of the study

This study was limited to the four sub-counties of Kitui Central, Mwingi Central, Mutomo and Migwani in Kitui County. The sub-counties have characteristics that could be generalized to the entire County. These characteristics range from the semi-arid climate, a mix of rural and urban areas, and the practice of subsistence farming and trade. The study also focused on a representative sample of older persons aged 60 years and older both male and female. These older persons resided in the four sub-counties and were available during the study. The study also limited itself to social support exchanges between the older person and their CNMs only.

The study focused on the social support that older persons received from CNMs and the social support that they provide to CNMs. The focus was primarily on older persons' perspectives of social support received and social support provided. It also focused exclusively on the implications of these two categories of social support on the social well-being of older persons.

1.7 Limitations of the study

This study focused on the implications of social support on the social well-being of older persons in Kitui County, Kenya. Even though it is a significant area of research, it had some limitations. First, the study utilized the single-item life satisfaction measure (SILSM) to determine the social well-being of older persons. This measure utilized only one question to establish satisfaction while multiscale items and inventories utilize multi-items. However, since the measure is validated in literature as producing similar results when compared with the multiscale items it was considered adequate.

The study utilized cross-sectional mixed methods research which could not establish the temporal order of the variables under study when compared to a longitudinal design. The study design limited the interpretation of the study findings because its use is limited to a short period when analyzing behavior.

Some of the residents in Kitui Central sub-county were indifferent to the researchers and did not want to talk. On enquiry to this challenge, it was revealed that the residents have been disillusioned by an influx of in-disciplined sales personnel who forces their promotion product on them. The researchers had to explain themselves for the respondents to understand that the study was for academic purposes and not a sales pitch.

1.8 Chapter Summary

This chapter has presented background of the study, the statement of the problem, objectives and research questions. The significance of the study, delimitations and limitations of the study have also been presented. The chapter has illustrated the research problem and showed the need for research on the social well-being of older persons. It has demonstrated that, the rise in the population of older adults and biopsychosocial limitations has compounded the social well-being of older persons. The mixed findings on the role of providing and receiving social support on the social well-being presents a disagreement gap in the literature despite social well-being being an important predictor of social well-being. Chapter 2 provides a thematically ordered survey of pertinent literature, the theoretical and conceptual frameworks.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter presents a review of related literature on older persons' closeness to their CNM, providing social support and SWB and receiving social support and SWB. It also reviews the relevance of the primary tenets of social exchange theory (SET) and the rational choice theory (RCT) that guide this study and provides a conceptual framework demonstrating the interaction between the variables.

2.2 Effects of closeness on the social well-being of older persons

Closeness is a measure of how closely one is connected to others in a group or community and has been identified as a key factor in how people perceive their social support (Sarason et al., 1987). According to Kok and Fredrickson, (2014)) social closeness is a sense regarding a person's level of embeddedness in a social network or networks and is associated with how the person views their interactions with other people. Closeness is an aspect of relationship quality which is associated with factors such as intimacy, agreement, independence, and sexuality (Hassebrauck & Fehr, 2002). However, even though an agreement, independence and sexuality are important, closeness is deemed sufficient and more important when measuring relationship quality (Hassebrauck & Fehr, 2002). Closeness is recognized by social psychologists as an important construct in social relationships that can hardly be overemphasized (Hassebrauck & Fehr, 2002).

Closeness refers to intimacy in social relationships which varies between and within relationships (Muniruzzaman, 2017). The adequacy of closeness as a measure of the

quality of social relationships arises from the challenges of many factors and multidimensional measures. These challenges include the criteria for item selection and difficulties in distinguishing quality relationships from other constructs (Hassebrauck & Fehr, 2002**)**. To address problems of overlap, a unidimensional measure for the quality of the social relationships is necessary. Closeness is the context of quality relationship of interest to this study between older persons and CNM since it can influence the effects that social support generates in older persons.

The concept of closeness is mainly associated with satisfaction (Hassebrauck & Fehr, 2002). Quality social relationships in old age are those based on relationships with people with whom older persons feel close, based on strong ties (Boreham et al., 2013). According to Antonucci et al. (2014), these people are older persons' close network members (CNM) and may include a spouse, children, other family members, neighbours and close friends. Though closeness can vary from one person to the other, it is evident that older persons have people that they consider close and others distant.

Closeness has considerable effects on SWB (Thomas et al., 2017) and physical health (Stanton et al., 2019). Quality of social relationships includes positive aspects of relationships like emotional support as well as negative aspects like conflicts (Umberson & Montez, 2010). Studies of close relationships indicate that CNMs are the first line of defense for older persons since they meet their daily needs for sustenance (Silverstein & Giarrusso, 2010). This is positively related to several measures of well-being (Pinquart & Sörensen, 2000) such as longevity (Shor et al., 2013), improved quality of life (Rook & Charles, 2017), and better health outcomes (Robles et al., 2014).

This study builds on earlier studies by demonstrating that closeness may alter the effects generated by giving and receiving social support regardless of relationship type.

Negative aspects in close relationships deny older persons support which increases their stress levels (Uchino et al., 2014) and is linked to poor self-rated health (Widmer et al., 2018), morbidity (Woods et al., 2019), and eventual negative outcome of mortality (Bulanda et al., 2016). In close relationships, negative aspects are more likely to occur than in distant relations due to the frequency of interaction and it is almost unanimous in different studies that these negative interactions lead to negative consequences (Li & Fung, 2013). As such, avoiding conflicts in relationships between older people may be more challenging than in other relationships, however this may not lessen the degree of closeness. This study shows the level and implications of closeness on the social well-being of older people.

2.3 Implications of providing social support on social well-being

2.3.1 Social support

Social support generally refers to the functions that others undertake for an individual (Suanet et al., 2020). In all facets of health and well-being, social support is an independent and predictable component (Arieli, 2020; Mo et al., 2022; Tabatabaeichehr et al., 2019). The importance of social support on the social well-being of older persons is widely acknowledged in literature (Arieli, 2020). This importance is attributed to the protective role that social support provides to older adults susceptible to biopsychosocial events such as morbidities (Rhee et al., 2021). It leads to improvements in an older person's quality of life (Mo et al., 2022) protects against loneliness (Zhang

& Silverstein, 2020) predicts psychological well-being (Moatamedy et al., 2018), and provides companionship, and care for their well-being (Gigliotti, 2002). However, depending on how social support interacts with self-evaluative ideas, it can improve or degrade well-being (Sharifian & O'Brien, 2019). This reinforces the notion that social support offers significant advantages that improve quality of life and act as a safety net against unfavorable life circumstances.

Social support can be divided into two ways: structurally, by the composition of one's social network and the frequency with which one communicates; and functionally, by the quality or quantity of one's support (Abu Hammattah et al., 2021; Kahle et al., 2020; H. Li & Wang, 2021). Functional support is gauged by an individual's level of satisfaction with support from others as well as the social relationships therein (Davidson et al., 2016). The majority of research assesses social support in terms of its functional aspect (Zanjari et al., 2022) since it relates to one's impression of whether their social network can give resources such as instrumental, emotional and informational support (Rutter et al., 2020). As a result, there is a lot of evidence showing that social networks can help those who require social assistance.

Social support is further divided into enacted/actual and perceived/available social support (Gigliotti, 2002; Şahin et al., 2019). Actual social support is the support that is received by an individual from his/her social network (Lee & Holtzer, 2021). Perceived social support on the other hand is the support that individuals perceive available to them from their social networks when they need it (Hansen, 2021; Ioannou et al., 2019; Pillemer et al., 2019) which may not be a true reflection of support received (Eagle et

al., 2019). Perceived social support relates to the availability and adequacy of social networks that can provide social support (Eagle et al., 2019) such as informational needs or advice for a better environment (Kang et al., 2018) while enacted social support relates to both the quality and quantity of social support received (Eagle et al., 2019). This contrast demonstrates how social assistance may be present or presumed to be available when needed, with implications for individuals who may need it in terms of whether they really receive it or not.

Perceived or available social support has been found critical in old age by maintaining health and dealing with functional constraints (Zhang & Tumin, 2020), enhancing life satisfaction (Şahin et al., 2019), and has positive effects on quality of life (Kang et al., 2018). Perceived or actual social support is classified into three domains; tangible/instrumental, informational and emotional (Schaefer et al., 1981). Instrumental support is defined as doing things for others (DeHoff et al. 2016) and providing commodities and services that help address practical difficulties (Southwick et al. 2016; Shakespeare-Finch & Obst, 2011). Emotional social support on the other hand involves being there for others (DeHoff et al. 2016) and behaviour that promote and communicate sentiments of being cared for, respected and loved (Shakespeare-Finch & Obst 2011; Southwick et al. 2016). Informational social support relates to knowledge and resource sharing (DeHoff et al., 2016), providing advice and direction (Lu et al., 2016; Southwick et al., 2016), or providing environmental advice (Shakespeare-Finch, & Obst, 2011) which helps individuals cope with difficult situations. These dimensions of social support are necessary, and they play significant roles in social relationships whether they are actually present or perceived to be.

There is wide agreement in the literature on the distinction between actual and perceived social support (Rueger et al., 2016). However, more attention has been given to perceived social support compared to actual social support (Hansen, 2021; Rueger et al., 2016) and this may be attributed to the difficulties in objectively measuring actual support compared to perceived social support (Hansen, 2021). In addition, few studies have paid attention to bidirectional support where social support is provided and received (Zanjari et al., 2022). This thus made actual social support received and provided the focus of this study.

2.3.2 Provided social support and social well-being

The act of providing social support involves giving up something for someone else which might elicit positive or negative effects. According to Brown et al. (2003), providing social support refers to the act of supplying help to others and links that support to enhanced health and well-being. It involves offering help (Brown et al., 2003) listening to people's problems, understanding them and offering practical support (Morelli et al., 2015). However, the evidence in the studies regarding providing and receiving social support in close relationships is mixed (Umberson & Montez, 2010) and poorly understood (Morelli et al., 2015).

Older persons provide social support to CNMs through financial support when the need arises (Grundy, 2005). They also act as guardians by caring for their grandchildren in African societies (Ani, 2014) which dos Anjos Brito et al. (2019) indicated as helpful to parents who are now able to work well since they are assured and at ease knowing that their children are under the protection of older persons. According to Meira et al.

(2015), older persons help CNMs with housing, financial income, companionship and guardianship. Among the Akamba people, the culture allows older persons to perform mentorship roles which are informational social support to the young. This helps them to become responsible members of the community (Waila, 2012). This demonstrates that older persons are not always compelled to give social support but do it because it's fulfilling to them. The benefits they receive from offering social support may influence how willing they are to do so.

According to Wang and Gruenewald (2019), providing social support to others produces less personal distress, and greater well-being (Thomas, 2010), satisfaction with life (Frolova & Malanina, 2016), and longevity (Brown et al., 2003). It is further argued that caregiving by older persons builds a reciprocity demand in the recipients which assures older persons of help in the future and a strengthened relationship with the recipients (Kasedde et al., 2014). These studies demonstrate that providing social support is beneficial to the well-being of older persons since the people they help will tend to reciprocate later on. This generates self-enhancing moods and feelings which is beneficial for SWB.

Nevertheless, providing social support does not always have positive outcomes among older persons. It may produce negative outcomes as well when older persons provide financial income to CNM as it diverts resources for securing health services, food, and leisure activities later on (Akinrolie et al., 2020). In a study of the financial income of older persons after retirement in Brazil, Meira et al. (2015) observed that even un-cohabiting CNMs move back home to get a share of this income, affecting the life and

well-being of the older persons. As a result, there is more competition for older people's pensions, which may leave them frustrated if they have no other means of supporting themselves when the money is gone. Ideally, older persons would not expect their CNM to come back home only to spend their pension but rather to provide for them instead.

In addition, in many Eastern and Southern African communities, older persons provide care for children born outside marriage (Madhavan, 2004). These children are left behind in the hands of their grandparents after their parent's marriage. This adds to the burdens of older persons and has effects on their SWB. In Kenya, Mathambo and Gibbs (2009) established that older persons take on caregiving responsibilities for orphans despite frailty especially when their children die due to HIV/AIDS and other causes. Among the Akamba people, older persons are deeply woven into the relational fabric of the community (Kaleli-Lee, 2015) and take up roles especially in training their grandchildren through contributive interactions about the Akamba ecosystem. As a consequence, they are viewed as troves and bulwarks of knowledge, sobriety, patience, and justice, with the ability to counsel, aid, and comfort their loved ones

Providing instrumental support has been noted to elicit negative effects. This is especially reported in caregiving responsibilities where the older persons are expected to provide economic, social, and physical provisions (Knodel et al., 2003). Caregiving is associated with lower subjective well-being and higher levels of depression (Garand et al., 2005; Pinquart & Sörensen, 2006). Thomas (2010) argued that caregiving elicits a different type of cost compared to other informal support exchanges. He associated caregiving with feelings of burden and frustration since too much support is required

(Thomas, 2010). The paucity of empirical data on the effect of providing social support beyond the caregiving context in Kenya is evident.

2.4 Implications of receiving social support on social well-being

Studies have been conducted to establish the effects of receiving social support on well-being. Empirical research has yielded mixed and inconsistent findings on the effects of receiving social support on SWB (Luszczynska et al., 2007; Scholz et al., 2012). Receiving social support relates to how often one receives supportive exchanges from close relations (Uchino et al., 2012; Wang et al., 2003). The bulk of empirical work has focused on the effects of providing social support and less on receiving social support due to the assumption that receiving automatically elicits positive effects. However, as Thomas (2010) concludes "it is often better for the well-being of older adults to give than to receive" (p. 351). This is a claim that raises unanswered questions that calls for additional academic or scientific research.

In old age, people receive social support from CNMs especially, when confronted by problems like ill-health (Nguyen et al., 2016). This generates self-enhancing feelings that CNMs love and care about them (Dykstra, 2015). According to empirical studies, receiving social support from CNMs generates better physical and psychological health (Uchino et al., 2012), and enhances an individual's coping ability (Thoits, 2011). Older persons also enjoy social contacts and personal support (Merz & Consedine, 2009; Yeung & Fung, 2007) from CNMs, especially in the African social networks. Importantly, social support served as an important component and coping mechanism for older persons.

Receiving social support from CNMs is rewarding and directly affects SWB (dos Anjos Brito et al., 2019). According to dos Anjos Brito et al. (2019), older persons in Brazil obtain protection from abuse due to close contact with family members and enjoy improved financial status which directly affects their well-being. Close contact also enhances communication between older persons and their families in Russia (Frolova & Malanina, 2016) which makes them happier and more satisfied with their lives. In Kenya, the detrimental effects of poverty and loneliness are sometimes obviated by the social support from CNMs (Nyambedha et al., 2003). In addition, Kenyan families play important roles in caring for and supporting older persons although these family support structures have weakened (Kenya National Commission on Human Rights (KNHR), 2009). The Akamba culture greatly values older persons and instills in its people a need to provide them with care (Muli, 2019). This is done through direct care or remittances from their children. Furthermore, older persons receive emotional support during difficult times such as bereavement which promotes well-being (Scholz et al., 2012). The outcome of rewarding relationships in these studies is improved SWB.

Receiving social support however, does not always elicit positive outcomes. Older persons incur costs receiving social support which arise from the inability to support themselves and affect their self-esteem (Dykstra, 2015). Among older adults in China, Xie et al. (2018) found that depression was positively linked with the assistance received from their children. The older person perceived the aid provided as an imprint of their loss of independence due to old age. Wang and Gruenewald (2019) argue that older persons assess their inputs in their relationships and over-benefited status can

make them feel guilt and shame. As a result, when this happens, they may feel as though they are useless and incapable of helping anyone, much alone themselves.

The state of indebtedness to CNM and feelings of inability to help themselves is a threat to older persons' independence which may lead to psychological distress (Merz et al., 2009; Thomas, 2010). Based on the findings of these research studies, receiving social support although considered self-enhancing in some studies is also harmful to SWB in others. The present study explored the effects of receiving social support on the well-being of older adults. However, there is a dearth of empirical research in Kitui County on the effects of receiving social support on the SWB of older persons which this study intended to contribute to.

2.5 Summary of the literature

The foregoing chapter reviewed literature on closeness and its effects on the social well-being of older persons. Closeness in a relationship encourages social exchanges which can elicit either feelings of satisfaction or dissatisfaction with life. The literature review demonstrated the use of different factors such as intimacy, agreement, independence, sexuality, etc. to assess the quality of social relationships. However, the use of multi-factorial and multi-dimensional aspects is compounded by challenges because the construct of relationship quality is not easily discernible and the criterion for selecting items is unclear. Studies suggest the use of a unidimensional measure for quality relationships using intimacy which relates to closeness. This study, therefore, assessed the closeness as a quality of the relationship between older persons and CNM to address the first objective of this study.

The reviewed literature on providing social support demonstrates its mixed effects on well-being. This implies that providing social support remains poorly understood and thus the need for further studies. This study made attempts at elucidating the effect of providing social support on the SWB of older persons using comparable measures of instrumental, emotional and information social support to address the second objective of this study. Studies reviewed bespeak mixed and inconsistent findings on the effects of receiving social support on SWB.

The findings on positive effects reveal that receiving social support generates self-enhancing feelings of being loved and cared for among older persons. However, other studies also demonstrate that receiving social support generate negative effects like a feeling of indebtedness, loss of independence, and distress which reduces the SWB of older persons. The current study assessed the effects of receiving social support on SWB using comparable measures of social support domains to address the third objective of this study.

Comparative studies on SWB demonstrate that the SWB of older persons is declining in sub-Saharan Africa and is a cause of serious concern and unhappiness. Unfortunately, the analysis of the well-being of older persons in low-middle-income countries is limited despite the growing and steadily increasing population of older persons. This study thus investigated the ways that older persons appraised as having contributory positive effects on their SWB during their exchanges with CNM. Through this study, suggestions, and recommendations are made on improving the SWB of older persons to address the fourth objective of this study.

2.6 Theoretical Framework

The study used the social exchange theory and the rational choice theory to explain how social support exchanges affect older people's social well-being.

2.6.1 Social exchange theory

This study was guided by the Social Exchange Theory (SET) which was formulated for analyzing the behaviors of social interactions. Social exchange is such a typical occurrence that permeates all aspect of our daily existence (Ahmad et al., 2022). SET was developed by George Homans and is used to study social behavior in human groups in their elementary forms (Homans, 1958). Cropanzano et al. (2017) defines SET as a person initiating contact with a recipient, the recipient responding with an attitude or behavior in return, and the connection that develops as a result. These scholars also asserted that the relationship that results from successful exchanges transforms from being merely an economic one to a social exchange relationship.

According to Redmond, (2015) social interactions frequently entail social exchanges where individuals are motivated to obtain a desired reward by giving up something valuable. In this case and throughout social transactions, people aim for returns so that benefits outweigh expenses. Those relationships that provide the most rewards are favorable as compared to those which entail greater costs than rewards received. The only guiding principle in this social exchange is that if you do someone a favor, they will return the favor in kind with an equal value.

Influenced by Homans, Blau placed the theory within the social context (Blau, 1964) and argued that social actors engage in activities to obtain desired goals. These activities

entail some costs and rewards and actors seek to keep costs lower than rewards (Blau, 1964). In Blau's opinion, interpersonal connections are the only thing that can truly provide social rewards and advantages (1964). Explaining rewards in SET, Blau (1964) suggested six types of social rewards in social interactions: personal attraction, social acceptance, social approval, instrumental services, respect/prestige and compliance/power which motivate people to continue relating with others. According to Blau, people are altruistic and anxious to help others as well as reciprocate the help they have received from others (Blau, 1964).

Conversely, a social loss occurs when the rewards are less than the costs and the interaction, is therefore, less likely to occur or continue (Andersen & Taylor, 2007). Blau (1964) suggested three types of costs in social exchanges. These include investments (e.g., time and efforts); direct costs (e.g., resources) and opportunities. For instance, spending time in a relationship implies missing out on doing something else which might potentially be more rewarding or profitable. According to SET, people will pay costs in relationships that equate to the rewards received.

Another premise of the SET is equity and distributive justice. Other than rewards, people also strive for fair trade, which benefits both parties because an oversupply of a valuable service provides the source more power (Blau,1964). It's important to note that equity is not always immediate in social exchange (Mitchell et al., 2012) especially in ongoing relationships since people can pay each other back later. Mitchell et al. (2012) observed that equity is also affected by the ability in the social exchange since it is difficult sometimes to ensure equity and even to expect equity. An assessment of equity,

therefore, is psychological rather than physical since in economic terms, it depends on each party's ability to recognize and alter their evaluation of costs and rewards.

However, the theory's assumption that people think rationally and make calculated decisions based on costs and rewards is simplistic since people just don't think or act rationally all the time (Stafford & Kuiper, 2021). In addition, the theory is criticized for its disregard for people who are selfless or altruistic and engage in actions that purely benefit others without expectations of present or future benefits to themselves (Stafford, & Kuiper, 2021).

The context of social exchange that was referred to in this study lies in the basic principle underlying the conception of exchange that people offer and obtain and expects in return to obtain more than they offered (Blau, 1964). Mitchell et al. (2012) argue for a less rigid focus on immediate rewards since close relationships are ongoing with people repaying each other at future times. However, since this study focused on receiving and providing support, it adopted a rigid focus on immediate rewards and costs despite continuation in the exchange process. The study focused on actual received and provided social support in the last twelve months which allowed for a more accurate assessment of the effects of providing and receiving social support on the SWB of older persons. In the application of SET in this study, SWB was the desired outcome which was measured by the satisfaction value that an older person placed on the social support provided or received. The application of the social exchange formula is presented using the model.

Equation 2.1: Blau, (1964) social exchange

Profit = Rewards – Costs

SWB= Social support provided+ Satisfaction appraisal of social support provided

The social well-being reported after the exchange can either be positive which is satisfaction with support or negative which is dissatisfaction with the social support. The potential for SWB to be realized by older persons providing and receiving social support was dependent on the effect the social supportive act generated in the older persons through their appraisal of it.

2.6.2 Rational Choice Theory

George Homans was a pioneer in the development of the rational choice theory (RCT) in sociology (1961). RCT has imbued the supposition of human behaviour in the social sciences (Burns & Roszkowska, 2016; Guest et al., 2006) by establishing a framework for comprehending how people behave in a society on the economic and social levels. The foundation of the rational choice theory is the idea that humans are rational entities with free will to choose a path of action. This is predicated on the conventional belief that individuals will seek to maximize their own benefits at the lowest possible cost (Abraham & Voss, 2004). RCT explicates decision-making situations where a person considers a number of options, allocates outcome to those options, ranks those outcomes in terms of relevance and value, and selects the best option from the set of available options. Similary, Elster, (1989) argued that when given a choice between

multiple options, people typically choose the one they think would result in the best overall result.

RCT elucidate human behaviour by demonstrating how they result from social actors' conscious or wilful pursuit of self-interest (Lovett, 2006). Individuals wilfully enter and end relationships after weighing in on the rewards that they derive from those relationships. For social relationships or action to be successful, the benefits must outweigh the costs. As rational beings, people will halt the behaviour or end the relationship when the reward's value falls below the cost incurred. This shows that people will seek to make the most of their gains by utilizing the resources at their disposal and do not base their decisions on irrational desires, cultural norms, or outside factors. These rationalizations based on the rewards presents a utility function of RCT, which represents preferences under the presumption that more is preferred to less. It makes the supposition that decision-making occurs in a static, non-dynamic context. Yet, consideration for a dynamic environment while decisions and behaviors are being made enables individuals to both prepare for the future and make decisions presently. The fundamental rational choice model makes the assumption that all outcomes are known for sure (Green, 2002).

According to Abraham and Voss, (2004) RCT can be used to explain how people behave and how their actions have an impact on society as goal-directed behaviour that complies with certain rationality standards. The theory seeks to comprehend and frequently simulate both individual and group behaviour by focusing first on the individual rather than observing groups, social settings, or multiple people interacting

because it is the individual who take actions. This portrays the individualism aspect of RCT where the individual is the main actor whose main concern is the self.

RCT has been critiqued for its emphasis on the individual decision-maker as distinct from society. This criticism stems from the way it views people as calculating logically to further their own self-interests without consideration of social and cultural constraints. It portrays people as being cut off from other facets of society (Burns & Roszkowska, 2016). Although people primarily care about themselves, they also interact with their communities on a regular basis. The expectations that society has on people can also affect how satisfied they are when they get their way. People operate in a way that maximizes social rewards while also taking into account the negative social and cultural effects of individualism. The theory is also criticised for its view of people as one lacking in moral orientation. Burns & Roszkowska (2016) argues that individuals have moral convictions that influence their decisions and actions. People naturally want justice and fairness because they have ethical duties to others, to aid those in need or to anticipate their assistance when they are in need.

In the application of RCT, an aspect that is of importance to this study was assessment of costs and benefits in determining the right choice for older persons. Rational decision-making comprises of selecting the option that is most desirable out of all those that are offered (Burns & Roszkowska 2016). These alternatives whose potential outcomes relate to what a person really cares about, are merely tools for achieving a specific goal. Social interaction is making choices according to RCT since the actions taken in social interactions vary in their costs and benefits. People have self-centered

interest and act by weighing costs and benefits to arrive at a decision that optimizes benefits. In order to show how older persons are motivated to provide or receive social support RCT theory help explain expectations that they in return have based on their evaluations of that support.

2.7 Conceptual Framework

Independent Variables

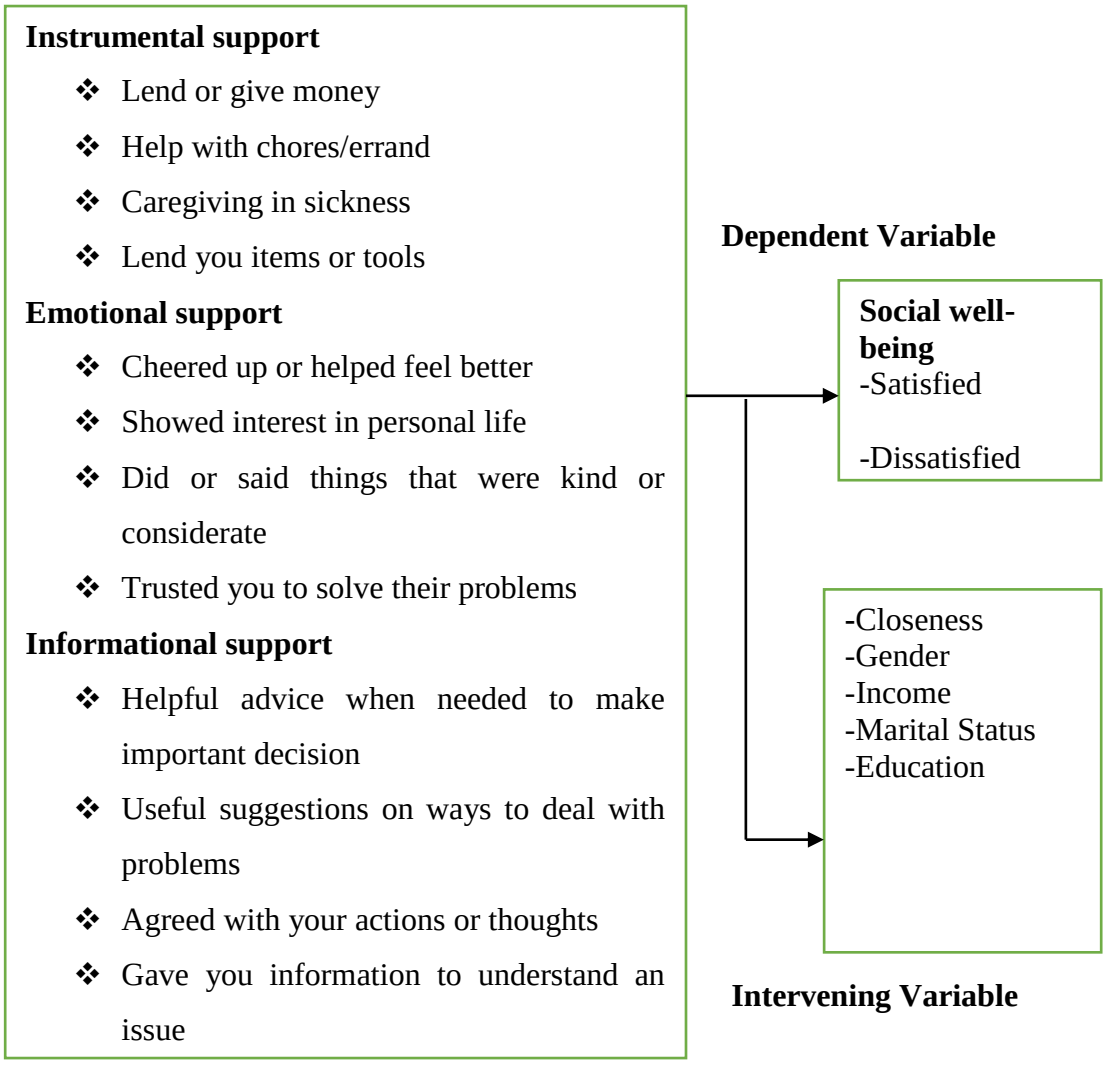

Figure 2.1: Conceptual Framework

The conceptual framework which was applied in this study as presented in Figure 2.1 is based on the theory and concepts discussed in the preceding sections of the literature review. The conceptual framework depicts the relationships among the study variables that are crucial to comprehending the dynamics of social well-being.

According to Creswell, (2014) independent variables are variables that can probably affect the outcome being observed. The independent variables in this study were social support provided and social support received in three domains (instrumental, emotional and informational support) which are frequently cited in the literature (Newsom et al., 2005). Newsom et al. (2005) encapsulated the three domains of social support and emphasized the relevance of positive and negative instrumental, emotional, and information exchange components, all of which are included in the literature on social support.

The operationalization of this framework explicitly distinguishes between the everyday transactions that providers and recipients of social support engage in. Instrumental, emotional and informational social support define specific functional aspects of social support between providers and recipients that are likely to influence the social well-being of older persons both directly and indirectly through their effects on intervening variables. The assumption is that because of providing and receiving social support in the three domains, social well-being is enhanced or diminished with respect to the social support.

The intervening variables represents closeness and some sociodemographic characteristics that can influence social support exchanges. The assumption is that when these variables are present, they can influence whether social support provided or received will produce favourable or unfavourable effects on SWB. The intervening variable was necessary as it allowed for the relationship between the independent and dependent variables to be explained better.

A dependent variable is a variable that reflects the changes arising from the introduction of an independent variable (Kumar, 2011). In this study, SWB was the dependent variable and represents the outcome of providing and receiving social support. The assumption is that SWB is influenced by instrumental, emotional and information social support provided and received in social relationships. This assumption is premised on the thinking that an older person's action to engage in social support exchanges can serve beneficial or detrimental purposes on SWB. Social exchange theorists see people's actions as involving costs and rewards and they pursue the actions that may enhance those rewards. The conceptual framework, therefore, indicated the interplay between provided and received social support in the domains of instrumental, emotional and information social support and social well-being.

2.8 Chapter Summary

This chapter has presented a review of pertinent literature, the theoretical framework, and the conceptual underpinnings of this study. The review examined the situation of social support at the global, regional, and local level as well as how it affects social well-being. The current situation demonstrates that social support analysis is a worldwide issue, but that developing countries have not adequately documented its effect on social well-being. The positive and negative effects associated with social support provided and received have been presented. The chapter also explored how the closeness, an aspect of quality social relationship mediates the effect generated when social support is provided and received. This section has also covered the theories that underlie this inquiry. Chapter 3 details the research approach.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1. Introduction

This chapter presents and discusses the methods that were utilized in this study. This comprises of the research design, site of the study, study population, sampling techniques and sample size, research instruments, pilot study, validity and reliability, data collection procedure, data analysis and data management and the ethical and logistical issues and how they were addressed.

3.2 Research design

The approach that guided this study was mixed methods research. Mixed methods research entails gathering both quantitative and qualitative data, combining the two types of data, for a more comprehensive understanding of the research problem than either of the strategies alone (Creswell, 2014). The mixed-methods approach applies the philosophical assumption of pragmatism (Tashakkori & Teddlie, 2008). Pragmatism is not committed to any one philosophy or reality system (Creswell, 2014) when investigating the study problem. The paradigm makes extensive use of both quantitative and qualitative assumptions. In this case, therefore, the synthesis of positivist (i.e., quantitative) and interpretive (i.e., qualitative) paradigms empirically answer the research questions while also providing a deeper knowledge of the multiple-constructed realities that abound in the relationship between older persons and their CNMs.

The study utilized convergent-parallel mixed methods research design. A research design is a strategy used by a researcher before data collection begins to attain the research goal in a reliable manner (Asenahabi, 2019). In convergent-parallel design, the

researcher collects both quantitative and qualitative data at around the same time and combines the information during the interpretation of results to provide comprehensive scrutiny of the research problem (Creswell, 2014; Edmonds & Kennedy, 2017). This allows for inconsistencies or incongruent findings to be explained or investigated further (Creswell, 2014). In this study, quantitative data were used to establish the effects of social support provided and received on the social well-being of older persons. Qualitative data on the other hand provided in-depth and detailed account of the subjective views from open-ended questions in the primary interview schedule, focus group discussion participants, and key informant interviews to complement quantitative data.

3.3 Location and site description

The study was conducted in Kitui County, Kenya. Kitui County covers an area of 30,496 square kilometers (sq. km.) and is situated between latitudes 0°10 South and 3°0 South and longitudes 37°50 East and 39°0 East. Kitui County borders Machakos and Makueni counties to the west, Tana River County to the east and southeast, Taita Taveta County to the south, Embu to the north-west, and Tharaka-Nithi and Meru counties to the north (County Government of Kitui (CGK), 2018). It is an agricultural zone, where the main economic activity is farming. Although the land is arable, it has an arid and semi-arid climate and unreliable rainfall distribution (CGK, 2018).

Kitui County was purposively selected for this study for the following reasons. First, according to the Kenya Integrated Household Budget Survey (KIHBS) (KNBS, 2018), Kitui County had the highest share of cash transfers received within Kenya in the

expenditure category of health at 31.3M followed by Nyeri at 24.9 and thirdly by Narok county at 22.7M (KNBS, 2018). Social well-being is a component of health and therefore the cash transfers received were in one way or the other associated with social well-being experienced by households in the County.

Secondly, Kitui county was among the top three counties in Kenya with the highest **p**roportion of households receiving transfers from government programs in the expenditure category of food at 65.0 million shillings after Mandera at 71.2M and Siaya at 89. 3M. Transfers are sources of unearned income that the household receives in the form of money or goods, and they increase household income through boosting its welfare (Mwangi, 2018). Among the lower Eastern Counties of Kenya, Kitui County had the highest proportion of households receiving food as compared to Machakos (35.6M) Makueni (0.0), Tharaka-nithi (33.2M), Embu (16.2M), Meru (18.2), Marsabit (12.4M), Isiolo (48.1). This demonstrate that Kitui County had a greater need as determined by government to warrant such level of support for food which is an important instrumental social support that can affect social well-being.

Thirdly, KIHBS also showed that Kitui County was among the top 7 counties nationally in the proportion of households giving-out support/gifts in the expenditure of cash to others (KNBS, 2018). In lower eastern Kenya, Kitui county had the highest proportion of households giving out cash (96.7M) as compared to the other Counties in the region. In addition, it was also among the top three counties nationally giving out support in terms of food at 85.4M, Tharaka nithi at 85.8M and Kisumu leading at 86.7M. In the

Ukambani region, Kitui County had the highest proportion of households giving out food as compared to Machakos at 40.6M and Makueni at 65.0M (KNBS, 2018)

Finally, with regard to the old age dependency ratio, Kitui County was among the top four Counties with the highest old age dependency ratio at 12.6% after Nyeri (13.1%), Vihiga (13.8%) and Muranga (14.7%). This means that the population of older persons who were dependent on those in the labour force was relatively high. Specifically, within the Eastern Kenya region, Kitui was the highest in old age dependency ratio as compared to Makueni (8.9%) and Machakos (8.5%) (KNBS, 2018). This means that they would be receiving social support from CNM more than in other Eastern Kenya regions which is a strong predictor of social well-being.

3.4 Target Population

This study targeted the older persons in Kitui County. The Kenyan government has adopted the age of older persons as 60 years as outlined in Chapter 17, Article 57 and 260 of the Constitution of Kenya (The Republic of Kenya, 2010) in conformity to the generally agreed age by key UN agencies and African Union definitions (Olum, 2003; World Health Organization, 2002). Based on the 2019 Kenya Population and Housing Census, Kitui County had a total population of 96,771 persons aged 60 years and older comprising 41,498 males (42.9%) and 55,273 females (57.1%) (KNBS, 2019).

The target population included in the study was drawn from four sub-counties namely: Mutomo, Mwingi Central, Kitui Central and Migwani. These sub-counties were purposively selected because they present a mix of rural and semi-urban populations and lie in different agro-ecological zones (Upper-midland 3-4 and lower-midland 5) as

demonstrated by Kitui County Statistical Abstract (2016) cited in the County Integrated Development Plan for Kitui (CGK, 2018). From Census data, KNBS (2019) the total population of older persons in the four sub-counties was 32,839 from where the study sample was drawn. Since the Kenyan constitution recognized older persons as those aged 60 years and older, two age clusters as provided by the KNBS (2019) were merged to provide a new grouping of 10 years in width. This was done to reduce the study's clusters from nine to five, as this corresponds to the age ranges for specific social security programs (d'Albis, & Collard, 2013).

3.5 Sampling Techniques

3.5.1 Sample size determination

The sample size was determined using Yamane (1967) formula at a 95% confidence level and *p*= .05. Using this equation, we obtained the sample for the study:

Equation 2.2: Yamane (1967) Formula

$$n = \frac{N}{1+N(e)^2} = \frac{32,839}{1+ 32,839(.05)^2} = 395 \text{ older persons}$$

Where:

n = the sample size,

N= is the population size,

E= the level of precision.

To calculate the sample size, the researcher is required to know the population size, either exact or estimated. The population size of older persons in the four sub-counties was 32,839 to generate a sample size of 395 respondents.

3.5.2 Sampling design

A sampling design indicates how cases will be selected for observation (Teeroovengadum & Nunkoo, 2018). Probability sampling offers each element in the population an equal chance to be selected in the sample and was utilized in this study (Kumar, 2011). The probability sampling method used in this study was multi-stage cluster sampling. Cluster sampling is ideal for geographically diverse populations which would be impractical and too expensive to survey randomly (Babbie, 2011; Sedgwick, 2015). This was the case in the sampled sub-counties. This sampling method was considered appropriate for this study because it was easier to compile the sample frames of older persons in the selected sub-locations (Babbie, 2011). The sample size for each sub-county was determined proportionately to size as presented in table 3.1

Table 3.1 Sample of older persons proportionate to size per sub-county

Sub-county	Population of older persons	Sample weight (percentage)	Sample size
Kitui Central	7,967	24.3	96
Mutomo	9,521	28.9	114
Migwani	7,332	22.4	88
Mwingi Central	8,019	24.4	97
Total	**32,839**	**100.0**	**395**

Clustering was done in multiple stages with the selection of administrative locations in the sampled sub-counties being the Primary Sampling Units (PSUs), the sub-locations as Secondary Sampling Units (SSUs) inside the selected locations, and older persons as Tertiary Sampling Units (TSUs) inside the selected sub-locations as shown in Annex 1.

The locations and sub-locations present the clusters from which the target population was drawn. Simple random sampling was used to select the locations and sub-locations because it provides every subset under investigation an equal chance of being selected to participate in a study (Babbie, 2011; Kumar, 2011).

In the first stage, 3 locations were selected at random in each sub-county. In the second stage, two sub-locations in each selected location were identified at random. In the third stage, the target population of older persons in the selected sub-location was determined and a sample of older persons in that sub-location was derived as below in a manner proportionate to the size for each sub-location.

$$\frac{\text{Target population in a sub-location}}{\text{Total population of older persons in the sampled sub-locations per sub-county}} \times \text{Sample size per sub-county}$$

To select a random sample of older persons for the study, a list of their names was entered into an Excel spreadsheet. Then, using Excel's RAND [] function, random numbers for each older person were generated. These random numbers were sorted in increasing order of each corresponding random number to select the older persons on the sorted list for the study.

To ensure gender representation, the population of older persons in each sub-location was stratified by gender. This was deliberately done by picking at random female and male names proportionate to the sample size for each gender that the excel RAND function generated. This allowed the study to involve a proportionate number of men and women in each cluster to derive adequate information based on the population size as shown in Annex 2.

Table 3.2: Sample size per sub-location proportionate to number of older persons in each sub-county

Sub-county	Sample Size	Sampled Location	Sampled Sub-location	Population of older persons	Sample size per sub-location
Kitui Central	96	Township	Majengo	376	22
			Kalundu	386	23
		Tungutu	Unyaa	267	16
			Mbusyani	203	12
		Miambani	Mutula	203	12
			Vinda	192	11
		Kitui Central Sub-Total		**1627**	**96**
Mutomo	114	Kibwea	Kibwea	360	22
			Kawelu	371	22
		Mutomo	Kamwala	340	20
			Kitoo	278	17
		Ndakani	Ndakani	305	18
			Isaa	246	15
		Mutomo Sub-Total		**1900**	**114**
Migwani	88	Migwani	Kyambogo	274	17
			Migwani	329	20
		Kyome	Ndaluni	196	12
			Kyome	247	15
		Nzauni	Nzauni	187	11
			Kikini	204	13
		Migwani Sub-Total		**1437**	**88**
Mwingi Central	97	Mwingi	Ithumbi	326	20
			Kyanika	312	19
		Mwambui	Mwambui	221	13
			Ikuusya	199	12
		Mumbuni	Mumbuni	247	15
			Kilulu	288	18
		Mwingi Central Sub-Total		**1593**	**97**
				Total	**395**

Source: Area administrative chiefs and Sub-chiefs

3.6 Research Instruments

This study utilized mixed methods to explore the effects of providing and receiving social support on the SWB of older persons using different tools as discussed.

3.6.1 Qualitative data collection instruments

Qualitative data was collected mainly through key informant interviews (KIIs) and focus group discussions (FGDs). A KIIs guide (Appendix 3) was used to collect data from eleven (11) purposively selected key informants (KIs) who included local government officers (two chiefs per sub-county), a religious leader, the county social development officer and the county commissioner. Data saturation is found to occur within the first 12 interviews, with 92% of codes being identified (Guest et al., 2006) despite the fact that other studies propose 4-6 key informant interviews (Kostadinov et al., 2015; Stanley, 2014) and therefore, 11 key informants were sufficient for this study.

These key informants were selected because they provide a diverse range of opinions and points of view pertinent to the study. According to Yazdani et al. (2018) key informant interviews provide an external perspective and tend to be more objective because of their indirect attachment to the problem under investigation. In addition, they were deemed necessary and adequate since they are useful for capturing perceptions (Twongyirwe et al., 2018).

An FGD guide was utilized to collect data from four FGDs comprising older male and female respondents. FGDs allow the group and the researcher to discuss their views, ideas, and perceptions about a topic in a free and open environment (Kumar, 2011). One FGD was conducted in each sub-county with 8 participants in each because they are

considered an optimal number (Kumar, 2011). The procedure used to conduct the data is discussed below.

3.6.2 Quantitative data collection instruments

An interview schedule was utilized to collect data and was administered to the 395 older persons in the sampled sub-locations in Mutomo, Mwingi Central, Kitui Central and Migwani sub-counties on a face-to-face basis (Appendix 2). According to Kumar, (2011) an interview schedule comprises of questions, either open-ended or closed, prepared for use by an interviewer during a face-to-face conversation. A Structured interview schedule was an appropriate data collection tool for this study because it gave standard information, ensuring that data could be compared.

3.7 Variables

3.7.1 Independent Variables

According to Sarason and Sarason (1985), the instrument's ability to deliver the data required to address the stated question matters most. Social support is measured using functional measures which evaluate how well relationships meet specific functional needs, including, instrumental, emotional and informational support (Saracino et al., 2015). In this case, provided and received social support in the instrumental, emotional and information domains were the independent variables examined in this study. The study examined whether the respondents provided social support to their CNMs and whether they had received similar social support from their CNMs. The distribution of support provision and receipt in the three domains of social support was investigated. A total of 24 questions were used to assess these items of independent variables. Social

support was assessed with a question that began with the statement “In the last twelve (12) months, did you provide/receive ….? “The response categories were: Yes [1] No [2].

3.7.2 Dependent variables

Social well-being was the dependent variable investigated and was assessed using the Single Item Life Satisfaction Measure (SILSM) which is well established and validated in literature (Castellá Sarriera et al., 2015). The SILSM is an ordinal scale widely and popularly used to measure satisfaction with social support using five statements which are; extremely dissatisfied, dissatisfied, neutral, satisfied, and extremely satisfied. The single-item measure was considered adequate for this study even though some studies argue that it is not adequate (Benjamin et al., 2014). However, upon comparing it with other measures using multi-item scales and inventories, scholars (e.g. Fernández-Portero et al., 2017; Cheung & Lucas, 2014) found that the single-item measure produces similar results. It was therefore considered appropriate for this study.

The appraisals were rated with a satisfaction question “How satisfied are you with the social support you provided or received”? The responses were: Extremely dissatisfied [1] Dissatisfied [2] Neutral [3] Satisfied [4] Extremely satisfied [5].

3.8 Pilot Study

A pilot study was conducted to pre-test the research tools before the commencement of data collection.

“Pre-testing a research instrument entails a critical examination of the understanding of each question and its meaning as understood by a respondent” (Kumar, 2011, p. 158).

The pre-test was conducted in Kyua location in Machakos County and borders Kitui County. The location was purposively selected for piloting the study instruments since it has similar characteristics (e.g., semi-arid climate, subsistence farming, language and culture, etc.) with the sampled sub-counties for the main study. This aided in identifying problems and weaknesses that the actual sample of respondents would have had in understanding or interpreting the questions, which helped in improving the research instruments.

The interview schedule was pre-tested with thirty (30) older persons which is recommended as a default sample size (Perneger et al., 2015) and a post-test was conducted 3 weeks later. The test–retest reliability was reasonably measured by the correlation coefficient between the two scores, which was 0.718. Following the pre-test, the questions were regrouped to allow similar domain questions to be asked sequentially thus eliminating redundant and repetitive questions. In addition, certain questions that were not very clear to the respondents were re-worded and rewritten. This was done to guarantee that the data was authentic and reliable. The test of reliability using split-half correlation was .84 which was considered acceptable.

3.9 Validity and Reliability

To ensure internal consistency, pilot study results were examined for reliability through the split-half correlation (Kumar, 2011) using Cronbach's Alpha statistical test which is considered appropriate to measure internal consistency (van Griethuijsen et al., 2015). A split-half correlation of +.80 percent or greater was considered good internal consistency (Mohajan, 2017) although the reliability of *+.70* and above is also

considered desirable. The Spearman-Brown coefficient associated with the items was +.84 which was acceptable.

The overall reliability for items of the study objectives was both good and desirable as presented in Table 3.3.

Table 3.1: Reliability of research tools

Number of Items studied	**Cronbach's Alpha**	**Conclusion**
Closeness	0.77	Accepted
Social support (provided/received)	0.82	Accepted
Social well-being	0.71	Accepted

Validity ensures that questions asked in a study represent what they are meant to measure (Babbie, 2011; Hatala & Cook, 2019; Kumar, 2011). In this study, content validity of social well-being was assured through an incorporation of both objective and subjective indicators which are prerequisites for measuring social well-being. Social support dimensions addressed the objective indicators while the life satisfaction single item measure addressed subjective indicators. The validity of closeness which is a subjective judgement of quality relationships was assured by ensuring that it measures the underlying construct of embeddedness in a social relationship (Kok & Fredrickson, 2014).

Unlike other constructs of quality social relationship like agreement, independence, and sexuality (Hassebrauck & Fehr, 2002), closeness is deemed sufficient and more important when measuring relationship quality (Hassebrauck & Fehr, 2002). It overcomes challenges arising from the criteria for item selection and difficulties in

distinguishing quality relationships from other constructs (Hassebrauck & Fehr, 2002**)**. In this case, the validity of the variables used in the study was adequately determined and validated in existing literature.

3.10 Data Collection Procedure

The entry point to the four sub-counties was the location, which was filtered down to sub-location and household levels. Through the area administrative chiefs, assistant chiefs, and village elders who are the individual in touch with the households in the area of their jurisdiction, the elderly aged 60 years and above sampled for the study were easily identified. The village managers, therefore, lead the researcher to the households sampled with elderly people aged 60 years and above. Face-to-face interviews were then conducted until the number of elderly individuals for that particular sub-county was fulfilled. Once identified, the participants were informed about the study, and consent to participate was obtained from them.

Four FGDs comprising male and female older persons were conducted in the four sub-counties with 8 participants in each. Using the FGD guide, the researcher moderated the discussions as the research assistants took field notes to complement the gaps in quantitative data. KIs' interviews were guided by an unstructured KII guide to obtain expert opinion and perceptive information on the issues under investigation. Eleven (11) KIIs were included in the study.

3.11 Data Analyses

According to Sharma (2018), "Data analysis converts data into factual information and knowledge and explores the relationship between variables" (p. 4). This study generated

both qualitative and quantitative data which was synthesized into information and knowledge. The raw data from the interview schedule, FGDs and KII was cleaned by editing to minimize as much as possible inconsistencies, errors, misclassifications and omissions in the research instrument (Kumar, 2011).

Thematic analysis was employed to qualitative data obtained from FGDs and KIIs. This data was later triangulated with the interview schedule responses. The FGD transcripts and KII responses were transcribed and entered into a password-protected Microsoft Excel 2016 spreadsheet, with each statement open coded by theme area. The information was then analyzed to assign theme areas. Each cell was examined and assigned to a theme area, after which it was given a colour code. The data was then sorted in ascending order based on the colour code assigned to each theme. This brought together data from similar themes which facilitated further analysis. The sorted data was copied to another worksheet to retain the original worksheet. The new worksheet made further attempts at refining the data and grouping them into common themes. This step was repeated until the data was refined into the specific theme areas for reporting. The fourth objective was analyzed using an inductive approach since the thematic areas were not pre-determined. This led to the identification of ten thematic areas which were placed in independent spreadsheets.

The cleaned quantitative data was coded at different levels of measurement (David & Sutton, 2011) entered and analyzed using SPSS software Version 21. Archer (2018) states that "coding provides a means of purposefully managing, locating, identifying, sifting, sorting and querying data" (p. 7). Descriptive statistics were summarized into

frequencies, and percentages and tabulated to meaningfully describe the characteristics of the study sample.

The Chi-square test ($\chi 2$) of independence was used in this study because data were only obtained using a single sample, allowing only the relationship between the variables to be interpreted (Franke et al., 2012). Due to the categorical nature of the variables under consideration, chi-square analysis proved to be the most effective method for determining if the variables are independent. The statistical significance of the relationships between the social well-being of older people in Kitui County, Kenya, and closeness, providing social support, and social support received were assessed. Chi-square test ($\chi 2$) was a suitable statistical test for this study given that it does not need homoscedasticity or equality of variances in the data (McHugh, 2013). As a result, Chi-square provided a wealth of detail and substantial information to help interpret the findings. The results were reported at a 95% confidence interval (CI) and a *p*-value of <.05.

The Chi-square was calculated using the formula:

Equation 3.1: Chi-square ($\chi 2$)

$\chi_c^2 = \Sigma(O-E)^2 / E$

where;

χ^2 = Chi-square
Σ =summation
O= observed sample in each category
E=expected frequencies
C- degree of freedom

3.12 Ethical and Logistical Considerations

At all times during the study, the privacy of the participants was upheld. Informed consent was obtained and respondents had the freedom to participate or not participate in the study or withdraw at any point (David & Sutton, 2011; Dickert et al., 2017). The principle of confidentiality and privacy of information given by the participants was assured. The researcher was sensitive and ensured that the exercise was neither detrimental nor harmful to the psychological, social and physical well-being of respondents by building trust at the onset of data collection. The study ensured that raw and computer data were stored in a secure setting without access by unauthorized persons. After all the raw data had been processed into computer data, the interview schedule were destroyed and the computer data was password protected in a folder.

The approval to conduct the study was granted by Kenyatta University Graduate School and permitted by Kenyatta University Ethical Review Committee (KU-ERC) approval number PKU/2235/11379 (Appendix 6). The National Commission for Science, Technology, and Innovation (NACOSTI) authorized the study to be conducted [Permit number NACOSTI/P/21/11012 (Appendix 7)]. Further, permission was granted by the Office of the Kitui County Commissioner (Appendix 8) and the Ministry of Education, Science and Technology (Appendix 9), and the office of the County Secretary (Appendix 10).

3.13 Chapter Summary

This chapter provides a detailed explanation of the methods and approaches used in the study. It describes the techniques for gathering data, including quantitative (key

interview schedule) and qualitative (KII-key informant interviews and FGD's) approaches. It also describes the variables that were tested (dependent and independent variables), the data types (primary and secondary data), and the techniques used for data analysis (chi-square test and thematic analysis). Chapter four that follows presents the results and interpretations of the research findings.

CHAPTER FOUR: PRESENTATION, ANALYSIS AND INTERPRETATION OF DATA

4.1 Introduction

The results and interpretations are presented in this chapter based on the data analyzed. There are five sections in this chapter. The first section focuses on the socio-demographic characteristics of the study participants. The presentation of the other four sections is based on the four study objectives which focused on: (1) the closeness between older persons and CNMs and its effects on older person's social well-being in Kitui County, Kenya; (2) the social support provided by older persons to CNMs, and its effects on their social well-being; (3) the social support received by older persons from CNMs and its effect on their well-being; (4) as well as alternative strategies of enhancing the quality of older people's social well-being in Kenya's Kitui County.

4.2 The Respondents' socioeconomic and demographic profile

The social and demographic variables discussed include gender, age, marital status, level of education, religious affiliation, sources of livelihood, and average household monthly income.

4.2.1 Gender of the respondents

Table 4.1 shows the distribution of respondents by gender. Gender gives information about research participants and is required for determining whether the study participants are a representative sample of the target community for purposes of generalization (Salkind, 2010).

Table 4.1 Distribution of respondents by gender

Gender	Number of Respondents	Percent
Male	162	**40.9**
Female	234	**59.1**
Total	**396**	**100.0**

A total of 396 participants were interviewed for this study. The respondents comprised both men and women. Women were, however, the majority when compared to men, at 59.1% and 40.9% respectively. The observation that the number of women was higher than that of men in the four sub-counties is representative; in line with the 2019 Population and Housing Census which showed that majority of persons 60 years and older in Kitui County were women (KNBS, 2019). This could be explained by the fact that there are reported higher mortality rates among men than women throughout the life course (Crimmins et al., 2019) and longer life expectancies for women (Baum et al., 2021). The older women were also past their childbearing age when many women are likely to die during pregnancy and as a result of complications during childbirth (WHO, 2019) Furthermore, according to a study by Moura et al. (2015), men are more vulnerable to external causes such as aggressions and traffic accidents and have a higher chance of death than women. In addition, gender disparity in longevity is still evident even during the ongoing coronavirus disease 2019 (COVID-19) epidemic, which raised mortality among men disproportionately (Hossin, 2021).

4.2.2 Age of the respondents

Age is a significant factor to consider because people have different values, views, and attitudes depending on age (Weiss & Zhang, 2020). The following four age groups

were adopted by the researcher: 60-69 years; 70-79 years; 80-89 years; 90-99 years; and 100 years and older. Since the Kenyan constitution recognized older persons as those aged 60 years and older, two age group categories as provided by the KNBS (2019) were merged to provide a new grouping of 10 years in width. This was done to reduce the proposed categories from nine to five for ease of analysis, and also because it corresponds to the age ranges for specific social security programs (d'Albis & Collard, 2013) like older person cash transfer which starts at 70 years.

Table 4.2 Age of the respondents

Age of the respondents	Number of Respondents	Percent
60 – 69	200	50.5
70 – 79	110	27.8
80 – 89	63	15.9
90 – 99	17	4.3
100+	6	1.5
Total	**396**	**100.0**

As shown in Table 4.2, the bulk of older people (50.5%) was between the ages of 60 and 69, followed by between the ages of 70 and 79 who were 110 (27.8%). There were 63 older persons aged 80-89 years (15.9%), 17 aged 90-99 years (4.3%), and 6 aged 100 years or more (1.5%). (Table 4.2). Categories of old age are in three age bands with the ages of 65 and 74 years as young-old, those between ages 75 and 84 years as old-old, and those aged over 85 years as oldest-old (Alterovitz & Mendelsohn, 2013; Garcia, 2020; Lee et al., 2018). Based on these standardized categories, older persons between 60-64.9 years are not separately included in the analysis. However, to cater for the adopted age of older persons outlined in Chapter 17, Article 57 and 260 of the Kenyan 2010 constitution, 60 years to 74 were considered as the young old.

Thus, according to the research findings, the majority were in the young-old, followed by old-old and the oldest-old. This also reveals that as chronological age increases, so does the mortality of the aged (Muli, 2019) thus accounting for fewer numbers in the higher age categories of 90 - 99 years and 100 years and above. Similarly in a study of older persons in the United States, the majority of the older persons were the youngest-old, followed by the middle-old, with the oldest-old being the minority (Roberts et al., 2018)

4.2.3 Respondent's marital status

Table 4.3 shows the marital status of the respondents. Marital status is an important variable as it's associated with quality of life (Han et al., 2014).

Table 4.3 Respondent's marital status

Marital status of respondents	Number of Respondents	Percent
Single	13	3.3
Married	228	57.6
Divorced	3	.8
Separated	9	2.3
Widowed	143	36.1
Total	**396**	**100.0**

Table 4.3 reveals that the majority of the respondents 228 (57.6%) were married, 36.1% were widowed, 3.3% had never married, 2.3% were separated and 0.8% were divorced. The findings that the majority of older persons in Kitui county are married is because, among the *Akamba* community, marriage is a lifelong union (Muli, 2019). The category of the respondents that follows closely is that of the widowed because of the effect of mortality with the increase in chronological age (X. Cheng et al., 2020)**.** In any given

year, older persons disproportionately represent a large percentage of those who become widowed (Gilligan et al., 2021). This is particularly common among older women compared to older men due to differences in life expectancies. On average, women live longer than men thus explaining the patterns of gender differences in widowhood.

4.2.4 Level of education of respondents

The level of education demonstrates the literacy level of the study population. Education has always influenced many aspects of societal ideas and trends.

Table 4.4 Level of education

Education level	Number of Respondents	Percent	Male	Percent	Female	Percent
No-formal Education	142	35.9	24	16.9	118	83.1
Primary	165	41.7	81	49.1	84	50.9
Secondary	74	18.7	44	59.5	30	40.5
Tertiary	15	3.8	13	86.7	2	13.3
Total	**396**	**100.0**				

Table 4.4 shows that majority of the respondents had attained primary level education (41.7%), followed by those with no formal education (35.9%), a secondary level of education came third at 18.7 % while the tertiary level of education had the lowest number at 3.8%.

Table 4.5: Cross-tabulation of level of education by gender

Education level	Male	Percent	Female	Percent
No-formal Education	24	16.9	118	83.1
Primary	81	49.1	84	50.9
Secondary	44	59.5	30	40.5
Tertiary	13	86.7	2	13.3
Total				

When the educational attainment of older persons in selected sub-counties of Kitui County was cross-tabulated by gender, it was discovered that the majority of those with no formal education were females (118) (83.1%) compared to (16.9%) males. There were more females with primary level education (50.9) compared to males (49.1%). The majority of the males (59.5%) had a secondary education compared to 40.5% of females. Higher education was disproportionate, with 86.7% males and 13.3% females. These results resonate with the KNBS (2019) data that indicated that the population of males without formal education was also lower (14.9%) compared to females (17.6%). The percentage difference between the KNBS (2019) and the results of the study may be because the population data accounted for the entire population and not just a segment of older persons. However, the findings still communicate that, women generally have low levels of educational attainment than men.

The finding in this study which indicates that the majority of the men are more educated than females is consistent with previous studies which indicate that about 83% of women worldwide are literate, compared to 90% of men (Graetz et al., 2018). Similarly, in sub-Saharan Africa, a low level of education is reported for women, where there are

76 literate women for every 100 adult literate men (Atilola, 2015; Beegle et al., 2016). In addition, adult women still have less education than men in more than two-thirds of the world's countries (Evans et al., 2020). The difference in educational attainment beyond the primary level of education could also be attributed to the role women play in the family's unpaid labour which would mean their absence from school (World Bank, 2020).

4.2.5 Religious Affiliation

The religious affiliation of the older persons who took part in the study was examined. Table 4.6 presents a summary of the responses.

Table 4.6 Distribution of respondents by religious affiliation

Religion	Number of Respondents	Percent
Christian	394	99.5
Muslim	2	0.5
Total	**396**	**100.0**

The religious affiliations of older persons varied, according to the findings shown in Table 4.6. The bulk of older persons, 394 (99.5%), were Christians, with only 2 (0.5%) being Muslims in the study area. The unanimity in religious affiliation as per the findings of the study is in tandem with what Kaleli, (1985) posited that the Akamba were very religious and practice Christianity. Christianity having been introduced to Kitui County by missionaries from Kilungu in the early 1930s (De Jong, 2013) contributed to its predominance in the area

4.2.6 Sources of livelihood

Sources of livelihood are as shown in Table 4.7 for the sample of the older persons in the study, ranked from the highest to least.

Table 4.7 Source of livelihood of the respondents

Source of livelihood of the respondents	Number of Respondents	Percent
Farming	284	57.8%
Older Persons Cash transfers	94	19.1%
Pension	31	6.3%
Business	31	6.3%
Casual Labour	25	5.1%
Support by children and other kins	18	3.7%
Employment	8	1.6%
Total	**491**	**100.0%**

The data revealed that the majority (57.8%) of the respondents obtained their livelihood from subsistence farming, 19.1% from OPCT, and 6.3% from small-scale businesses and pensions. Casual labour 5.1%, support from adult children at 3.7%, and last employment at 1.6% also accounted for additional sources of livelihood. The results of the multiple responses question demonstrate that farming was the predominant source of livelihood for older persons in the area. The nature of the farming practiced here is largely subsistence and therefore must be supplemented by other sources of livelihood because it's rain-fed and thus insufficient. This concurs well with Branlard et al. (2018) whose study findings showed that farming remains an integral part of older farmers' lives in rural Kenya with a slight majority being career farmers without other jobs.

OPCT was identified as a source of livelihood for older persons with 19.1% of the respondents depending on it as a source of livelihood. According to Kubai (2020), cash transfer has a positive impact on livelihood strategies and boosts the beneficiaries' sense of well-being and dignity. Even though the program strengthens poor households' capability and ensures that families get their basic requirements, there is an increased dependency on the funds to the extent that some older persons do not engage in any other form of economic or profitable activities (Kubai, 2021).

The pension was also identified as a source of livelihood by 6.3% of the respondents. Pensions offer income support to workers who have left employment through retirement. It is evident from the data that few older persons depend on pensions as a source of livelihood which is in line with the findings by Ouma (2012), who averred that few people in developing nations have access to pension benefits, forcing them to rely on other, often precarious sources of income such as casual labour or petty trade. In a study of older persons involved in small businesses such as selling coconut husks, fish and tomatoes, it was found that the income obtained is very little and unreliable compared to the amount of money invested in it (Randel et al., 2017). However, pensions serve valuable functions in meeting older person's economic needs.

Business was identified as a source of livelihood by 6.3% of the respondents. Older persons are likely to venture into small businesses and entrepreneurship by optimizing their life and work experience. According to Muli (2019), older persons engage in business as a source of income and an activity to keep them busy. Therefore, business in the form of self-employment is certainly an important method of earning a livelihood.

Older persons also identified casual labour as a source of income for 5.1% of the respondents. Casual labour is unreliable because an employee is only guaranteed work when it is required or available, with no prospect of additional work in the future. Despite its unpredictability, older persons may engage in casual labour because of additional personal obligations such as caring for dependents, meeting healthcare costs, or a desire to have money that they have earned for themselves (Eyster, 2008).

Support from children and other kin as a source of income for 3.7% of the respondents' points to the fact that adult children still took the filial duty of supporting their elderly parents seriously (Muli, 2019). This is also consistent with Verkaart et al. (2018) who found that support from children and kin for older persons through remittances was a common phenomenon in rural Kenya**.** However, based on the number of respondents depending on support from children and kin (3.7%), this informal support systems rarely provide a consistent and reliable source of income and can only provide temporary assistance (Ouma, 2012).

Formal employment was the least (1.6%) identified source of livelihood for older persons. This is because a majority of older workers exit the labour force through retirement (Nyaboke, 2016). However, a small percentage of respondents were still engaged in formal employment.

4.2.7 Respondents 'Average Monthly Income

The last demographic factor examined was the average income of the study participants.

Table 4.8 Respondents 'Average Monthly Income

Monthly income	Number of Respondents	Percent
Below 1,000	99	25.0
1,001-5,000	227	57.3
5,001-10,000	25	6.3
Over 10,000	45	11.4
Total	**396**	**100.0**

Table 4.8 shows that 25.0% of the respondents earned below 1,000 while the majority (57.3%) earned between 1001-5000. Respondents earning an average monthly income of 5001-10,000 and over 10,000 were 6,3% and 11.4% respectively. This implies that the majority of the respondents earned below Ksh 5000, with only a small percentage earning above 5000. According to Ondigi and Ondigi, (2012), the majority of older persons in Kenya earn an average income of Kenya Shillings 4000/ which is insufficient to live comfortably. The low average monthly income among older persons could be attributed to the fact that they are the poorest in all societies and experience deficiency in physical necessities and assets which they can use to compensate for the low income compared to younger adults (Randel et al., 2017).

The discussion above suggests that older people's demographic characteristics and social well-being may be related. In other words, an older person's characteristics may affect how satisfied they are with the social support they receive and provide. In order to determine whether there is a statistically significant relationship between socio-demographic characteristics and satisfaction with provided and received social support, a crosstabulation between satisfaction with social support received/ provided and those characteristics is presented in Table 4.9.

Table 4.9 Satisfaction with provided/received social support and Socio-Demographic Variables

Satisfaction with provided social support	**Gender**	**Age**	**Marital status**	**Education**	**Income**
	0.870	7.199	11.452	1.437	4.099
	0.368	0.115	0.165	0.788	0.256
Satisfaction with received social support	4.023	7.529	4.941	0.252	1.041
	0.058	0.06	0.277	0.971	0.784

*$p<0.05$

Table 4.9 shows a crosstabulation of Pearson's chi-square and the expected count in the five social demographic variables were below 5, implying that the test statistic deviates from a perfect chi-square distribution. Fisher's method for computing the exact probability of the chi-square statistic that is accurate when sample sizes are small was used. There is no statistically significant relationship between social and demographic variables and satisfaction with social support provided or received. The results of the crosstabulation cannot be interpreted as a result. Nonetheless, it should be highlighted there was an overall weak relationship between the variables.

This section presented the sociodemographic characteristics of the respondents. The next sub-section will focus on the first objective of the study which examines how closeness to CNMs influences satisfaction with provided and received social support of older persons in Kitui County.

4.3 Closeness as a mediator in providing and receiving social support on the social well-being of older persons

This section focuses on how older people's social well-being is affected based on their closeness to CNMs in terms of both giving and receiving social support. This is due to the fact that closeness may affect the giving and receiving of support as well as the outcome of social support. Closeness here relates to whether the older persons and CNMs are fairly close or are not too close.

4.3.1 Older persons' CNMs

Table 4.10 presents multiple responses to the distribution of CNM that the older adults have.

Table 4.10: Distribution of CNMs

CNMs	Number of Respondents	Percent	Percent of cases
Spouse and children	325	58.9%	82.3%
Siblings	86	15.6%	21.8%
Neighbours	96	17.4%	24.3%
Relatives	45	8.2%	11.4%
Total	**552**	**100.0%**	**139.7%**

The majority of respondents (82.3%) said that they were close to their spouse and children, followed by their neighbours (24.3%), siblings (21.8%), and other family members (11.4 %). CNMs have close relationships with older persons based on the strong ties therein (Boreham et al., 2013) which leads to satisfaction with life (Diener et al., 2002).

During the FGDs, respondents were asked about the CNMs who were closest to them. The participants reported that their spouse and children were mainly closest to them because they have created a bond with them for a long time. In instances where neighbours were reported as closest to the respondents, the reasons they identified were that their children live far away from home and they have learned to depend on those around them who can respond quickly in times of need. This demonstrates that geographic proximity was a factor that could either hinder or enhance the provision of support for older persons. This agrees with observations by Lestari et al. (2020) in a study of changes in the provision of social support which found that proximity between members of a social network promotes social support provision.

4.3.2 Level of closeness to CNMs

Having identified the CNMs that the older persons felt close to, they were asked to report the level of closeness with them. The two levels are: fairly close and not too close. Results are presented in Table 4.11.

Table 4.11 Distribution of closeness towards CNMs

Level of closeness	Number of Respondents	Percent
Fairly close	381	**96.2**
Not too close	15	**3.8**
Total	**396**	**100.0**

Table. 4.11 shows that the majority (96.2%) of the respondents reported being fairly close to CNMs while 3.8% were not too close to their CNMs. Older persons are highly

respected within the African contexts by CNM whom they have a good relationship with. According to existing literature, many older persons choose to be involved with CNMs that are close and intimate to them because it elicits significant levels of satisfaction and health-enhancing social support (Rook & Charles, 2017). In addition, according to the social emotive selectivity theory, (Lang & Carstensen, 2002), older persons engage in selective disengagement to winnow out distant relations and form meaningful relationships based on their perception of time left on the earth which can be sources of social support in old age. The findings of this study that older persons have more fairly close CNMs than not too close resonates with existing literature.

4.3.3 Level of closeness by CNMs

The study also sought to establish the CNMs closest to older persons as shown in **Table 4.12.**

Table 4.12: Cross-tabulation of CNMs by closeness

CNMs	**Closeness towards older persons**		
Level of closeness	Fairly close	Not too close	Total
Spouse and Children	313 (96.3%)	12 (3.7%)	325
Siblings	83 (96.5%	3(3.5%)	86
Neighbours	94 (97.9%)	2 (2.1%)	96
Relatives	44 (97.8%)	1 (2.2%)	45
Total	**380**	**15**	**395**

The results in **Table 4.12** show that majority of the respondents were fairly close to the CNMs. 96.3% of the spouse and children were fairly close to respondents compared to 3.7% who were not too close. Among siblings, 96.5% were fairly close compared to

3.5% who were not too close. Neighbours reported the highest percent (97.9%) of older persons fairly close to CNMs compared to only 2.1 percent who were not too close. Lastly, 97.8% of the relatives were fairly close to older persons compared to 2.2% who were not too close. In summary, neighbours, followed by relatives, then siblings and lastly spouse and children were the order of closeness from highest to lowest.

The geographical proximity of neighbours to older persons could be associated with the high percentage of them being fairly close CNMs. This is attributed to the ease of neighbours in handling immediate emergencies that older persons may have because of their geographic proximity (Dykstra, 2007). In addition, neighbours were found beneficial to one's well-being because, unlike family, there is less daily interaction and thus less likelihood to be the source of bad encounters in daily life (Phillips et al., 2008). The cross-tabulations show that the percentage of fairly close older persons for spouse and children was the lowest. This could be associated with the positive and negative interactions which are likely to occur due to frequent interactions (Rook, 2015) as the majority of spouses and children were identified as CNMs.

4.3.4 Cross-tabulation of closeness to CNMs by satisfaction with provided social support

As demonstrated in Table 4.13, closeness to CNMs was correlated to satisfaction with the social support that older people give.

Table 4.13 Influence of respondent's closeness to CNM on satisfaction with provided social support

Closeness	**Satisfied**	**Percent**	**Dissatisfied**	**Percent**	**χ^2**	**Df**	***Exact p*-value**
Not too close	12 (80%)	3.1	3 (20%)	27.3	17.123	1	.006
Fairly close	373 (97.9%)	96.9	8 (2.1%)	72.7			
Total		**100.0**		**100.0**			

($\chi^{2\,=}$ 17.123, df = 1, Exact *p* value = .006 N =396)

The level of satisfaction with provided social support (i.e., satisfied or dissatisfied) was measured against the level of closeness (i.e., fairly close or not too close). The cross-tabulation presented in Table 4.13 shows that in total 385 older persons were satisfied with the social support that they provided to CNMs (97.2%) and of these 12 were not close to their CNMs (3.1%) and 373 were fairly close towards their CNMs (96.9%). Further, 11 older persons were dissatisfied with the social support that they provided (2.8%) and of those that were dissatisfied, 3 were not too close to their CNMs (27.3%) and 8 were fairly close (72.7%). The data informs that of the older persons that were not too close to their CNMs, 80.0% were satisfied with the social support provided while 20.0% were not. Similarly, for those that were fairly close to their CNMs, 97.9% were satisfied with the social support provided compared to 2.1% that were not.

The majority of the respondents were satisfied than dissatisfied with the social support that they provided to CNMs regardless of being fairly close or not too close with them. This would mean that being in a close relationship with CNMs alone would not be the

only pre-condition to satisfaction with support provision. Other factors such as the situations and circumstances of the recipient (e.g., illness, or inability) of the support could influence support provision. According to Lestari et al. (2020) social support is provided when the circumstances the potential recipient is in are deemed difficult, or when they accept social standards that demand the supply of social support (e.g., filial obligation).

This is evidenced in verbatim from an FGD participant.

> My son abuses me verbally when he gets drunk, but I still wait for him to come home and eat because he is my only son. I pray that he will change and get a family, otherwise who will care for my home when am gone. (HW, 65-year-old female FGD participant)

This account shows that despite the abuse and drunkenness straining their relationship, the older person nonetheless supported the younger one to keep him from starving. Keeping the CNMs going is tied to the satisfaction of the older person who after assessing the situation opts to provide support instead of the contrary. According to the social exchange theory, participating in regular social contacts can aid in creating a pattern of trust that makes it simpler to develop close ties. (Redmond, 2015) which in this case, would result in behaviour change by the child to one of sobriety. A balanced, reciprocal, interdependent relationship is formed when both parties support the achievement of each one's goals.

Additionally, Table 4.13 demonstrates a statistically significant association between the respondent's closeness to CNMs and their satisfaction with the social assistance they

provided. The assumptions necessary for the standard asymptotic calculation of the significance level for this test was not met and Fisher's exact test was used instead. Fisher's exact test (Fisher, 1922) shows a *p*-value of .006 which implied that the sample distribution is significant given an alpha level of .05. The significant findings reflect that when older persons are not too close to CNMs, 80.0% are satisfied with provided social support and 20.0% are not, whereas when older persons are fairly close to CNMs, 97.9% are satisfied with provided social support and 2.1% are not.

This further emphasizes that closeness affected satisfaction, as seen in the narrative below;

> *"Even if my son doesn't take good care of me, he depends on my OPCT. Since I'm confined to my bed and unable to help myself, I give it to him. My son is like a stranger to me."* (KM, 72-year-old male FGD participant)

This example illustrates the dissatisfaction of older people who help sustain their families in important ways. Despite feeling emotionally distant from his son, he must continue because of his current circumstances. The emotional connectedness that occurs when people are close may be the cause of the correlation between closeness to CNMs and satisfaction with the social support provided. The emotional connection is high in fairly close relationships unlike in not too close relationships as reported by the FGD participant verbatim. This emotional connection leads to increased satisfaction with the social support provided. This finding is consistent with a study by Morelli et al. (2015) who established that when providers of instrumental support were not emotionally

connected to support recipients, there is little or no effect on their well-being. When providers were more emotionally attached, however, their instrumental support had a greater positive influence on their well-being as well as the well-being of recipients. The reciprocity occurred when providers experienced emotional attachment and the recipient the instrumental support; which means that both parties gained from the interchange thus likely to sustain the reciprocal exchanges.

According to the social exchange theory, offering social assistance is an extrinsic social gain that comes at a cost to the individuals who provide it (Blau, 1964). The belief is that by incurring the expense, they will be rewarded more. In this situation, the benefit for the older person is social well-being which is moderated by the closeness to CNMs, particularly when the investments result in expected future profit (Levine et al., 2010). By providing social support to CNMs who were close to older persons, the older persons would expect future benefits through social support from CNMs.

4.3.5 Cross-tabulation of closeness to CNMs by satisfaction with received social support

As demonstrated in Table 4.14, the closeness of older people to CNMs and their satisfaction with the social support received were cross-tabulated.

Table 4.14 Influence of respondent's closeness to CNMs on satisfaction with social support received

Closeness	**Satisfied**	**Percent**	**Dissatisfied**	**Percent**	χ^2	**Df**	***Exact p*-value**
Not too close	9 (60.0%)	2.4%	6 (40.0%)	24.0%	29.91	1	.000
Expected frequency	14.1		.9				
Fairly close	362 (95.0%)	97.6%	19 (5.0%)	76.0%			
Expected Frequency	356.9		24.1				
Total		**100.0**		**100.0**			

The cross-tabulation illustrated in Table 4.14 shows that in total 371 older persons were satisfied with received social support and of these, 9 were not too close to their CNMs (2.4%) and 362 were fairly close to their CNMs (97.6%). Further, 25 older persons were dissatisfied with received social support and of those dissatisfied, 6 were not too close to their CNMs (24.0%) and 19 were fairly close to their CNMs (76.0%). Table 4.14 also reveals that the level of dissatisfaction with social support received was lower for older persons that were not too close to their CNMs compared to those who were fairly close to their CNMs (24.0% Vs 76.0%).

Table 4.14 shows that there was a significant relationship between the respondent's closeness to CNMs and satisfaction with social support received. Fisher's exact test (Fisher, 1922) showed a *p*-value of .000 which implied that the sample distribution is statistically significant given an alpha level of .05. This indicates that closeness to CNMs had a significant effect on whether older persons were satisfied or dissatisfied with received social support.

Data from FGDs showed that older people expected more social support from CNMs who were fairly close to them than from those who were not. The level of dissatisfaction was higher for CNMs who were fairly close to older people when the social support they received did not live up to their expectations.

This was also reiterated by two FGD participants;

"I don't get along with my daughter because I don't appreciate the way she behaves when she works in a bar and chews *muguka*. I don't anticipate any support from her.*"* VM, a 62-year-old male FGD participant

> *"I've always been close to my kids. After their father passed away, I enrolled them in school. Sometimes they don't provide me any assistance, leaving me owing money to the local store. I feel bad that they overlooked my needs.*" (CM, 67-year-old female FGD participant)

These two quotations serve as examples of how expectations are built on a presumption of closeness. According to existing literature, many older persons choose to be involved with CNMs that are close and intimate to them because it elicits high levels of satisfaction and health-enhancing social support (Rook & Charles, 2017). The social support received is most effective when it matches specific needs (Dykstra, 2007). When the social support received is not satisfactory, it's then expected that there is a high level of dissatisfaction. The findings from this study are congruent with Dykstra (2007) who established that older people have support expectations that tend to be individualized within the relationships. In close relationships, there is a stronger

expectation for social support and a higher level of dissatisfaction when those expectations are not delivered.

Additionally, older people who were fairly close to their CNMs reported higher levels of satisfaction with the social support they received than those who were not close to their CNMs (97.6% Vs 2.4%). Due to their intimate relationship, CNMs were more likely to support older people, which attributed to the satisfaction.

This was confirmed by data from FGD participants;

> *"When they can, my son and his family are kind and always willing to help me out."* (70-year-old male FGD participant)

> *"My daughter-in-law is really kind to me and knows me so well. She generously shares everything she has with me, including water from her water pot, so I never go without anything that she has."* (KJ, 68 years old female FGD participant)

These narratives demonstrate that older people who are in intimate relationships have access to CNM resources, and the assurance of access raises their level of life satisfaction. This collaborates with Dykstra (2007) who observed that close relationships serve to cater for social support needs where those in a close relationship have access to other people's connections, information, money, and time.

According to the social exchange theory, Homans (1958) noted that equal transactions were signs of friendship and that straying from equivalence was bad for the relationship (Homans, 1958). In addition, Redmond (2015) observed that the well-being of the

person who invests more work, time, and sacrifice into a relationship is likely to be affected negatively and may want to achieve greater balance or equity. According to this study, the closeness of the relationship between older people and their CNMs had a greater impact on their satisfaction with the social support they received since more resources were made accessible to them. According to the fundamental principles of SET, people choose to engage in a relationship because that relationship can produce results that are satisfactory and superior to those offered by other alternative relationships (Stafford & Kuiper, 2021; Thibaut & Kelley, 2017). Similarly, the assumptions of RCT are that all decisions that people make are rational and based on weighing risks and benefits (Green, 2002). In this case older persons are more likely to be satisfied with their relationship with CNM when benefits frequently outperform expectations unlike the contrary. As a result, older people will evaluate their close relationships by juxtaposing the benefits they can expect from them with what they believe is actually possible. In relationships, the anticipation thresholds differ greatly from person to person based on the quality of that relationship. In this case, closeness can be a possible explanation for the disparity is SWB, when some people are satisfied in relationships that others consider to be unhealthy and why other people are dissatisfied in relationships that others could perceive to be healthy. It is necessary to consider SWB as the result of the interaction between older person's expectations and the level of closeness with CNM.

In summary, the findings of this study show that there is a strong association between satisfaction with providing social support and closeness to CNMs. The emotional attachment between the older person and the CNMs makes it possible for the social

exchange to occur. However, it is also evident that closeness alone does not suffice for satisfaction with provided social support. Older persons also assess the situation of the recipient and if they deem that their support provision will help the recipient, they provide and are satisfied doing it. By providing help to CNMs in need, they can appraise themselves positively which in turn has positive effects on their social well-being (Lestari et al., 2021).

It is also evident that closeness to the CNMs had a positive influence on satisfaction with social support received by the older persons. This is because CNMs are close to the older persons and able to understand and provide them with resources to help them cope with life which enhances their self-esteem and leads to higher well-being (Rekawati, Istifada, et al., 2019; Thomas et al., 2017).

4.4 Social support provided by older persons to CNMs

This objective sought to investigate the social support that older persons in Kitui County provide to CNMs and its influence on their social well-being. The social support that older persons provide is categorized into three domains; instrumental, emotional, and informational social support. Each of these domains influences their social well-being (i.e., satisfaction with life) either positively or negatively.

4.4.1 Instrumental social support provided by older persons

The study sought to find out the older persons that provided instrumental social support to the CNMs and assessed four items. The findings are reflected in Table 4.15.

Table 4.15 Instrumental social support provided by older persons

Instrumental social support provided	Responses	Frequency	Percentage
Lend money	Yes	289	73.0
	No	107	27.0
Care in sickness	Yes	334	84.3
	No	62	15.7
Help with household chores	Yes	296	74.7
	No	100	25.3
Lending household items/tools	Yes	370	93.7
	No	25	6.3

Results in Table 4.15 show that a majority of older persons provided social support of one kind or another. Out of the 396 older people, 289 (73%) lent money to CNMs when they needed it while 107 (27%) did not. Further, 334 (84.3%) took care of CNMs when they were sick while only a few 62 (15.7%) did not. Most of the older persons 296 (74.7%) helped CNMs with household chores while 100 (25.3%) did not. Most of the older persons 370 (93.7%) lent out their household tools/items to CNMs while 25 (6.3%) did not. Of the items listed, lending household items and tools were the most common form of support that older persons provided to CNMs. Conversely, lending money was the least common social support provided to CNMs. This implies that a majority of older persons were willing to lend household tools/items because this strengthened social resources and being a common occurrence, they were more comfortable providing the support since the items could be returned later. Glass, (2016) also reported that lending things was a common functional support that older persons provided to close others.

4.4.1.1 Cross-tabulation of instrumental social support provided and social well-being

The cross-tabulation presented in Table 4.16 shows that the vast majority of participants offered social support to CNMs in all of the instrumental social support items and were satisfied with their social support. Using Fishers exact test, the estimated Chi-square statistic revealed a significant relationship between the instrumental social support variables and satisfaction with provided social support [lending money vs. satisfaction ($\chi^2 = 6.05$, $p<.014$)], providing care to sick CNMs vs satisfaction ($\chi^2 = 13.26$, $p< .000$), providing help with chores/errand vs Satisfaction ($\chi^2 = 4.48$, $p< .034$), lending household tools/items vs. satisfaction ($\chi^2 = 8.90$ $p< .017$)].

Table 4.16: Influence of social support provided on satisfaction with provided instrumental support

Support provided	Responses	Satisfaction with provided instrumental support				χ^2	Df	*p*-Value
		Satisfied	%	Dissatisfied	%			
Lend money	Yes	281 (97.2%)	74.1%	8 (2.8%)	47.1%	6.05	1	.014*
	No	98 91.6%)	25.9%	9 (8.4%)	52.9%			
Care in sickness	Yes	325 (97.3%)	85.8%	9 (2.7%)	52.9%	13.26	1	.000 *
	No	54 (87.1%)	14.7%	8 (12.9%)	47.1%			
Help with household chores	Yes	287 (97.0%)	74.7%	9 (3.0%)	52.9%	4.475	1	.034 *
	No	92 (92.0%)	25.3%	8 (8.0%)	47.1%			
Lending household items/tools	Yes	358 (96.5%)	94.5%	13 (3.5%)	76.5%	8.901	1	.017 *
	No	21 (84.0%)	5.5%	4 (16.0%)	23.5%			

***=Fisher exact test**

Generally, the significant ($p<.05$) association reported could be attributed to older persons' capability to provide support with practical tasks. According to Liu et al. (2019), older persons who are in better physical health are more capable of offering instrumental help and are also more satisfied with their life. In addition, similar significant findings have been reported in the literature. For instance, providing instrumental social support was found to be associated with higher levels of life satisfaction (Brown et al., 2003) and greater life satisfaction among rural Taiwanese older adults (Ku et al., 2013). However, in a study on contributory behaviors and life satisfaction among Chinese older adults, Liu et al. (2019) found that providing instrumental social support and satisfaction with life were unrelated when controlling for health indicators ($p= .09$).

In the first item of the instrumental variable [lending money and satisfaction with lending money ($\chi^2 = 6.05$, $p<.014$)], the satisfaction with lending money was attributed to the feelings of being useful to CNMs and the assurance of support during their time of need. This was reiterated in FGD where participants expressed that as long as it was within their means, they gladly supported their CNMs as in the excerpt below;

> *"My son was having a very hard time paying rent in Nairobi because of COVID 19 lockdown, I gave my son money to rent a cheaper house and felt good that he came to me".* (JM, 68 years old male FGD participant)

FGD participants attributed the satisfaction with lending money to the feelings of being useful and also provided some assurance of support during older persons' time of need. Older persons have support expectations from children and grandchildren that they

assisted, either in the present or past in their time of need (Schatz & Ogunmefun 2007; Chitaka, 2017). These findings resonate with a longitudinal study in Ireland that found that older persons who provide financial support to CNMs have the highest quality of life compared to those who receive only (Ward & McGarrigle 2017). Similarly, spending money on others was found to produce a positive effect in a study of 136 countries around the world, in poor and rich countries alike (Aknin et al., 2013). The results are reinforced by Blau's (1968) premise of the social exchange theory which stresses that social actors engage in activities that entail some costs to obtain desired goals.

The second item of instrumental variable (providing care in sickness and satisfaction with providing instrumental support ($\chi^2 = 13.26$, $p < .000$) was also highly statistically significant associated with satisfaction with providing instrumental support. The assumptions necessary for the standard asymptotic calculation of the significance level for this test was not met and Fisher's exact test was used instead because it is appropriate when sample sizes are small. During the FGD, participants indicated that they have at one point provided care to CNMs during sickness. The excerpt shows how providing care in sickness made her feel.

> *"When my son had a motorcycle accident, he was unable to walk for two weeks, I took care of him until he got well and I felt good knowing that I had a part in his recovery". (*MW, 72-year-old female FGD participant)

The verbatim quote from the FGD participant demonstrated that older persons are taking care of the sick and are satisfied offering instrumental support. In an earlier study

conducted in Mithini location of Kitui County, older persons were reported as playing the roles of providers of care to the sick, the orphans, and other family members (Kalimi, 2012). The significant finding was attributed to the unintentionality of being/getting sick as well as how providing the care perpetuates life and survival. According to Inagaki and Orehek (2017), caring for others is not only a good thing to do but also necessary for the survival of our species. However, these findings partly agree with Milne et al. (2014) who found that the likelihood of older persons providing care to sick CNMs is high but it has the potential to affect their health problems which are detrimental to their well-being. The study findings are also not congruent with Ramia and Voicu (2020) study of life satisfaction and happiness, which revealed that caring for the sick restricts older persons' freedom and life and has negative effects on life satisfaction and happiness.

The significant results reported on the third item of the instrumental social support investigated (helping with household chores and satisfaction with providing instrumental support ($\chi^2 = 4.48$, $p < .034$). This could be attributed to the potential of household chores to keep older persons busy and active. According to the study participants, helping CNMs with chores in and around the house was common and natural among the Akamba people. They considered the work as a form of exercise that keeps them engaged throughout the day. In the FGDs, participants expressed how they felt when providing the support and how they helped.

> *"I help in cleaning utensils because I can't help on the farm and am happy am useful".* (JK, an 84-year-old female)

The narrative reveals that the older person felt useful helping out and thus not fully dependent on others. According to Koblinsky et al., (2021) household chores may include daily activities like cleaning, tidying, dusting, home maintenance work like yard work and home repairs. These household chores keep older persons active and serve as a low-risk form of exercise that is beneficial to them (Koblinsky et al., 2021; Ward & McGarrigle, 2017). The findings of this study corroborate with those of Adjei and Brand (2018) which showed that older persons were satisfied with household chores that they engaged in because they were beneficial to their health and well-being. Similarly, the study by Crisp and Robinson (2010) also revealed that household chores enhanced the social well-being of older persons and their relations with CNMs.

The fourth item of the instrumental variable provided was significantly ($p<.05$) associated with satisfaction with providing instrumental support (lending household tools/items$\chi^2 = 8.90$ $p< .017$). This was attributed to the feelings of being helpful to others and meeting CNMs' needs. The following case was selected to reveal how lending household items or tools to CNMs contributes to their satisfaction with providing instrumental support.

> My son always borrows my wooden **mortar** 'ndii' and a **pestle** 'muthi' to make muthokoi (refers to dry maize whose husks have been removed and cooked mix of peas or beans), I give it to him because it helps him prepare food for my grandchildren. (GK, a 68-year-old female respondent)

The narrative reveals an aspect that heightened the respondent's satisfaction with providing instrumental support- aiding her son to cater for her grandchildren's needs. The respondent was indirectly able to care for her son's family which was rewarding to her as she was able to meet that need. The act provided the respondents with satisfaction by meeting the needs of their CNMs. According to Amurwon et al., (2017), lending household tools/items is a form of assistance in social relationships that serves as a resource to meet needs. This study's result conform to Wang et al., (2019) findings that, in close relationships like that of CNMs and older persons, social reciprocity takes place which eases access to what one has and the other doesn't in their time of need and is thus beneficial to social well-being. In summary, a majority of the older persons provided instrumental support to their CNMs and reported that they were satisfied with the support that they provided. Of the four items of the instrumental variables assessed, there was a significant relationship between the item of instrumental support provided and social well-being.

4.4.2 Emotional social support provided by older persons

The study also sought to find out whether the older persons provided emotional social support to CNMs. Emotional social support is considered to include being there for someone (DeHoff et al., 2016) and behavior that fosters and expresses feelings of being loved, respected, and cared for (Shakespeare-Finch & Obst, 2011; Southwick et al., 2016). Results presented in Table 4.17 show that the majority of older persons provided social support in the four items of the emotional support provided domain. Out of the 396 older persons, 358 (90.7%) cheered CNMs up or helped them to feel better while 37 (9.3%) did not. Most of the older persons 357 (90.2%) showed interest in the

personal life of CNMs while only a few 39 (9.8%) did not, and 384 (97.0%) did or said things that were kind or considerate while 12 (3.0%) did not. Further, 358 (90.4%) trusted CNMs to solve their problems and 38 (9.6%) did not. Of the four items assessed, the majority of the respondents did or said things that were kind or considerate (97.0%) while the least provided support was showing interest in the personal life of CNM (90.2%). This implies that older persons were more inclined to be kind and considerate in the personal lives of their CNM.

Table 4.17 Emotional social support provided by older persons to CNM

Emotional social support provided	Responses	Frequency	Percentage
Cheer up or help feel better	Yes	359	90.7
	No	37	9.3
Show interest in the personal life of CNM	Yes	357	90.2
	No	39	9.8
Did or said things that were kind or considerate	Yes	384	97.0
	No	12	3.0
Trusted CNM to solve your problems	Yes	358	90.4
	No	38	9.6

4.4.2.1 Cross-tabulation of emotional social support provided and social well-being

Results of the cross-tabulation between emotional support provided and satisfaction with providing emotional support are presented in Table 4.18.

Table 4.18 Influence of emotional social support provided on satisfaction with providing emotional support

Support provided	Responses	Satisfaction with provided emotional support				χ^2	Df	*p*-Value
		Satisfied	%	Dissatisfied	%			
Cheered CNM up	Yes	351 (97.8%)	92.4	8 (2.2%)	50.0	32.538	1	.000*
	No	29 (78.4%)	76	8 (21.6%)	50.0			
Showed interest in the personal life of CNM	Yes	350 (98.0%)	92.1	7 (2.0%)	43.8	40.435	1	.000*
	No	30 (76.9%)	7.9	9 (23.1%)	56.3			
Did or said things that were kind or considerate	Yes	374 (97.4%)	98.4	10 (2.6%)	62.5	67.419	1	.000*
	No	6 (50.0%)	1.6	6 (50.0%)	37.5			
Trusted CNM to solve your problems	Yes	351 (98.0%)	92.4	7 (2.0%)	43.8	41.834	1	.000*
	No	29 (96.0%)	7.6	9 (4.0%)	56.3			

*** = Fishers exact text**

Generally, a majority of the respondents provided emotional support to CNMs and were satisfied with providing emotional support. A significant association was observed between the emotional support variables provided and satisfaction with providing emotional support. [cheering or helping CNMs feel better (χ^2 = 32.54, p< .000), showing interest in CNMs personal life (χ^2 = 40.44, p< .000), doing or saying things that were kind or considerate (χ^2 = 67.41, p< .000), helping CNMs to solve their problems (χ^2 = 41.83, p< .000)] (see Table 4.18)**.**

The significant findings are attributed to the presence of CNMs who have a close relationship with the older person. According to Thomas et al., (2017) closeness in family ties, particularly closeness to adult children who give social support to their

elderly parents, can have a major impact on their well-being. Providing emotional support has been reported in prior studies as significantly associated with reduced stress, (Shakespeare-Finch, & Obst, 2011), beneficial for life satisfaction of ageing parents (Silverstein et al., 2006) and has the potential to enhance satisfaction with life for older persons regardless of gender (Liu et al., 2019). Similarly, Morelli et al., (2015) also observed that emotionally supportive individuals also report higher levels of satisfaction.

The first item of the variable of emotional social support investigated [cheering up or helping CNMs feel better (χ^2 = 32.54, p< .000)] was significantly associated with satisfaction with providing emotional support. FGDs established that older person's cheer CNMs up when they face difficulties as explained in the excerpt below:

> Out of my four children, three of them lost their jobs due to Covid 19 pandemic. I cheered them up by reminding them of where we have come from and also sent them maize and beans from the village and encouraged them not to give up despite the hard times they were going through. (A 73-year-old FGD male respondent)

These findings imply that older persons made CNMs feel better because of the bond that they share and the knowledge and experience they have gained over the years. According to Inagaki and Orehek, (2017), providing support meets the demands of social bonds as well as sustains social relationships. This finding agrees with Carstensen et al., (2016) who noted that older persons are in a unique position to serve as supporters and guides to CNMs which make them experience fulfillment and purpose in

their own lives. Similarly in Kenya, Kimamo and Kariuki, (2018) noted that indeed older persons cheer their CNMs, especially during major public holidays by joyfully slaughtering chicken or sheep, or goats and sharing a meal with them while at the same time inquiring how each is doing in their personal lives. When their CNMs are all cheerful in the older persons' home, the older persons also feel satisfied with life.

In the second item of the variable, showing interest in the personal life of CNMs was also significantly associated with satisfaction with providing emotional support (χ^2 = 40.44, p< .000). This significant association was attributed to CNMs being important to older persons and that their concerns irrespective of how personal they are matters to older persons. FGDs participants further reinforced the results as in the excerpt below.

> My son had a fight with his wife and chased her away. She went to town and got a house for herself and the kids. I knew my son was in the wrong and he was not listening to my scolding. I left my son in the village and joined his estranged wife in town and stayed with her until my son accepted her back. She is a good wife and exactly the person my son needs. I feel good they reconciled even if it compelled me to intrude in their personal lives. *(*SK, a 69-year-old female participant)

These results demonstrate that older persons may get satisfaction when they provide emotional support on personal matters because the well-being of their families is important to them. The participants further alluded that there is a limit to how far one should go when it comes to the personal lives of CNMs. However, they indicated that they are constantly showing interest in CNM's personal lives because there is nothing

too personal for people who have a close relationship. According to Vaillant (2012), older persons are motivated to get involved in the lives of others. This interest in others is not limited to some aspects of life, but in their great desire to lavish time, affection, information, concern and resources on others (Erikson, 1994). These results resonate with Amati et al., (2018) findings that older persons provide CNMs with emotional support by showing interest in their personal or family matters which serves as a resource pool to help them solve their problems and resultantly enhance their well-being when they become part of the solution. The findings from this study, however, differed from those of Juma et al., (2004), which showed that showing interest in the life of CNMs especially those under their care like orphans cause older persons worry on who will continue with providing care when they die.

The third item of emotional support variable was doing or saying things that were kind or considerate and was significantly associated with satisfaction with providing emotional social support (χ^2 = 67.41, p< .000). This significant relationship was attributed to the effect generated when doing or saying something kind, which improved the mood of the CNMs. The following case illustrated this fact. The information was provided by FGD participants:

> My son has land in Kitengela and a rich person wanted to steal it from him. For a long time, the case had been delayed and mentions postponed by the court, which made him sad and he spent a lot of money with his lawyers. In November 2020, he won the case and called me immediately after. I was jumping up and down shouting and thanking God. He started

> laughing at me on the phone. I was very happy the sadness in my son is lifted. (SM, a 75-year-old female respondent)

This narrative demonstrates that older persons are likely to be affected by what is happening to their CNMs and do or say things that are kind or considerate to help their CNMs feel better. When they are a part of adding joy to CNMs, it makes them feel good about themselves too. When the CNMs experienced pleasant emotions because of something the older person said or did, it resultantly produced a positive effect in them. Oerlemans et al., (2011) stated that people experience happiness as a pleasant and somewhat stimulated emotional state in their daily lives. The kind and considerate words from older persons to CNMs stimulated the pleasant emotions which are beneficial for their well-being. These results are in agreement with a study in South Africa by Makiwane, (2010) whose findings showed that older persons are great encouragers who are happy about the success of CNMs and also offer support when things are not working well because they have amassed a lot of experience and can thus offer wisdom to calm CNMs and offer hope.

The last item of the variable, trusting CNMs to solve their problems was significantly associated with satisfaction with providing social support ($\chi^2 = 41.83$, $p < .000$). This was attributed to the presence of a trustworthy person and the relief obtained when a viable solution to an issue was provided by CNMs. Trusting people is not always easy and giving that trust to CNMs to address a problem can affect social well-being. These results demonstrate that older persons had trust in their CNMs to address their problems as illustrated by the FGD participants.

> Despite getting old, my husband kept on beating me anytime he took liquor. My son would send him money for our upkeep and he would drink it all. I have persevered for long. I called my son and told him everything that has been going on and trusted that he will protect me from his father because his father listens to him. The beating stopped and I am doing well and my husband is a changed man. (JP, 69-year-old female respondent)

This finding from the FGD demonstrates that older persons trust their CNMs to give them the right direction and assistance. The older person disclosed her worries regarding the abuse and this led to a change in her situation. Having trustworthy CNMs whom older persons can confide in provides access to social support that addresses older persons' problems (Storchi, 2017). These findings agree with Clough et al., (2007) study which reported that older persons expressed concerns about not knowing whom to trust to solve their problems. He argued that older people fear for their safety and lives when they do not know or have someone, they can trust to solve their problems. Therefore, lack of trustworthy people can create a lot of worries which affects older persons' social well-being. In summary, of the four items of providing emotional support, a majority of the respondents did provide the support and reported being satisfied with the support that they provided.

4.4.3 Informational social support provided by older persons

Informational social support is considered as sharing knowledge and resources (DeHoff et al., 2016), providing advice and guidance (Lu et al., 2016; Southwick et al., 2016), or

advice regarding the environment (Shakespeare-Finch, & Obst, 2011) which is intended to help individuals accomplish a task or cope with a difficult situation. The findings presented in Table 4.19 reflect the number of older persons that provided information support to CNMs. A majority of older persons provided social support in four items of the information support domains provided. Out of the 396 older people, 362 (91.4%) offered helpful advice when CNMs needed to make an important decision while 34 (8.6%) did not do so. Most of the older persons 352 (88.9%) agreed with CNM's thoughts/actions while only a few 44 (11.1%) did not agree, 340 (85.9%) gave CNMs information to understand an issue and 56 (14.1%) did not. Further, 329 (83.1%) gave CNMs feedback on an action that they wanted to take while 67 (16.9%) did not give feedback. The results demonstrate that of the four items provided, the most offered information support was offering helpful advice when CNMs needed to make an important decision (91.4%) whereas the informational support least offered was giving CNMs feedback on an action that they wanted to take.

Table 4.19 Informational social support provided to CNM by older persons

Informational social support provided	Responses	Frequency	Percentage
Offered helpful advice when CNM needed to make an important decision	Yes	362	91.4
	No	34	8.6
Agreed with CNM's thoughts/actions	Yes	352	88.9
	No	44	11.1
Gave CNM information to understand an issue	Yes	340	85.9
	No	56	14.1
Gave CNM feedback on an action that they wanted to take	Yes	329	83.1
	No	67	16.9

4.3.3.1 Cross-tabulation of information social support provided and social well-being

The cross-tabulation as shown in Table 4.20 shows the relationship between information support provided and satisfaction with provided information support.

Table 4.20 Influence of informational support provided on satisfaction with provided informational support

Support provided	Responses	Satisfaction with provided information support				χ^2	df	*p*-Value
		Satisfied	%	Dissatisfied	%			
Offered helpful advice	Yes	358 (98.9%)	93.7	4 (1.1%)	28.6	73.025	1	.000*
	No	24 (70.6%)	6.3	10 (29.4)	71.4			
Agreed with CNM's thoughts /actions	Yes	347 (98.6%)	90.8	5 (1.4%)	35.7	41.549	1	.000*
	No	35 (79.5%)	9.2	9 (20.5%)	64.3			
Gave CNM information to understand an issue	Yes	337 (99.1%)	88.2	3 (0.9%)	21.4	49.620	1	.000*
	No	45 (80.4%)	11.8	11 (19.6%)	78.6			
Gave CNM feedback on an action they wanted to take	Yes	326 (99.1%)	85.6	3 (0.9%)	21.4	39.013	1	.000*
	No	56 (83.6%)	14.4	11 (16.4%)	78.6			

*= Fisher exact test

Generally, there was a statistically significant relationship between the four variables of information support and satisfaction with provided information support [giving helpful advice when needed to make important decisions and satisfaction ($\chi^2 = 73.02$, $p < .000$), satisfaction agreeing with CNM's actions or thoughts ($\chi^2 = 41.55$, $p < .000$), satisfaction with giving information to understand an issue ($\chi^2 = 49.62$, $p < .000$), satisfaction with feedback given to CNMs on an action they wanted to take ($\chi^2 = 39.01$, $p < .000$) (Table 4.19). The significant finding was attributed to the ability of the information provided in resolving CNMs' problems as well the potential of the information support in creating better relationships. According to Ahmad, (2020) tension or anxiety is less likely to affect the recipients of the support when their problems are resolved, which builds good

relations. Having gone through different challenges and experiences, older persons can understand the informational needs of CNMs and offer them (Heaney & Israel, 2008). This finding concurs with other studies that found that providing information support to others enhances their efforts to solve problems or improve stressful situations (Goldsmith, 2004). This opens the door to mutually beneficial transactions that benefit individuals' well-being (Lin et al., 2015).

In the first item of the variable, providing helpful advice when needed to make important decisions was significantly associated with the older persons' satisfaction with providing information support (χ^2 = 73.02, p< .000). This was attributed to the feeling of being knowledgeable on a matter and contributing to CNM's ability to make sound decisions. The following narrative from an FGD participant demonstrates that when older persons offered helpful advice and it was received by CNMs, it produced a positive effect on their social well-being.

> My neighbor has been quarreling with his neighbor about land boundaries and wanted to take the case to court. I suggested to him that the case could be solved at the clan level instead of going to court. I am happy that he heeded my advice and the issue has been resolved. (AW, 72-year-old male respondent)

From this observation, it is evident that offering helpful advice to CNMs when they needed to make important decisions produced positive effects which are beneficial to the social well-being of older persons. According to Carstensen et al., (2016) older persons possess a fascinating ability to assist CNMs to develop capabilities to deal with

daily concerns. These authors argued that older persons tend to rely on their past experiences which are directly linked to their emotions, temporary and permanent goals, and the desire to give back. These findings are in tandem with Michel et al., (2019), who, in their study of the roles of a grandmother in African societies concluded that older persons provide invaluable and unbiased advice to every family member and are satisfied taking that role of an adviser. Similarly, Crisp and Robinson, (2010) found that older persons offer/provide useful advice to CNMs, especially on how to navigate the challenges of life which makes them feel good about themselves.

In the second item of the variable, agreeing with CNM's actions or thoughts was significantly associated with satisfaction with providing emotional support ($\chi^2 = 41.55$, $p < .000$). The results show that majority of the older persons agreed with CNM's actions and thoughts, but some did not when the actions and thoughts were deemed wrong. This means that the effect produced would influence the well-being of older persons and be dependent on whether CNMs accepted and acted according to or not to older persons' agreement or disagreements with their actions and thoughts as explained in the verbatim quote.

> My son chased his wife and married another woman but I refused to accept a home breaker. It was a very hard time for my family but when he brought his wife and children back home, we were all very happy and started seeing eye to eye with my son. If I had agreed with his actions, his children would be out there suffering and we all would not experience peace. (SJ a 67-year-old female respondent)

FGDs observed that older persons do not just agree with CNMs' actions and thoughts. They weigh in on the action that CNMs want to take and if it is rewarding, they agree and if not, they disagree. When CNMs act in agreement with older persons' thoughts, a positive effect is generated for a majority of the respondents unlike when they disagree.

This was reiterated by a key informant;

> Older persons are custodians of knowledge because they have personal experience or that of others on certain actions that can yield good results and those that cannot. When their assessment of an action is ignored, they feel bad having not aided their CNMs from an action that can affect them negatively thus affecting their well-being. (PJ, a 56 years old male key informant)

The statistically significant result was associated with the CNMs' acceptance to act according to older persons' expectations. The current finding relates to the findings from Noftle and Fleeson, (2010) which indicated that older adults are more agreeable than younger adults. This is because they possess higher emotional control (Charles & Carstensen, 2007) to weigh the costs and benefits of the thoughts or actions presented to them.

In the third item of the variable of information support, older persons gave their CNMs information to understand an issue which was significantly associated with satisfaction with providing informational support ($\chi^2 = 49.62$, $p < .000$). The significant finding was attributed to the sense of purpose that it gave older persons who gave CNMs

information to understand an issue. According to Park et al., (2010) it is both a goal and a means to a fulfilling life to have a sense of purpose and meaning in life.

An FGD participant indicated that when a person gives another person the information to understand something, it makes them feel knowledgeable and useful. The following voice from the participant demonstrates the information shared and its influence on social well-being;

> My neighbor refused to get vaccinated for COVID 19. He argued that the vaccine was intended to bring an end to the human race under the pretext of protecting them. I helped him understand that the vaccine was intended to strengthen our immunity. He got convinced and got vaccinated. I was happy. After all I might have saved his life because so many people in my village have been affected. (FK, 67-year-old female respondents)

From the narrative, the participant gave potentially lifesaving information, which made her happy and elicited feelings of being knowledgeable as explained by other participants. Annear et al., (2017) indicated that older persons have wisdom, values and skills that can be beneficial to the younger generation. They possess a wide array of information, knowledge, and expertise which they pass along to CNMs (Michel et al., 2019). These findings are directly in line with previous findings by Chadha, (1999) that CNMs consult on a majority of life's major issues which makes older persons feel useful and valued and resultantly enhances their social well-being.

The last item of the variable, giving feedback to CNMs on an action that they wanted to take was significantly related to satisfaction with providing information support (χ^2 = 39.913, $p < .05$). This was ascribed to the sense of being valued that resulted from being consulted on a topic and given time to consider and provide comments. The following statement from an FGD participant supports the satisfaction with provided social support that emanated from giving feedback at a later date after being consulted on a matter.

> My brother came to me because he had problems paying for school fees for his son who was to join university. He wanted to sell a portion of land that our parents left me to oversee. I did not have a response at the time and told him I would think about it. A few days later, I went to him and gave him reasons why we cannot sell that portion of land. I suggested ways we could raise the money without having to dispose of our only prime land. My brother's patience and willingness to look for alternative ways showed how much he respects me. (SM, a 68-year-old male respondent)

FGDs revealed that older persons hardly make rush decisions. They weigh the costs and benefits of an action and when they are given ample time, they consult their peers or those close to them. The patience of the CNM in waiting for the older persons' feedback instead of taking an action before the feedback made them feel respected and highly regarded by CNMs. According to Storchi, (2017) when contacted about a subject, older people contribute feedback to CNMs because they feel valued and are significant. They,

therefore, take time to find the best possible response to a situation, because they are strategic communicators who want to make a difference in the lives of others (Carstensen et al., 2016). The findings of this study are in agreement with Carstensen et al., (2016) who reported that before giving feedback on any issue, older persons tend to rely on their past experiences which are directly linked to their emotions, short- and long-term goals, and desire to give back and when this opportunity presents itself, it contributes to their satisfaction with life.

The findings of this objective are in line with one of SET's major tenets that various types of social relationships are founded on reciprocal transactions, which also encourages reciprocity and mutual responsibility (Colquitt *et al.*, 2013; Molm *et al.*, 1999). Older persons provide social support based on an expectation that their CNM will provide for them in the future. The exchange perspective on expectations and how they relate to the level of satisfaction in a relationship appears to have consequences for older people's social wellbeing.

The findings are also in line with RCT tenet of rationality, which argue that people act in ways that would be most advantageous to them; everyone is most likely to choose paths that they believe to be the optimal ones and ones that would be most favorable to them personally (Burns & Roszkowska, 2016). In this case, although the benefits might not be instant, future expectations of benefits to self might activate satisfaction of older persons despite the current costs.

This objective aimed to investigate the implication of providing social support on the social well-being of older persons in Kitui County. The variables of social support

included instrumental, emotional and information social support. The items used in assessing these variables were lending money, providing care to sick CNMs, providing help with chores/errands and lending household tools/items for instrumental support. Emotional support items were cheering or helping CNMs feel better, showing interest in CNM's personal life, doing or saying things that were kind or considerate and helping CNMs to solve their problems, and lastly giving helpful advice when needed to make an important decision, agreeing with CNMs actions or thoughts, giving information to understand an issue and giving feedback given to CNMs on an action they wanted to take for information support.

These four items were used to test whether there was a significant relationship between providing social support and social well-being among older persons in Kitui County, Kenya. A Chi-square test ($\chi 2$) was done to test the association between the items and social well-being. The test on instrumental support items revealed that there was a significant association between social well-being and lending money (p<.014)], providing care to the sick (p < .000), providing help with chores/errand (p < .034), and lending household tools/items (p < .017) (Table 4.15). Of the emotional support variables; cheering or helping CNMs feel better (p < .000), showing interest in CNM's personal life (p < .000), doing or saying things that were kind or considerate (p < .000), and helping CNMs to solve their problems (p < .000) (Table 4.17). Lastly, information support variables; giving helpful advice when needed to make an important decision (p < .000), agreeing with CNMs actions or thoughts (p < .000), giving information to understand an issue (p < .000), and feedback given to CNMs on an action to be taken (p < .000) (Table 4.20).

4.5 Social support received by older persons from CNMs

The third objective investigated the social support that older persons in Kitui County receive from CNMs and its influence on their social well-being. The social support that older persons receive is also categorized into three domains; instrumental, emotional and informational social support (similar measures to those used to assess provided social support). Each of these domains influences social well-being (i.e., satisfaction with life) either positively or negatively.

4.5.1 Instrumental social support received by older persons

The study sought to establish the instrumental social support received by older persons from their CNMs. The findings as reflected in Table 4.21 show that a majority of older persons received instrumental support in the four items provided. Out of the 396 older people, 326 (82.3%) received money from CNMs while 70 (17.7%) did not receive it. It was revealed that 353 (89.4%) older persons received care from CNMs when they were sick and 42 (10.6%) did not receive care. Moreover, 351 (88.6%) older persons received help with household chores and 35 (11.4%) did not. A majority of the older persons 363 (91.7%) received household items/tools from CNMs when they needed them while 33 (8.3%) never received items/tools. The results demonstrate that of the four items of received instrumental social support, the most offered was lending household tools/items (91.7%) whereas the least support was the money received (82.3%).

Table 4.21 Received instrumental support

Instrumental social support received	Responses	Frequency	Percentage
Received money	Yes	326	82.3
	No	70	17.7
Cared for in sickness	Yes	353	89.4
	No	42	10.6
Helped with household chores	Yes	351	88.6
	No	45	11.4
Received household items/tools	Yes	363	91.7
	No	33	8.3

4.5.1.1 Cross-tabulation of instrumental support received and social well-being

Results of the cross-tabulation between instrumental support received and satisfaction with received emotional support are as shown in Table 4.22. The findings show that the vast majority of participants received instrumental social support from CNMs and were satisfied with the received social support. The estimated chi-square statistic revealed a significant relationship between the instrumental social support variables and satisfaction with received social support [received money when older persons needed vs satisfaction ($\chi^2 = 23.30$, $p = .000$)], Received care when sick vs satisfaction ($\chi^2 = 12.81$, $p = .002$), received help with chores/errand vs Satisfaction ($\chi^2 = 20.63$, $p = .000$), received household tools/items vs satisfaction ($\chi^2 = 14.28$ $p = .0000$)].

Table 4.22 Influence of Instrumental support received on satisfaction with received instrumental support

Support received	Responses	Satisfaction with received instrumental support				χ^2	df	p-Value
		Satisfied	%	Dissatisfied	%			
Money when older persons needed it	Yes	311 (95.4%)	85.0%	15 (4.6%)	50.0%	23.304	1	.000
	No	55 (78.6%)	15.0%	15 (21.4%)	50.0%			
Care during sickness	Yes	332 (94.1%)	91.0%	21 (5.9%)	70.0%	12.815	1	.002*
	No	33 (78.6%)	9.0%	9 (21.4%)	30.0%			
Helped with chores in and around the house	Yes	332 (94.6%)	90.7%	19 (5.4%)	63.3%	20.632	1	.000*
	No	34 (75.6%)	9.3%	11 (24.4%)	36.7%			
Lent household items/tools	Yes	341 (93.9%)	93.2%	22 (6.1%)	73.3%	14.282	1	.000*
	No	25 (75.8%)	6.8%	8 (24.2%)	26.7%			

Fisher's exact test- *

Generally, a significantly (p<.05) high association was reported between receiving instrumental social support and satisfaction with received support (i.e., social well-being). The high significance recorded between the two variables could be attributed to the potential of the received support to meet older persons' needs, especially with declining health and capability to provide for themselves. The decline in physical health with advancing age and reduced ability to support oneself has been reported in the literature (Falck et al., 2019; Kyobutungi et al., 2010) which makes received social support an important aspect of older persons' social well-being. In addition, the satisfaction with received social support could be attributed to the feeling of being cared for that is generated in the older person. According to Dykstra, (2015) **r**eceiving help

has self-enhancing benefits such as displaying that one is loved and cared for. These significant findings that receiving social support is related to social well-being resonates with Siedlecki et al., (2014) study which found that receiving support was associated with increased life satisfaction because of the improvements in living conditions that the support received afforded recipients. Similar findings were reported by Thomas, (2010) that received support was positively associated with wellbeing.

In the first item of the instrumental variable assessed [received money when older persons needed vs satisfaction ($\chi^2 = 23.30$, $p = .000$)], one potential explanation of this finding could be linked to the ability of the received money to address the immediate material needs for older persons. According to Oluwagbemiga, (2016) older persons have financial obligations and needs such as food, housing, and even medical care and the received money can meet such needs. The finding from an FGD participant confirmed how older persons utilize the received money which leads to satisfaction with received instrumental support.

> We have a community welfare group and other church-related activities that require money. I just call my son who sends the money because he knows I don't nag him. This has made me a respected person among the villagers because I don't isolate myself when it comes to community matters. My sons keep me relevant with the money they give me. (VM, 75-year-old male respondent)

This finding reveals the effect generated from received money which is respect and the ability to participate in community activities keeping the older person relevant. These

findings are in agreement with those of Storchi, (2017) who reported that older persons find themselves in situations that require immediate financial assistance from their CNMs, and received assistance that is beneficial to their well-being. Similarly, Verbrugge and Ang, (2018) also found that older Singaporeans received money from CNMs that enhanced their social well-being

The second item of the instrumental variable (receiving care in sickness and satisfaction ($\chi^2 = 12.81$, $p = .002$) was also significantly associated with satisfaction with received instrumental support. The significant finding was attributed to the presence of a person to help the sick older persons out, thus giving them a chance to reserve their energy and concentrate on getting better and the feelings of being loved. Older adults are more susceptible to illnesses than younger adults due to various reasons such as physiological changes and age-related decline that occur as people age which may be acquired or genetically determined (Adebusoye et al., 2020). When their need for care is met by received sick care, social well-being is bound to improve.

The FGD narratives below demonstrated how care in sickness was provided and how satisfying it was for older persons.

> I fell when I was a youth when getting in the kitchen which affected my nerves. I now depend entirely on my younger brother and his family for food, clothing and finances. They make sure there is food in the house that I can eat before leaving the house to go to work. Am so grateful to them because they have been here for me all these years. (DK, a 64-year-old male respondent)

FGD participants argued that older persons depend on the care of CNMs when sick because they are no longer as strong as they used to be. CNMs attend to the ailing older persons because it's the right thing to do. Children especially receive community disapproval if they neglect older persons when sick because it is their responsibility to restore them to health. According to the County Social Development Officer (CSDO), one of the key informants said that "in old age, it is expected that children should be in the forefront taking care of sick older persons". She argued that people reap what they sow and those who neglect their sick will be neglected too. This makes CNMs not withhold help because they also are aging and will require to be treated well. Despite the sacrifices they must make, CNMs are motivated by a sense of obligation to care for the ailing older persons (Crisp & Robinson, 2010). According to Lin and Wu, (2014) receiving care during sickness help older persons manage the challenges which are associated with illness thus enhancing their social well-being. The findings of this study concur with those of Chitaka, (2017) who found that older persons expect being cared for by CNMs especially their adult children whom they have cared for when they were younger.

The third item of the instrumental social support variable investigated was significantly associated with satisfaction with received social support [received help with chores/errand vs. Satisfaction ($\chi^2 = 20.63$, $p = .000$)]. Satisfaction with received support could be a result of the potential of the practical support in enhancing the relationship with the provider as well as serving as protection for older persons from exhaustion associated with practical tasks. Studies indicate that assisting older persons with household chores enhanced their relationship with the provider by creating an assurance

that they will be cared for (Chen et al., 2014; Rekawati, Istifada, et al., 2019). According to the tenets of social exchange theory, receiving help with household tasks is an extrinsic reward that for some older persons is only met through their interactions with others (Blau, 1968).

The relief obtained with assistance with household chores was observed in FGD as in the narrative below;

> My daughter-in-law washes my clothes and makes sure that my bedroom is clean because I can't clean under the bed because of my back. I have a big compound which she sweeps daily and keeps my home clean. My son married a good woman. (MM, a 70-year-old female respondent)

This finding demonstrates that some tasks may be difficult for older persons to perform with advancing age and having someone do the work makes the house and the compound clean.

Thus, the findings of this study are in agreement with those of Djundeva et al. (2015) who observed that older persons receive help with household chores like repairs within the home, shopping and other duties which not only enhances their relationship but also provide much needed relief from practical tasks that can affect their social well-being. Similar findings were also reported in Russia that most older persons receive help with household chores and are not left helpless with heavy housework by their CNMs which is beneficial for well-being (Tajvar, 2015).

The last item of instrumental support received by older persons [received household tools/items vs satisfaction (χ^2 = 14.28 p = .0000)] was significantly associated with satisfaction with received instrumental support. The satisfaction was attributed to the ability of the household tools/items borrowed from CNMs to meet a need. These needs range from water, food, and labor which are borrowed between households where an expectation to return what is borrowed may be stated or not (Rosinger et al., 2020). According to Chekki (2017), lending household tools and items is common and ranges from clothes, jewelry, money, salt, red chilies, or a kilogram of wheat as well as items like bullocks, bullock-cart, agricultural implements, and personal services which leads to satisfaction when the need is met. FGD participants elaborated on older persons' need for help with household items/tools as in the narrative below.

> *"Lending household tools is the norm, "kasele katune katunivaswa ni kunengelelanilwa" which means that "the beauty of the content of a gourd is when the gourd is held by all and the content shared".* (AM, 71-year-old female respondent)

The saying underpins the need for sharing because only then one can experience satisfaction with life. This finding demonstrates that older persons borrow tools and household items from CNMs to cater for certain needs. These tools are returned to the owners when the need has been addressed. Older persons have needs that are unmet and require the support of CNMs. The study findings resonate with those of Ruonavaara (2021) who observed that in close relations, lending one another tools that they may need enhance the social relations between them and well-being.

4.5.2 Emotional support received by older persons

The research sought to investigate the number of older persons who received emotional social support from CNMs. Results presented in Table 4.23 show that, the majority of older persons received social support in the four items of the emotional support domains provided. Out of the 396 older people, 362 (91.4%) were cheered up by CNMs while 34 (8.6%) were not cheered. Most of the older persons' 357 (90.2%) felt that their CNMs showed interest in their personal life while only a few 39 (9.8%) showed no interest, 377 (95.2%) of their CNMs did or said things that were kind or considerate while 19 (4.8%) did not say/do kind and considerate things. Further, 361 (91.2%) were trusted by CNMs to solve their problems and 35 (8.8%) did not trust CNMs.

Table 4.23 Received Emotional support

Emotional social support received	Responses	Frequency	Percentage
Cheer up or help feel better	Yes	362	91.4
	No	34	8.6
Show interest in your personal life	Yes	357	90.2
	No	39	9.8
Made you happy when you disclosed something positive that happened to you	Yes	377	95.2
	No	19	4.8
Were trusted to solve CNM problems	Yes	361	91.2
	No	35	8.8

4.5.2.1 Cross-tabulation of emotional support received and social well-being

The results of the cross-tabulation as shown in Table 4.24 reveal that a majority of the respondents received support within each item of emotional support and were satisfied with the support that they received from CNMs. The computed exact probability of the chi-square statistic using Fisher's exact test (Fisher, 1922) showed that the two

variables are significantly associated with one another [Cheered up or made to feel better (χ^2 = 40.81 p = .000), satisfaction and showing interest in their personal life (χ^2 = 91.95, p = .000), CNMs did or said things that were kind or considerate (χ^2 = 72.17, p = .000), Satisfied with the trust given to solve CNMs' problems (χ^2 = 119.63, p = .000)]

Table 4.24 Influence of emotional support received on satisfaction with received emotional support

Support received	Responses	Satisfaction with received emotional support				χ^2	df	*p*-Value
		Satisfied	%	Dissatisfied	%			
Cheered up or made to feel better	Yes	344 (95.0%)	94.0%	18 (5.0%)	60.0%	40.812	1	.000*
	No	22 (64.7%)	6.0%	12 (35.3%)	40.0%			
Showed interest in your personal life	Yes	345 (96.6%)	94.3%	12 (3.4%)	40.0%	91.952	1	.000*
	No	21 (53.8%)	5.7%	18 (46.2%)	60.0%			
Did or said things that were kind or considerate	Yes	358 (95.0%)	97.8%	19 (5.0%)	63.3%	72.170	1	.000*
	No	8 (42.1%)	2.2%	11 (57.9%)	36.7%			
Trusted you to solve their problems	Yes	350 (97.0%)	95.6%	11 (3.0%)	36.7%	119.636	1	.000
	No	16 (45.7%)	4.4%	19 (54.3%)	63.3%			

*-fishers exact test

Generally, satisfaction with received emotional support in all the variables provided was observed. The reported satisfaction was attributed to improvement in their mood and health in general. According to White et al. (2009), older people who have access to emotional support are satisfied and have higher self-reported health. Furthermore, the satisfaction with received emotional support was a result of optimism that good things

would happen to them and their situation will improve. When good things happen, Chaudhary and Srivastava, (2018) noted that feelings of enjoyment and satisfaction are likely to emerge. The finding that emotional support and satisfaction with received social support are related corresponds with the findings of other studies where receiving emotional social support is more beneficial to one's well-being (Scholz et al., 2012), and leads to healthy aging (dos Reis et al., 2013), and is linked to a high level of positive affect and life satisfaction. These findings also resonate with Ahmad (2020) household survey of older adults in urban Lahore-Pakistan that found that a little more than half of the older persons (54.5%) were very satisfied with the emotional support they received.

In the first item of the variable of emotional social support [cheered up or made to feel better ($\chi^2 = 40.81$ $p = .000$), a significant association was observed with satisfaction with received emotional support. The satisfaction was attributed to the potential of cheering up older persons, especially when experiencing hard times. According to results from FGD, when older persons were going through a hard time, they were not optimistic about the future. The hard time would either arise from loss of property, ill-behaved children, sickness, financial challenges, or loneliness. The findings from FGD show that these challenges made older persons feel bad about their lives which is a negative effect on overall well-being and required cheering up.

> My youngest son did very well in his KCSE and got admission to the University of Nairobi to take medicine. The cost of the study is very high and there is nothing I could sell or do that would be enough to support his education. I was very discouraged from letting my son down. I talked

> to my brother who lives abroad about my frustrations and he told me he would take my son through medical school. My expression was lifted and am longing to see my son finish his schooling courtesy of my brother. (BW, a 67-year-old male respondent)

FGDs showed that older persons, just like other people, need cheering up because they face challenges associated with old age like ill-health or being neglected which affects their well-being. FGD participants reported that when any parent raises a child, they hope to have their support in their old age. When that is not realized, they argued that it is inevitable for the older persons to be downcast which affects their satisfaction with life. Consistent with findings from Geffen et al. (2019) in a South African study, cheering up older persons was found to contribute to improvements in social well-being from a score of 50% rising significantly to 70%- by minimizing feelings of social isolation. Similar studies by Nyman et al. (2017) also noted a positive influence of cheering up older persons through daily stimulation to avoid boredom and isolation on their social well-being.

In the second emotional support variable [showing interest in their personal life (χ^2 = 91.95, p = .000)], a significant association was observed between satisfaction with received emotional support and showing interest in their personal life. This was attributed to the emotional attachment between older person's and CNMs which made it possible for CNMs to show interest in older persons personal life. According to Suragarn et al. (2021), emotional connection between older persons and CNMs through expressed concern makes older persons perceive a sense of being valued.

These findings were reinforced by FGD that the majority of the respondents were satisfied with life when their CNMs showed interest in their personal lives as in the excerpts below.

> *"My son asks daily how I slept. He also enquires whether my back is hurting and tells me to not keep things to myself. His desire to know about my well-being makes me feel that he cares about me*." (FK, 70 years old female respondent)

This finding demonstrates that older persons appraise the interest of their CNMs in their personal lives positively which can potentially translate to social well-being. According to Lao et al. (2019) CNMs periodically encourage older persons to adopt a healthy lifestyle, demonstrating that they care about their well-being. This results in older people being more content with their lives and promotes well-being. The results are in tandem with Jiang et al. (2018) that showing interest in the life of older persons makes them satisfied with life since they feel the CNMs understand them and sympathize with their situation.

Thirdly, satisfaction with life was significantly associated with CNMs doing or saying things that were kind or considerate to older persons ($\chi^2 = 72.17$, $p = .000$). This could be a result of awareness by older persons that their feelings matter to CNMs. This relates to Holmes (2015) emotional reflexivity where a person cares for other people's feelings by saying or doing things that do not hurt their emotions. According to Hayes (2017; Pg, 175), "Kindness is a behavior defined by ethical characteristics including a pleasant disposition, care, and concern for others". By saying kind and considerate

words, it demonstrates care for the older person and concern for them which is beneficial for their well-being. Data from FGD further revealed that older persons are happy when CNMs are considerate of their emotions. These findings are corroborated by Malone and Dadswell, (2018) who attributed treating others with kindness and consideration to well-being.

The last item of the variable explored under emotional support received (trusted to solve CNMs' problems ($\chi^2 = 119.63$, $p = .000$)] was significantly associated with satisfaction with received emotional support. The satisfaction was a result of feelings of being resourceful and valued, that emanated from being trusted to address a challenge affecting CNMs. According to Ayalon et al. (2021) countless older persons transcend the stereotype of being feeble and helpless and make significant contributions to society. FGD participants reiterated on older person satisfaction with received social support as emanating from being regarded as capable of solving CNMs' problems despite their age as explained in the quote;

> My neighbor has been having marital conflicts. The husband came to me and disclosed the actual reasons for the marital quarrels. He said that he felt I would give him valuable advice and that he trusted me to keep his affairs private. This showed me that I am still needed because even if I am poor, they saw it fit to consult me. After all, I am a good person with many years of experience that can help someone. (EM, 80-year-old male respondent)

This finding reveals that when older persons were sought out to solve CNMs' problems, feelings of being resourceful, valued, and trusted were experienced. These are positive

feelings that are beneficial for social well-being. These findings corroborate Rowe and Kahn, (2015) conceptualization of successful aging in the 21st century where older persons are reported as capable of solving problems and managing conflicts because of the knowledge they have accumulated which enhances their satisfaction with life. Similarly, Broome et al. (2012) argued that satisfaction with life is associated with decision making capacity and trust. In this case, when older persons are trusted by CNMs to solve their problems, the independence to make those decisions makes them satisfied as they feel that the CNMs believe in them.

4.5.3 Information support received by older persons

The results illustrated in Table 4.25 reflect the frequency of received information social support from CNM.s A majority of older persons received social support in four items of the information support domains provided. Out of the 396 older person, 344 (86.9%) were offered helpful advice when they needed to make an important decision while 52 (13.1%) did not do so.

Most of the CNMs 372 (93.9%) agreed with older persons' thoughts/actions while only a few 24 (6.1%) did not agree, 321 (81.1%) received information to understand an issue and 75 (18.9%) did not receive. Further, 322 (81.3%) received feedback on an action that they wanted to take while 74 (18.7%) did not receive it. The results demonstrate that of the four items of the emotional provided, the information support that was received the most was agreement with older persons thoughts/actions (93.9%) whereas the informational support least offered to older persons was information to understand an issue (81.1%).

Table 4.25 Informational social support received by older persons

Informational social support received	Responses	Frequency	Percentage
Received helpful advice needed to make an important decision	Yes	344	86.9
	No	52	13.1
Agreed with your thoughts/actions	Yes	372	93.9
	No	24	6.1
Received information to understand an issue	Yes	321	81.1
	No	75	18.9
Guided/referred to places you could get helped	Yes	312	78.8
	No	84	21.2
received feedback on an action that you wanted to take	Yes	322	81.3
	No	74	18.7

4.5.3.1 Cross-tabulation of information social support and social well-being

The cross-tabulation as shown in Table 4.26 reveals that there was a significant relationship between information support and satisfaction with received support. The estimated chi-square statistic using Fishers exact test, revealed a significant association between these variables; [receiving helpful advice when needed to make important decisions and satisfaction with received information support (χ^2 = 77.11, p< .000), satisfaction and agreeing with older persons actions or thoughts (χ^2 = 109.89, p< .000), received information to understand an issue (χ^2 = 64.63, p< .000), received feedback on an action they wanted to take (χ^2 = 51.84, p< .000**)**]

Table 4.26 Influence of informational support received on satisfaction with received informational support

Support received	Responses	Satisfaction with received information support				χ^2	df	*p*-Value
		Satisfied	%	Dissatisfied	%			
Offered helpful advice	Yes	331 (96.2%)	91.4	13 (3.8%)	38.2	77.119	1	.000*
	No	31 (59.6%)	8.6	21 (40.4%)	61.8			
Agreed with CNM thoughts /actions	Yes	354 (95.2%)	97.8	18 (4.9%)	52.9	109.898	1	.000*
	No	8 (33.3%)	2.2	16 (66.3%)	47.1			
Gave CNM information to understand an issue	Yes	311 (96.9%)	85.9	10 (3.1%)	29.4	64.627	1	.000
	No	51 (68.0%)	14.1	24 (32.0%)	70.6			
Gave CNM feedback on an action they wanted to take	Yes	310 (96.3%)	85.6	12 (3.7%)	35.3	51.837	1	.000
	No	52 (70.3%)	14.4	22 (29.7%)	64.7			

***- Fishers exact test**

Generally, the significant association observed between informational support received and satisfaction with received information could be attributed to the usability of the information support by older persons to understand an issue and thus meet an expectation. This is because useful information is accessed in social relationships (Amati et al., 2018) especially relationships with CNMs (Baxter & Glendinning, 2011; Lao et al., 2019). Hence, our results confirm past research that found that information support received has a favourable impact on overall satisfaction with the social support over time (Trepte et al., 2015). In addition, the information support leads to satisfaction by contributing to the knowledge of older persons (Hoogerbrugge & Burger, 2018) which is in line with the findings from this study.

The first item of the information support received was significantly associated with satisfaction with received information support [receiving helpful advice when needed to make important decisions and satisfaction with received information support (χ^2 = 77.11, p< .000)]. This was attributed to the potential of advice received in sharpening older persons' decision-making and advancing better solutions to a problem. In old age, older persons receive advice from CNMs when they encounter difficulties (Dystra, 2007). This advice is geared toward helping them to stay away from stressful situations (Rekawati, Istifada, et al., 2019) that are likely to be detrimental to their social well-being.

The satisfaction with received information support emanated from the positive effect that it generated that was complemented and reinforced by the data from FGD:

> My neighbour advised me to buy my piece of land because the land I inherited from my husband is being disputed by his brother. They are telling me to take my daughters and go back to my parents. God is not like a man, I talked to my eldest daughter who has now bought me land and is in the process of constructing a house for me. (RM, 68-year-old female respondent)

This narrative demonstrates the importance of receiving helpful advice when an important decision needs to be made. The lady could have opted to go back to her home of orientation which at her age would be retrogressive to well-being. The advice to buy and own her parcel of land was helpful to her and contributed to her well-being. According to the Ikanga area Chief, who was a key informant, everyone needs advice

because life is challenging and some decisions can be blurred due to factors like financial constraints, age, religion, and others. A different opinion can thus reverse an otherwise blurred vision and shed light on alternatives that could not have been evident to the respondent.

Older persons seek advice from CNMs about actions they want to take because the advice they receive is helpful to them and enhances their well-being (Jiang et al., 2018). The findings of this study resonate with a study that compared different types and providers of support to older adults. The study found that receiving useful advice from CNMs had a strongly favorable effect on wellbeing and was linked to a high level of positive affect and life satisfaction. These findings are also consistent with research showing that older persons are satisfied when they receive advice on what may be good or bad for their health (Clough et al., 2007).

In the second item of the variable of information support, agreeing with older persons' thoughts and actions was significantly associated with social well-being. This was attributed to the feelings of being respected and loved by their CNMs and being perceived as capable of making the right decisions. Feeling loved and respected by others is important for functioning in daily life (Lakey & Orehek, 2011) since it fosters a sense of social support (Inagaki, & Orehek, (2017). The results demonstrate that majority of the older persons' thoughts and actions were agreed with by CNMs and thus the resultant satisfaction with received information support. The finding from the FGD reinforced the satisfaction experienced.

> My daughter died when she was giving birth to her first child; she bled to death. I raised my grandchild who is now 14 years old. I don't have money to construct a house for him but when I told my children what I was thinking of doing if I got money, they agreed with my idea of putting up a house for my grandchild and promised to come up with a plan of getting the house built. (BM, 70-year-old female respondent)

The excerpts demonstrate that acceptance of one's thoughts and actions by CNMs elicited positive emotions and altered a previously worrying state which would have been detrimental to well-being. Older persons represent a group of people who have accumulated a lifetime's worth of skills, experience, knowledge, and wisdom (Bardhan et al., 2014), and are therefore less likely to rush into actions that are harmful to them. In line with these findings, Buettner and Skemp, (2016) argued that when older persons' actions within the community are highly valued and they are esteemed as wise and capable, they live longer satisfying lives.

The third item of the variable was also significantly related to satisfaction with received social support [received information to understand an issue ($\chi^2 = 64.63$, $p < .000$)]. This was attributed to the sense of belonging elicited as well as the potential of received information in helping older persons make decisions. According to Hoogerbrugge and Burger (2018), CNMs especially neighbours share useful information which offer some form of assistance and belongingness. Such information supports older persons for instance information on the available health and social services which enhances their social well-being (Baxter & Glendinning, 2011).

The finding from FGD participants demonstrates the importance of information received on social well-being.

> My grandchild has been threatening my life whenever he smokes bhang. I didn't know what to do but I started fearing for my life. My neighbor found him abusing me and saying he will kill me if I ask him not to take my chicken which he claimed are his because he is named after my deceased husband. My neighbour helped me understand that I was dealing with a child who was abusing me emotionally and verbally and unless I take stern measures, he will one day act on his words. I reported him to the chief who sent his policemen to arrest him. He stayed in the cell for several weeks and has now changed. (CA, a 68-year-old female FGD respondent)

In this narrative, the older person was able to understand that she was being abused and got the needed help. The results are in agreement with findings from similar studies by Clough et al. (2007) who noted that older persons need information that is up-to-date as that makes them aware of what is happening as part of the community. In addition, Ijiekhuamhen et al. (2016) in the study of information needs of older persons in Nigeria noted that all people require information to succeed in the 21st century, including older persons, who require a great deal of information to be healthy, make informed decisions, and keep up with current events.

Feedback received on an action that an older person wanted to take was the final variable of information support investigated, which was significantly associated with

satisfaction with received information support ($\chi^2 = 51.84$, $p < .000$**).** The association could be due to the potential of the feedback received in helping the recipient make important decisions. According to Wisniewski et al. (2020) feedback to engage in action is intended to aid in the processing of information required to comprehend or finish a task. Due to the interaction with CNMs, older persons can receive information to the extent that they desire for informed decision making and self-determination.

These results are affirmed by narratives from FGD as explained below;

> My son came to me requesting for a tree that he can use for timber now that he wants to roof his house. I talked to his uncle who has good, straight trees to give me some. He asked me to give him a day or two as he identifies what he would assist me with. Three days later, he sent his son to come to get me and showed me the ones he had identified. I was pleased that he considered my request and did not take long to give me feedback. It shows he cares about me. *(*AM, 70-year-old male respondent*)*

This narrative demonstrates the importance of feedback especially when prompt. The feedback enabled the older person to focus on other things. This finding concurs with Zhang et al. (2018) who found that when feedback is timely, it produced positive effects as compared to when an extended time is taken for feedback to arrive.

From the SET theory, received social support by older persons fosters a sense of belonging and enhanced well-being. In these circumstances, older people also feel obligated to perform in ways that go beyond their transactional interactions with CNM.

In addition to moral obligations, exchange relationships foster social compulsions toward CNM. When both parties in the social interaction evaluate and value their contacts favourably, it is assumed that the mutual social exchange mechanism operates more quickly (Flint et al., 2013; Tetrick et al., 2007). Therefore, based on the ideas of SET, this study assumes that receiving social support will stimulate social well-being and encourage future interactions with CNM. From the RCT, received social support serves the self-interests of older persons. In this case, receiving support makes economic sense as it provided older person who might not be able to provide for themselves with much needed social support thus leading to satisfaction since the self-interests are being met.

The aim of this objective was to investigate the implication of received social support on the social well-being of older persons in Kitui County. The variables of social support included instrumental, emotional and information social support. The items used in assessing these variables were received money, received care during sickness, received help with chores/errand and being lent household tools/items for instrumental support. Emotional support items included being cheered or helped to feel better by CNMs, CNMs' showing interest in older persons personal life, CNMs did or said things that were kind or considerate, and received help to solve a problem. Lastly, information support items included received helpful advice when needed to make an important decision, CNMs agreeing with your actions or thoughts, received information to understand an issue and obtaining feedback from CNMs on an action you wanted to take.

These items were used to test whether there was a significant relationship between received social support and social well-being among older persons in Kitui County, Kenya. Chi-square test ($\chi 2$) was done to test the association between the items and social well-being. The test on instrumental support items revealed that there was a significant association between social well-being and received money when older persons needed it (p = .000), received care when sick (p = .002), received help with chores/errands (p =.000) and received household tools/items (p = .0000) (Table 4.20). A significant association was also observed between social well-being and being cheered up or made to feel better (p = .000), CNMs showing interest in older adults' personal life (p = .000), CNMs doing or saying things that were kind or considerate (p = .000), being trusted to solve CNMs' problems (p = .000) (Table (4.22). Finally, the test of informational support items showed a significant association between social well-being and receiving helpful advice when needed to make an important decision (p < .000), agreeing with older persons' actions or thoughts (p < .000), received information to understand an issue (p < .000) and receiving feedback on an action they wanted to take (p< .000**)** (Table 4.25). Thus, the third objective was answered in the affirmative since there was a significant relationship between received social support and the social well-being of older persons in Kitui County, Kenya.

4.6 Alternative ways of improving the social well-being of older persons

4.6.1 Introduction

This section presents findings and discussions on ways of improving the social well-being of older persons. The responses were ranked according to the frequency in which they were mentioned by the respondents. The respondents were asked to identify how their social well-being could potentially be improved. Several ways were identified and ranked as shown in Table 4.27. The ranking was from 1- to 10: These are: provision of basic needs; cash transfer (OPCT); caring for the very frail and dependent; co-existing well with CNMs; frequent communication and interaction, provision of medical care; support group; love and respect; maintaining an active lifestyle and contentment with what one has or receives. The results tell us that 361 older persons responded to the question (91.16%) and 35 respondents gave no response (8.84%).

Table 4.27 Ways of improving the social well-being of older persons in Kitui County

Item	N	% of respondents (n=361)	Rank
Availability of basic needs	191	52.9%	1
Providing OPCT	100	27.7%	2
Caring for the frail and dependent	59	16.3%	4
Co-exist well with CNM	48	13.3%	6
Frequent communication and interaction	60	16.6%	3
Provide free medical care	59	16.3%	4
Creating social support groups	50	13.9%	5
Remain active and engaged with CNM and community	34	9.4%	9
Contentment with what you have and what you receive	41	11.4%	8
Love and respect	47	13.0%	7

4.6.2 Provision of basic needs

The vast majority of the respondents (52.9%) indicated that the provision of basic necessities for life such as food, water, shelter, and clothing would greatly improve the lives of older persons and help them to live dignified lives. Basic needs like food were reported as most important for older persons as explained by an FGD discussant;

> *"What we need are the traditional foods like milk, sorghum, millet and maize, because they make us full for longer than rice and chapati*" (FK a male 82-year-old).

Another discussant indicated that;

> *"Even though money is important, what we need is not much money, but items like clothing, good houses, and food"* JW, 64-year-old female).

This was reiterated by a 71-year-old woman.

> "*Provision of basic needs like food, and clean water for drinking and bathing is most important and if possible, a TV set so that we may watch what is happening in the country*" (A 69-year-old man)

These findings reveal that meeting the basic survival needs is at the core of the things those older persons require to have the feeling of general social well-being. However, Bunt et al. (2017) argued that as one advance in age, achieving social well-being becomes more difficult due to dwindling resource availability. This is especially the case for older adults in rural areas than their urban counterparts due to higher poverty rates and fewer resources (Hash et al., 2015). Provision of basic needs to older persons,

therefore, becomes necessary for enhanced social well-being. These findings resonate with Diener, Oishi, et al. (2018) who observed that the fulfilment of basic needs like food and shelter was strongly associated (r = 0.31) with well-being because it generated positive feelings and self-evaluations of one's life. Similarly, Diener, Seligman, et al. (2018) also observed that the fulfillment of basic needs and social resources were two conditions for high well-being.

4.6.3 Older Person Cash Transfer (OPCT)

The program of OPCT entails offering direct financial assistance to older persons in the community to improve their quality of life (Kubai, 2020). As shown in Table 4.25**,** 27.7% of the respondents indicated that OPCT would help them improve their social well-being. The OPCT program in Kenya was launched in 2006 (Chepngeno-Langat et al., 2022; Porisky, 2020) and has since been scaled up to benefit a large number of older persons. However, all older persons are not included in the program despite having attained the minimum age of 70 and living in abject poverty.

> *"There is a lot of nepotism. We should all be included so that we can meet our needs like others of our age."* (SW, 76-year-old female respondent)

According to Mbabu, (2017) in his study of older persons in an urban slum in Nairobi, the process of registration of the OPCT recipients is marred with a lot of improprieties with cases of nepotism, tribalism, bribery, and favoritism being reported. Another issue that was found pertinent to older persons benefiting from OPCT for well-being was a reduction in age from 70- to 60. The respondents argued that the minimum age of 70

years ought to be reduced to 60 years because a majority of older persons in this bracket are also in dire need of help. An FGD had this to say;

> They should reduce the minimum age to 60 because they say being born and growing up takes 20 years, the next 20 years are for looking for money and 20 years are later taken to eat everything that was acquired totaling 60 years. At 60, a person has nothing and should be assisted by the government. *(*AM, 66-year-old male respondent)

This finding demonstrates that 60 years would be the ideal age to be enrolled in OPCT since the majority who attain old age have already exhausted their accrued savings or are already frail to engage in productive labour for sustenance. Among the recipients of the OPCT, some indicated that the disbursement of the cash is not consistent or timely. They sometimes stay for months without the cash making their lives very hard.

> *"Sometimes the money is not paid for up to 6 months and even when they do pay, they do not pay the whole amount leaving us wallowing in poverty and debt"*. (HM, 80-year-old female respondent)

This shows that the inconsistency in disbursement of OPCT has a negative effect on well-being because they lack adequate support to cater for their needs when the money is delayed. Older persons also argued that the amount they receive is too little and should be increased bearing in mind the high cost of living.

> *"It would be very good if the government increased the cash. I sometimes struggle budgeting for the money because the amount is very little." (*BM, 76-year-old male respondent)

This verbatim quote reveals that even though OPCT is appreciated by older persons, it is inadequate to address their needs. This was also noted by Mbabu, (2017) where the majority of the beneficiaries found the funds unable to meet all their basic needs. However, whenever they received the money, it produced a positive effect as it helped cater for some of their needs.

These findings demonstrate that providing older persons with OPCT would lead to improvements in the social well-being of older persons. These findings resonate with other studies, that OPCT creates financial independence and improved quality of life (Mbabu, 2017), promotes well-being (Kubai, 2020) and coverage should thus be enhanced to reach all vulnerable older people in Kenya (Kimosop, 2013).

4.6.4 Frequent communication and interaction with kin and neighbours

The third highest ranked way suggested for improving the social well-being of older persons was through engaging in frequent communication and interaction with CNMs (16.6%). The respondents stated that they are not just in need of their children's money, they need their company too. They indicated that it gets lonely when they have no one to talk to or reminiscent of their youth years with.

One interviewee explained;

> *"My grandchildren and I tell each other stories and we laugh a lot. They tell me how school was and enquire about my school days. They make me feel alive."* (EK, 82-year-old female respondent)

This narrative demonstrates the importance of social interactions on the social well-being of older persons. Reminisce about their youthful days and in school produce

positive effects which consequently enhance their well-being. FGD participants also reiterated the importance of communication and interaction on the well-being of older persons. They argued that older persons need to be kept company by CNMs which provides an avenue for them to share their worries. They argued that even if money is necessary for purchasing the basic necessitates in life, seeing and interacting with CNMs once in a while is equally important. According to Kovalenko (2016) cited in (Kovalenko & Spivak, 2018), older persons need to communicate with others since it allows them to deal with life's pressures and influences their positive functioning. The findings of this study resonate well with Cohen-Mansfield and Eisner (2020) in their study of older persons aged 66 to 92 years from Israel who found that increasing the number of social encounters between older people and CNMs helps them overcome loneliness and improve their social well-being. The findings of this study also concur with Frolova and Malanina, (2016) Tomsk survey, where older persons' communication and interaction with CNMs was ranked as the most important factor of social well-being compared to financial prosperity.

4.6.5 Caring for the frail and dependent

According to Cesari et al. (2017), frailty is a geriatric condition that has become increasingly important in aging societies. It is associated with decreased muscle strength, reduced energy levels, heightened vulnerability to exhaustion, unexplained weight loss, and low levels of physical activity (Clegg et al., 2013; Rodriguez-Mañas & Fried, 2015). This theme was reported by 16.3% of the respondents who reported that there are older persons who cannot do much independently and will require consistent assistance with work around the house or with self-care. The respondents argued that

CNMs must care for the frail and very old and dependent as this is the only way of improving their social well-being.

It was evident from the narrations that when older persons who are frail and dependent lack the care that they need, their social well-being is negatively affected and their lives become miserable as explained.

> I am bedridden and my children do not care about me. They can take a whole day without coming to check on me or help me on my stool. When pressed, I go on myself which makes my house smelly. They also take my OPCT away and do nothing helpful towards me with the cash. My grandson shows some care, but he is not at home most of the time. I am bitter that my children are neglecting me. *(*KM, 72-year-old male respondent*)*

Results of the FGDs also demonstrated that caring for the frail and dependent was a responsibility that CNMs need to take seriously because everyone will age at some point. One male discussant argued;

> *I raised my children and educated them so that they also take care of me in my old age. I also took care of my mother well into her 103 years because it was my duty as a son. She blessed me during her lifetime. If my children want my blessings, they also must perform their duty of taking care of me because am weak and old. (*WM, 79-year-old male respondent*)*

In the African context, it is the responsibility of the younger generation to care for older persons as evidenced in the narratives because it enhances their well-being. This is in line with the cultural- norms of family care that dictate the provision of support to older persons who need it (Adamek et al., 2020) which produces a positive effect (Lestari et al., 2020). Most frail and dependent older persons live with chronic diseases which necessitate their need for care and support (Abdi et al., 2019). They face substantial problems in meeting their care and support needs (Kingston et al., 2018) and thus require intentional efforts to assist them. These findings that care for the frail and dependent older persons improve the social well-being of older persons are in tandem with Rekawati et al. (2019) study of family support for the older persons which revealed that dependent older persons require support from CNMs as this is beneficial for social well-being. Similarly, Flores González and Seguel Palma (2016) also observed that older people with heavy dependence requires support which has a positive impact on social well-being.

4.6.6 Free medical care

The findings of this study show that 16.3% of the respondents identified the provision of free medical care and check-up as one of the ways of improving the social well-being of older persons. Due to old age, the health of older persons deteriorates and they require constant medical care. The respondents indicated that this is very expensive and the NHIF cover requires monthly payments which are hard to come by.

> I don’t have an income and depend solely on what my children give me. When they don’t have it, I persevere even when feeling unwell because I

> don’t want to burden them. If medical care was free for older persons, I won’t have to suffer as I do. (WG, 66-year-old female respondent)

This narrative demonstrates the need for the provision of free medical care for older persons because ill-health hinders them from experiencing social well-being. Due to constraints in resources, older persons forgo treatment to cater for the very basic need like food.

The results of FGD also showed that apart from lack of resources, the proximity of the medical facilities affected the well-being of older persons. They indicated that making medical care easily accessible to older persons would improve their well-being. This is because when hospitals are located far from their homes, they spend a lot of money on transport which makes them delay in seeking treatment. After all, they have to source money for transport and medical care.

The health status of older people tends to deteriorate with age (Kyobutungi et al., 2010). However, in low- and middle-income countries, the national spending on older adults’ health is lower than 10% (Bloom et al., 2015). As a result, health-care spending is primarily private, putting more strain on older persons’ financial resources and compelling them to borrow from family, putting a greater load on them (World Health Organization, 2015). These results are in agreement with Kabia et al. (2019) who found that even though Kenya has policy initiatives such as the user-fee removal in public primary healthcare and the health insurance subsidy programme for the poor, some of them like vulnerable older persons cannot even afford the subsidized rates. This

demonstrates the need for free medical care for older persons as a matter of urgency to cater for their vulnerabilities.

4.6.7 Social support groups

The respondents also identified the formation of support groups (13.9%) as an important way of improving the social well-being of older persons. Older persons require a safe and secure environment where they can talk about the issues that affect their lives. Through the support groups, older persons would be counselled to understand the challenges that come with old age and the sources of help available to them in the community.

According to an FGD participant,

> Older persons get angry a lot when something doesn't go their way, we should be trained on anger management to avoid cursing our children. That anger also eats a person up and it's hard to see even the good when it happens because of the anger. *(*EM, 68-year-old female respondent)

The importance of support groups for older persons was reiterated by the County Social Development Officer- a key informant- who argued that older persons face a lot of challenges and the government should help them form support groups where they can meet once or twice a month and share their challenges. A professional can help them understand what they are going through, guide them on ways to avoid stress, and give them life skills appropriate for people of their age because they haven't stopped living.

According to Lindsay-Smith et al. (2018) when compared to socializing with friends and family separately, social interaction in a group setting with peers provides benefits

for the social well-being of older persons. The group setting allowed older persons to connect and share interests and experiences, reduced loneliness, and enhanced feelings of being supported which are key to improving social well-being. The findings of this study, however, disagree with Pettigrew and Roberts (2008) who established that in contrast to younger people, older adults were particularly averse to meeting other seniors because they perceived older people to be focused on complaints. If this is the case, focus groups might not be attended because of the complaints which would affect some older persons.

4.6.8 Co-exist well with CNM

The results illustrated that co-existing well with CNMs (13.3%) was an important way that can lead to the improvement in the social well-being of older persons. The FGD participants argued that when there are constant arguments, fights, and complaints, the well-being of older persons decreases. However, by talking issues out when they arise and forgiving one another when mistakes happen, the older persons will be less stressed thus improving their well-being.

Co-existing well with CNMs was also elaborated by an interviewee as vital for well-being as;

> *"You don't fight with the hand that feeds you, especially at old age when you at some point will fully depend on that hand"* (IK, 60-year-old female respondent).

The narrative demonstrates the use of a wise saying to demonstrate that co-existing well with CNMs who are current or potential sources of social support is the wise move to

make for older persons. This is because where there is closeness in the relationship due to harmonious co-existence, there also is sharing of one another's resources. Even though some negative interactions are bound to occur in frequent interactions, an older person who strives to co-exist well with CNMs is more likely to experience positive effects on health and well-being (Rook & Charles, 2017).

According to McNulty and Fincham (2012) how people perceive others in their environment, whether positively or negatively influences their well-being. In this case, when older people perceive that they are co-existing well with CNMs, their social well-being is positively influenced. The finding of this study corresponds with Charles and Carstensen, (2010) who note that older adults are adept at navigating social contexts and rely on social regulation, to maintain high levels of well-being.

4.6.9 Love and respect

Love and respect were identified by 13.0% of the respondents as ways of enhancing the social well-being of older persons. They argued that the younger generation needs to acknowledge the wisdom that older persons possess and accord them due respect. It was reported by FGD that the current generation abuses the older persons verbally and some exploit their resources due to lack of love and respect for them.

According to Kyobutungi et al. (2010) older persons in many African civilizations, have long been respected and loved for their wisdom, responsibilities as family heads, and roles in conflict resolution. However, the generational gap between the youths and older persons has led to the perception that older persons lack the desire to adapt to the changing times and thus lose their relevance and respect (Ivankina & Ivanova, 2016).

The result that love and respect for older persons can lead to improvements in social well-being is in agreement with Storchi (2017) who observed that it makes them feel satisfied with their lives. In addition, loving and respecting older persons was found to enhance the sense of worth and well-being in older Canadians (Gallagher et al. 2006)**.** However, the findings that the youth do not regard the opinion of older persons was reiterated by Ivankina, and Ivanova (2016) in a study of the social well-being of older persons living in Tomsk Oblast and was deemed detrimental to well-being.

4.6.10 Contentment with what you have and what you receive

The respondents also identified contentment with what older persons own or what they receive from CNMs as an important way of improving the social well-being of older persons (11.4%). The lack of contentment emanated from the feeling that they supported their children to get an education to be what they are and should thus benefit in equal measure. The respondents argued that lack of contentment can lead to unhappiness and feeling of neglect can emerge even when they are not justified. Others indicated that some older people don't understand the plight of their children who are also struggling to fend for their families. The much or little that they receive is not satisfactory despite the efforts to provide it by CNMs. They argued that contentment by older persons would help improve their social well-being as in the excerpts below;

> My son's children are all in school and his tout job is very unstable. He sometimes goes to work and other times he says his vehicle is with another tout. When all he can afford is muthokoi, I eat it gladly because when he comes into some good money, he also brings me some meat and

> tells me to enjoy myself. I am happy with my life and that of my son because he gives me what he can give and never lets me sleep hungry. (RP, 70-year-old female respondent)

This excerpt demonstrates an older person who is contented with what has been provided and fully recognizes that circumstances are the only impediment to the provision of her needs. She is thus happy with her life and feels that other older persons would be too if they were content.

Another discussant had this to say;

> My children support me because they want to since they have their families to take care of. I take what I get. The Mkamba said, Ilondu ya mana yiisiaw'a maeo-translated to mean that a free gift sheep is not inspected for teeth. (NN, 74-year-old male respondent)

This excerpt illustrates contentment with what one is given using the saying. The statement suggests that one should not check for flaws in free presents; instead, accept things as they are, because receiving a gift is not a right that everyone has. The respondent meant that older persons would experience satisfaction with their lives if they did not feel entitled to social support from CNMs.

The results of FGD also reiterated the need for contentment with what one has or is given by CNMs as a way of enhancing social well-being. They argued that when one has low expectations when they are exceeded, they are merry, and when they are not, it does not affect their lives. However, they also indicated that older persons who are contented should also not be taken for granted because that would lead to them being

neglected which affects their well-being. According to Berenbaum et al. (2016) satisfaction with one's needs, aspirations, and concerns, as well as acceptance of one's current situation, are sources of contentment. In this case, older persons' feelings of being nurtured through the provision of social support, elicit feelings of contentment. In addition, the sense of completeness, which is a component of contentment (Berenbaum et al., 2019) is enhanced by the absence of regrets and unfavorable judgments of social assistance received from CNMs.

The findings of this study are consistent with those of Cheng (2020), who discovered that when older people have a poor assessment of the social assistance they receive, they experience less contentment and so have lower social well-being. They also resonate with Berenbaum et al. (2019) study which revealed that contentment is significantly associated with satisfaction with life.

4.6.11 To remain active and engaged with CNM and community

Lastly, 9.4% of the respondents identified maintaining an active lifestyle as one way of improving the social well-being of older persons. They argued that older persons should be engaged in income-generating activities that do not require them to expend a lot of physical energy. Providing them with goats and hens as well as activities like basket and rope weaving could keep them busy and earn them an income thus heightening their positive outlook on life.

FGD participant reiterated,

> *"Staying active delays getting old, we should rear goats and chickens, planting fruit trees, to stay engaged and active"* (DP, 78 years old male respondent)

The results show that not all older persons are frail. Some are healthy and are capable of engaging in activities that earn them a living and also protect them from the decline associated with ageing. This was also observed by Rekawati et al. (2019) that older person possesses the capabilities of performing everyday activities both inside and outside the home, such as light housework, meeting their own needs, caring for other family members, and engaging in hobbies. When an older person engages in some everyday activities, he or she reduces some of the symptoms of aging which also lowers the risk of chronic diseases (Ethisan et al., 2017). The results of this study resonate with Masuya et al. (2017) study that observed that when older persons were active and engaged in gardening activities, improvement in satisfaction with life was reported. Similarly, in a community-based three-year longitudinal study in Korea by Roh et al. (2015) engaging in social and religious activities was found beneficial for well-being. However, these findings contradict Ramia and Voicu (2020) findings in a study of life satisfaction and happiness among older Europeans, that found that staying active was not always a prerequisite for satisfaction with life.

In conclusion, these research findings identified 10 alternative ways of improving the social well-being of older persons in Kitui County, Kenya. They were identified as important in the following order; meeting their basic needs (59.1%), providing them

with OPCT (27.7%), caring for the frail and dependent (16.3%), frequent communication and interaction (16.6%), free medical care (16.3%), support groups (13.9%), co-existing well with CNM (13.3%), being loved and respected (13.0%), contentment with what one has and is given (11.4%) and remaining active and engaged with CNM and community (9.4%). Thus, the fourth objective was addressed as older persons identified the alternative ways that they felt could contribute to their social well-being.

4.7 Chapter Summary

This chapter has presented the study findings. It has described the findings and analyzed them in tables and narratives. The findings were presented as per the study objectives: The study found out the following as pertains to the socio-demographic characteristics of the respondents; the respondents were both male (40.9) and female (59.1%) majority were in the young-old, followed by old-old and the oldest-old age categories. Slightly below half (41.7%) had primary education, 35.9% had no formal education, 18.7% secondary education while 3.8% had tertiary education. Slightly above half earned an average monthly income between 1001-5000 (57.3%) earned below 1000 (25.0%), over 10,000 (11.4%) and those who earned between 5,001- 10,000 were (6.3%).

The first objective was to find out the effects of closeness on the social well-being of older persons in Kitui, County Kenya. The study found that; majority of the respondents (96.2%) were fairly close to their close network members. Chi square test found a significant difference between satisfaction with provided/received social support and

closeness. This could be attributed to the close and intimate relationship that elicits significant levels of satisfaction.

The second objective was on the effects of providing social support on social well-being. Majority of older persons provided social support of one kind or another. Chi square test found a significant difference between social well-being and social support provided. This could be attributed to the close relationship and ability of the provided support in resolving CNMs' problems.

The third objective was on the effects of receiving social support on social well-being. Majority of older persons received social support from CNM. Chi square test found a significant difference between social well-being and social support received. This could be attributed to potential of the received support to meet older persons' needs, especially with declining health and capability to provide for themselves

The fourth objective was on the ways of improving the social well-being of older persons. Majority of older persons identified provision of basic needs; cash transfer (OPCT); caring for the very frail and dependent; co-existing well with CNMs; frequent communication and interaction, provision of medical care; support group; love and respect; maintaining an active lifestyle and contentment with what one has or receives as some ways in which the well-being of older persons can be improved. The succeeding chapter provides a summary of the findings, recommendations and

suggestions for future studies.

CHAPTER FIVE: SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter provides a summary of the findings made in the preceding chapters. This study investigated the socio-demographic characteristics of older persons aged 60 years and older in Kitui County, the closeness between older persons and CNMs and its effects on older persons' social well-being, the social support provided by older persons to CNMs and its effects on their social well-being, the social support received by older persons from CNMs and its effects on their social well-being and also investigated the appropriate ways of improving the social well-being of older persons in Kitui County, Kenya The conclusions gathered from this research are then used to make recommendations and suggestions for further scientific inquiry.

5.2 Summary

The following are the key findings in response to the research objectives:

a) Socioeconomic and demographic Characteristics of the Respondents

The study sought to find out the socio-demographic characteristics of older persons in Kitui County. It established that a majority of the respondents were female, were between 60-69 years old, married, had attained a primary level of education, obtained their livelihood from farming, and earned a monthly income of between 1001-5000.

b) Closeness between older persons and CNM and social well-being

The study sought to find out the closeness between older persons and CNMs. The older persons identified their spouses and children, neighbours, siblings, and relatives as their CNMs with spouses and children being identified as closest. A large number of the respondents we fairly close to their CNM. The study found that there was a significant association between closeness and satisfaction with providing social support. Similarly, the study found that there was a statistically significant relationship between closeness and satisfaction with received social support.

c) Social support provided by older persons to CNMs and social well-being

The study sought to establish the social support that older persons provide to CNMs and its effects on their social well-being. The study found that older persons provide CNMs with social support within the three domains of instrumental, emotional and informational social support. Of the four items within each domain, the majority of the respondents provided social support. In addition, the study found a statistically significant relationship between all four items of instrumental, emotional, and informational support variables and social well-being. The significant results for instrumental and emotional support and social well-being were attributed to the closeness between older persons and CNMs which provided an avenue to offer support while informational support was attributed to the feeling of being knowledgeable on a matter and contributing to CNM's ability to make sound decisions.

d) Social support received by older persons from CNMs and social well-being

In an attempt to find out the social support received by older persons from CNM, the results indicated that most of the older persons received social support within the instrumental, emotional, and informational domains. In addition, the test of significance confirmed that there was a statistically significant relationship between all four items of each domain of social support and social well-being. The satisfaction with received instrumental social support was attributed to the ability of the support to cater for the unmet needs of older persons. Older persons claimed that their satisfaction with emotional support received emanated from restored optimism about the future and feelings of being valued and cared for. In addition, older persons perceived the informational support as helpful in navigating the challenges of life as well as helpful in altering a potentially harmful situation or state for the better.

e) Recommendations on improving the social well-being of older persons

The study sought to investigate ways that older persons perceived as capable of leading to improvement in their social well-being. In total, ten ways were reported as follows which are; meeting their basic needs, provision of OPCT, caring for the frail and dependent, frequent communication and interaction, free medical care, support groups, co-existing well with CNMs, being loved and respected, contentment with what one has and is given and remaining active and engaged with CNMs and community.

The results of this study support the theory of social exchange (Blau, 1968) about the association of the theorized factors with social well-being. In general, even though providing social support is a cost that older persons incur, they are social actors who

engage in activities that entail some costs to obtain desired goals. Receiving social support on the other hand is a social reward that can only be met through interactions with others (Redmond, 2015). The interaction between CNMs and older people provides the avenue for such social benefits to be manifested.

5.3 Conclusion

The study concludes that; social well-being is a significant factor for older persons in Kitui County and is related to social support. The findings indicate that closeness between CNMs and older persons contributes to strong social ties and makes accessible the resources of one to the other in times of need which contributes to social well-being. This data hints that one of the causes of SWB in old age may be expectations of social support in intimate relationships. This objective tried to demonstrate, in a broader framework, how a close relationship social exchange might direct research and how these theoretical and research perspectives have significance for SWB of older people.

The second objective set out to examine the implications of providing social support on the social well-being of older persons in Kitui County, Kenya. The findings demonstrate that providing social support is significantly associated with social well-being. The satisfaction was attributed to the potential of provided social support to perpetuate life and survival and its ability to keep older persons busy and active. It was also attributed to the presence of CNMs who have a close relationship with older person and the sense of purpose that it gave them.

The results of the third objective conclude that received social support was significantly associated with social well-being. The satisfaction was attributed to the

potential of the received support to meet older persons' needs, especially with declining health and capability to provide for themselves. In addition, it was attributed to improvement in their mood and health in general, the emotional connection and awareness by older persons that their feelings matter to CNMs. In addition, satisfaction with received social support was attributed to the utility of received support in sharpening older persons' decision making and advancing better solutions to problems.

Finally, the study results also revealed ten ways that have the potential to improve the social well-being of older persons in Kitui County, Kenya. Older person's prioritized provision of basic needs; OPCT; caring for the very frail and dependent; co-existing well with CNMs; Frequent communication and interaction, provision of medical care; support group; love, and respect; maintaining an active lifestyle and contentment with what one has or receives as possible ways of enhancing the social well-being of older persons.

5.4 Recommendations

This study established that social well-being is predicated on social support provided and received in Kitui County, Kenya. This is especially so for older persons who are key providers and recipients of social support. First, closeness to CNMs was associated with satisfaction in both provided and received social support. In order to respond when older people complain about the quality of their relationships, policy makers, family and community need to have some perspective on the assessments that people make of their relationships. The National policy of ageing in its theme of older person's and law,

provides a policy statement that it will streamline the traditional conflict resolution mechanisms to be responsive to the needs of older persons.

The findings of this study demonstrated that some older people are in relationships characterized by conflict and experience less satisfaction with providing and receiving social support. It is the recommendation of this study that the Ministry of Labour, Social Security and Services charged with issues of older persons to seek to understand the nature of these conflicts and assist older person's and CMN engage in conflict resolution for improvement in their SWB. The study also recommends that in line with the Ministry's' **s**trategic plan (2018-2022) that recognizes that there is increasing demand for social assistance by poor and vulnerable persons and households, closeness can be utilized as a tool to encourage participation, rights and assistance to older persons through taking proactive steps such as campaigns and sensitization programmes to reinforce the need for quality relationship for social well-being of older persons.

The second objective found that majority of the older persons were satisfied providing emotional and information support to CNM. According to the National Policy on Aging, older people are reportedly being constrained from fulfilling their distinctive roles in the community, such as leadership and decision-making. It is the recommendation of this study that the Ministry of Labour, Social Security and Services charged with concerns of older persons engage in intensive campaigns and sensitization programmes that promote older persons contributions so that they are not discriminated because of age. In addition, the institutional frameworks should ensure that, older persons gain recognition through their participation in society as part of their rights and

freedom which is in line with the goal of the National policy on ageing. When older persons provide social support to close network members, they are participating in their development and that of others is realized.

The third objective focused on the effect of receiving social support on social well-being. Received social support generated satisfaction with received social support. This means that older persons need social support to live dignified lives. According to the National policy of Ageing right from its definition of care for older persons, older person should be provided with social and material assistance since they promote their well-being. In this case, when older persons received care from close network members, it enhanced their social well-being and solidifies the definition of care provided by the policy of ageing. Through the Ministry of Labour, Social Security and Services mandated with the concerns of older persons, it is the recommendation of this study that measures should be taken in instances where older persons are neglected in the community. Neglecting the needs of older persons is detrimental to their social well-being while deliberate efforts to provide support can enhance social well-being and better health outcomes in old age.

In the last objective, older persons identified ways in which their social well-being can be improved. These are issues that point out to areas of vulnerability that require strengthening. This study provides additional evidence on the need to upscale the cash transfer programmes to vulnerable older persons which serves as a social support resource for older persons engaged in providing social support to ensure its sustainability. This is within their right in the thematic area of poverty and sustainable

development that appertains to vulnerability. Article 21 (3) obligates state organs and public officers to address the needs of older persons and other vulnerable groups through the Ministry of Labour, Social Security and Services. It is the recommendation of this study therefore, that these areas of vulnerability be taken up through carrying out operational research on issues of older persons and ageing to establish how best to promote SWB bearing in mind the recommendations suggested by older persons.

5.5 Suggestions for further research

The following are suggestions for further research based on the findings and scope of this study:

1. The finding from this study that older persons were satisfied with provided and received social support was determined using the single-item life satisfaction scale. A study should be conducted in the study area using multi-scale item that captures more variables of social well-being to establish whether the scales produce similar results in the Kenyan context. This is because the validation of this scale has been done in developed countries.

2. Comparative study on level of closeness between older persons and CNM within 10 years to forecast planning for the social well-being bearing in mind the intergenerational changes taking place.

3. Further research on the effectiveness of interventions made by the institutional frameworks on improving the social well-being of older persons (especially with rapid population aging- e.g., with regard to social protection).

4. Finally, a longitudinal study to establish the bidirectional effects on social well-being on provided and received social support by both older persons and CNMs using comparable measures

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APPENDICES

Appendix 1: Informed Consent

KENYATTA UNIVERSITY
OFFICE OF THE CHAIRMAN ETHICS REVIEW COMMITTEE

Informed Consent (Sample)

My name is KEZIA WARUGURU MBUTHIA. I am a PhD student from Kenyatta University. I am conducting a study titled "IMPLICATIONS **OF SOCIAL SUPPORT EXCHANGES ON THE SOCIAL WELL-BEING OF OLDER PERSONS IN KITUI COUNTY, KENYA**" The information will be used for academic purposes only.

Procedures to be followed

Participation in this study will require that I ask you some questions and I also examine you in order to screen you for …….. . Some specimen (indicate type of specimen, amount and from where) will be taken from you for further tests. I will record the information you provide in an interview schedule

Voluntarism

You have the right to refuse participation in this study. You will get the same services and care whether you agree to join the study or not and your decision will not change

the care you will receive. Please remember the participation in this study is voluntarily. You may ask questions related to the study at any time.

You may refuse to respond to any questions and you may stop an interview at any time. You may also stop being in the study at any time without any consequences to the services you receive here or any other organization now or in the future.

Discomforts and Risks

Some of the questions you will be asked are on intimate subject and may be embarrassing or make you uncomfortable. If this happens, you may refuse to answer these questions if you so choose. You may also stop the interview at any time. The interview may add approximately half an hour to the time you wait before you receive your routine services. During the removal of blood there will be some pain or discomfort but we will try our best to minimize this by being gentle.

Benefits

If you participate in this study you will help us to learn how to provide effective screening services that can improve ……. You will also benefit from being screened for …… and if you are found to have a problem you will be advised on the treatment.

Reward

If you agree to participate in this study, there are no rewards or any payment to you if you participate.

Confidentiality

The interviews and examinations will be conducted in a private setting within the clinic. Your name will not be recorded on the interview schedule. The interview schedule will be kept in a locked cabinet for safe keeping at Kenyatta University. Everything will be kept private and only shared with the study team.

Contact Information

If you have questions about the study call Dr. SAMUEL MWANGI, 0718164726 or Supervisor GEORGE OWINO, 0722614878 /Investigators Tel Nos: 0727417302

However, if you have questions about your rights as a study participant: You may contact Kenyatta University Ethical Review Committee Secretariat on chairman.kuerc@ku.ac.ke,

Participant's statement

The above information regarding my participation in the study is clear to me. The study has been explained to me and I have been given a chance to ask questions and my questions have been answered to my satisfaction. My participation in this study is entirely voluntary. I understand that my records will be kept private and that I can leave the study at any time. I understand that I will still get the same care and medical treatment whether I decide to leave the study or not and my decision will not change the care that I will receive from the clinic today or that I will get from any other clinic at any other time.

Name of Participant……

Signature or Thumbprint Date

Name of Representative/Witness (where necessary)

Relationship to Subject

Investigator's statement

I, the undersigned, have explained to the volunteer in a language s/he understands, the procedures to be followed in the study and the risks and benefits involved

Name of Interviewer

KEZIA MBUTHIA

3/4/2021

Signature Date

Appendix 2: Interview schedule for older persons

Sociodemographic characteristics

Interview Guide No.: _____ Date_____

1. Sub-County: Mutomo [1] Mwingi Central [2] Kitui Central [3] Migwani [4]
2. Location_____
3. Sub-location_____
4. Gender: Male [1] female [2]
5. Age: 60-69 [1] 79-79 [2]80-89 [3] 90-99[4] 100+ [5]
6. Marital Status: single [1] married [2] divorced [3] separated [4] widowed [5]
7. Level of education: No Formal Education [1] Primary [2] Secondary [3] Tertiary [4]
8. Religious affiliation: Christian [1] Muslim [2] Other [3]
9. Source of livelihood: Farming [1] Employment [2] Business [3] Casual labour [4] Pension [5] Older Persons Cash Transfer [6]
10. Average monthly income: Below 1,000 [1] 1,001-5,000 [2] 5001- 10,000 [4] Over 10 000 [5]

Quality of the relationship

1. How close do you feel towards CNM? not close at all [1] not too close [2] fairly close [3] Very close [4]
2. How would you describe your relationship with CNM? Very bad [1] Bad [2] Good [3] Very good [4]

Provided Social support

Instrumental Support

1. In the last twelve (12) months, did you lend/give money to CNM when they needed it? Yes [1] No [2]

2. Please explain how you felt lending/giving money to CNM……

3. In the last twelve (12) months, did you provide care to CNM during sickness? Yes [1] No [2]

4. If yes, please explain how providing care to CNM affected you?.....

5. In the last twelve (12) months, did you help CNM with chores in and around the house? Yes [1] No [2]

6. If yes, describe how helping CNM made you feel…….

7. In the last twelve (12) months, did you lend/give items or tools to CNM? Yes [1] No [2]

8. How did it make you feel lending items/tools to CNM?.....

9. In the last twelve (12) months, did you prepare meals for CNM when they were unable to do it themselves? Yes [1] No [2]

10. If yes, describe how that made you feel……

11. In the last twelve (12) months, did you look after CNM house (kids, garden and animals) when they travelled? Yes [1] No [2]

12. If yes, how did that make you feel?.....

13. In the last twelve (12) months, did you take CNM somewhere they needed you to go with them? Yes [1] No [2]

14. How did that make you feel?.....

Emotional Support

15. In the last twelve (12) months, did you cheer up CNM or help them feel better? Yes [1] No [2]

16. If yes, how did cheering them up make you feel?.....

17. In the last twelve (12) months, did you show interest in the personal life of CNM? Yes [1] No [2]

18. If yes, how did it make you feel?.....

19. In the last twelve (12) months, did you do or say things that were kind or considerate toward CNM? Yes [1] No [2]

20. If yes, what affect did being kind and considerate elicit in you?.....

21. In the last twelve (12) months, did CNM trust you to solve their problems? Yes [1] No [2]

22. If yes, please explain how CNM trust in you made you feel?.....

23. In the last twelve (12) months, did you listen to CNM as they shared their most private worries? Yes [1] No [2]

24. If yes, how did listening to CNM share their most private worries make you feel?.....

25. In the last twelve (12) months, did you make CNM feel respected and admired? Yes [1] No [2]

26. If yes, how did that make you feel in return?.....

27. In the last twelve (12) months, did you make CNM feel liked or loved? Yes [1] No [2]

28. If yes, please explain how making CNM feel loved or liked made you feel?.....
.....

Information support

29. In the last twelve (12) months, did you offer helpful advice when CNM needed to make important decisions? Yes [1] No [2]

30. If yes, how did giving useful advice that make you feel?.....

31. In the last twelve (12) months, did you make useful suggestions to CNM on ways to deal with problems they were having? Yes [1] No [2]

32. If yes, would you explain how making those suggestions made you feel?.....

33. In the last twelve (12) months, did you agree with CNM actions or thoughts? Yes [1] No [2]

34. If yes, explain how that made you feel?.....

35. In the last twelve (12) months, did you give CNM information to understand an issue? Yes [1] No [2]

36. If yes, please explain if providing that information affected you in any way?.....

37. In the last twelve (12) months, did you guide/refer CNM to places they could get helped? Yes [1] No [2]

38. If yes, how did it affect you?.....

39. In the last twelve (12) months, did you give CNM feedback on an action that they wanted to take? Yes [1] No [2]

40. If yes, what was the effect?.....

Received Social support

Instrumental Support

1. In the last twelve (12) months, did you receive money from CNM when you needed it? Yes [1] No [2]

2. Please explain how you felt receiving money from CNM?.....

3. In the last twelve (12) months, did you receive care from CNM during sickness? Yes [1] No [2]

4. If yes, did receiving care have any effect on you?.....

5. In the last twelve (12) months, did you receive help from CNM with chores in and around the house? Yes [1] No [2]

6. If yes, please describe how receiving help with chores made you feel?.....

7. In the last twelve (12) months, did CNM lend you items or tools that you needed? Yes [1] No [2]

8. If yes, how did it make you feel receiving items from CNM?.....

9. In the last twelve (12) months, did CNM prepare meals for you when you were unable to do it yourself? Yes [1] No [2]

10. If yes, describe how that made you feel……

11. In the last twelve (12) months, did CNM look after your house (garden and animals) when you travelled? Yes [1] No [2]

12. If yes, how did that make you feel?.....

13. In the last twelve (12) months, did CNM take you somewhere you needed them to go with you? Yes [1] No [2]

14. If yes, explain how that make you feel?.....

Emotional Support

15. In the last twelve (12) months, did CNM cheer you up or help you feel better? Yes [1] No [2]

16. If yes, how cheering you up or to help you feel better make you feel? ……

17. In the last twelve (12) months, did CNM do or say things that were kind or considerate? Yes [1] No [2]

18. If yes, how did CNM being kind and considerate make you feel?.....

19. In the last twelve (12) months, did CNM make you happy when you told them something positive that happened to you? Yes [1] No [2]

20. If yes, please tell us how that felt?.....

21. In the last twelve (12) months, did CNM trust you to solve their problems? Yes [1] No [2]

22. If yes, please explain how their trust in you made you feel?.....

23. In the last twelve (12) months, did CNM let you share your most private worries? Yes [1] No [2]

24. If yes, how did their reactions make you feel?.....

25. In the last twelve (12) months, did CNM make you feel respected and admired? Yes [1] No [2]

26. If yes, how did that make you feel?.....

27. In the last twelve (12) months, did CNM make you feel liked or loved? Yes [1] No [2]

28. If yes, please explain how that made you feel?.....

Information Rewards

29. In the last twelve (12) months, did CNM offer you helpful advice when you needed to make important decisions? Yes [1] No [2]

30. If yes, how did that make you feel?.....

31. In the last twelve (12) months, did CNM make useful suggestions to you on ways that you could deal with problems you were having? Yes [1] No [2]

32. If yes, please explain how receiving those suggestions made you feel?.....

33. In the last twelve (12) months, did CNM agree with your actions? Yes [1] No [2]

34. If yes, explain how their agreement with your actions made you feel?.....

35. In the last twelve (12) months, did CNM give you information to understand an issue? Yes [1] No [2]

36. If yes, explain how receiving that information made you feel?.....

37. In the last twelve (12) months, did CNM guide/refer you to places you could get helped? Yes [1] No [2]

38. If yes, how did it affect you?.....

39. In the last twelve (12) months, did CNM give you feedback on an action you had taken? Yes [1] No [2]

40. If yes, what was the effect on you?.....

Social Well-being

Item	**Extremely Dissatisfied (1)**	**Dissatisfied (2)**	**Satisfied (3)**	**Extremely Satisfied (4)**
In the last twelve (12) months, how satisfied are you with the instrumental support you provided to CNM?				
Are you the emotional support that you provided CNM in the last 12 months?				
Are you satisfied your informational support to CNM in the last 12 months?				
Overall, how satisfied are you will the social support that you provided to CNM?				

Social Well-being

Item	Extremely Dissatisfied (1)	Dissatisfied (2)	Satisfied (3)	Extremely Satisfied (4)
In the last twelve (12) months, how satisfied are you with the instrumental support you received from CNM?				
Are you satisfied with the emotional support that you received from CNM in the last 12 months?				
Are you satisfied with the informational support received from CNM in the last 12 months?				
Overall, how satisfied are you will the social support that you received from CNM?				

Appendix 3: Key informants Interview Guide

1. In your opinion, in what ways does closeness affect the relationship between older persons and their CNM?
2. Which instrumental social supports do older persons provide and receive from CNM in this County?
3. Which emotional social support do older persons provide and receive from CNM in this area?
4. What are some of the informational social support that older persons in this County provide and receive from CNM?
5. Explain how providing social support in the above domains can affect SWB of older persons?
6. In your opinion, in which ways do you think receiving social support affect the SWB of older persons?
7. Suggest ways that can be used to improve the SWB of older persons in Kitui County, Kenya.

Thank you for your inputs

Appendix 4: Focus Group Discussions Guide

FGD interview questions will strive to assess the SS that older persons provide and receive and their evaluation of the effects generated by that support on their SWB.

Introduction

The purpose of the study will be restated to the participants, the modalities in which the discussions will be done and introductions of participants.

Quality of the relationship

1. How close are older persons and CNM in this area?
2. How would you describe the relationship between older persons and CNM?

Instrumental Support

3. What kind of instrumental support do older persons provide to CNM?
4. Which instrumental social support do older persons receive from CNM?
5. Probe: In what ways does providing instrumental support affect the SWB of older persons
6. Probe: Different ways in which older persons SWB is affected by receiving instrumental support from CNM.

Emotional support

7. What kind of emotional support do older persons provide to CNM?
8. Which emotional social support do older persons receive from CNM?

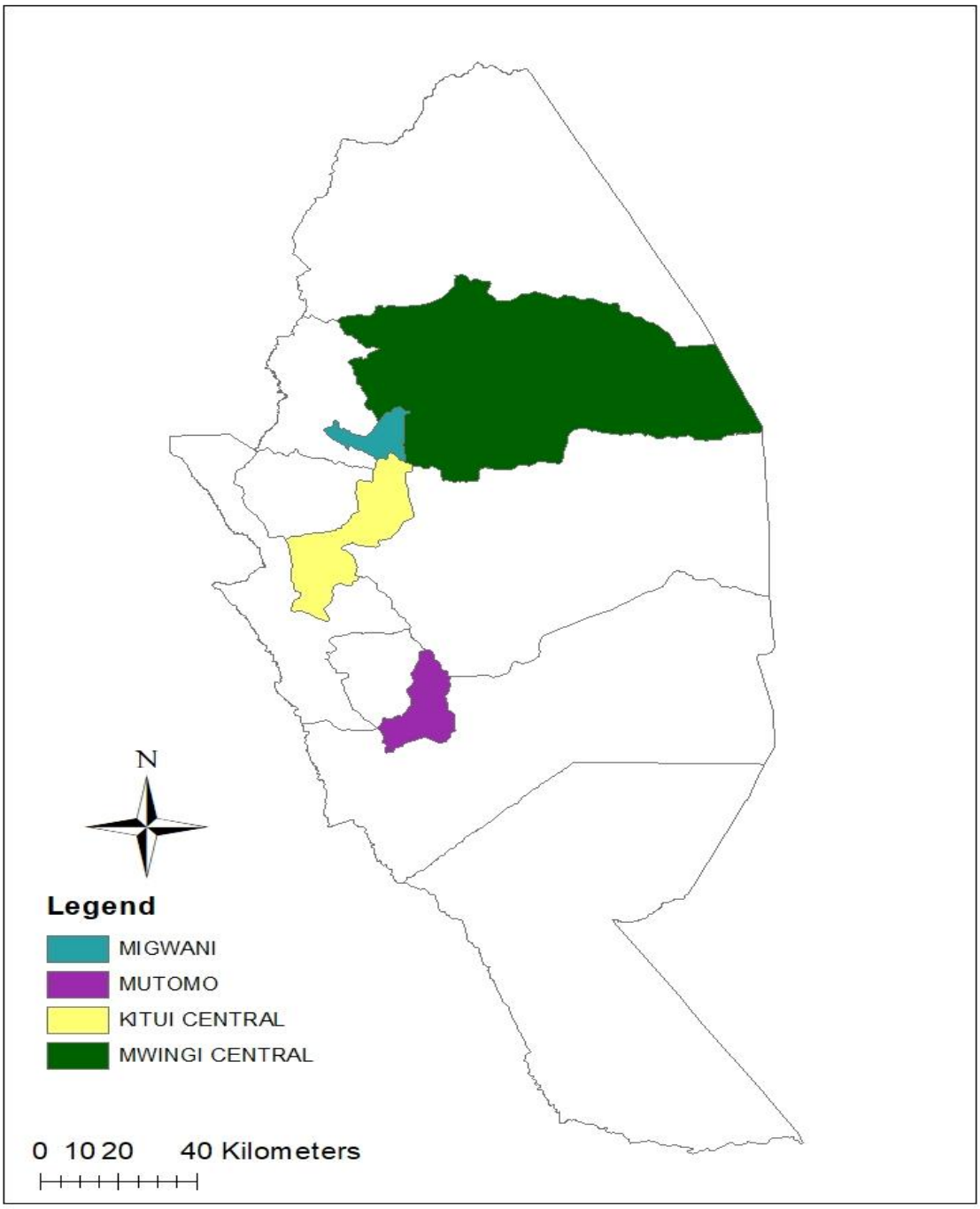
9. Probe: In what ways does providing emotional support affect the SWB of older persons
10. Probe: Different ways in which the SWB of older persons is affected by receiving emotional support from CNM.

Informational support

11. What kind of informational support do older persons provide to CNM?
12. Which informational social support do older persons receive from CNM?
13. Probe: In what ways does providing informational support affect the SWB of older persons
14. Probe: Different ways in which older persons SWB is affected by receiving informational support from CNM.
15. Suggest ways that can be used to improve the SWB of older persons in Kitui County, Kenya.

Thank you for participating and for your inputs

Appendix 5: Map of the study sites



Appendix 6: Authorization, Kenyatta University Ethics Committee

KENYATTA UNIVERSITY
DIRECTORATE OF ETHICS REVIEW COMMITTEE

Fax: 8711242/8711575
Email: chairman.kuerc@ku.ac.ke
Nairobi, 00100

P. O. Box 43844,

Tel: 8710901/12

Website: www.ku.ac.ke
Our Ref: **KU/ERC/APPROVAL/VOL.1**

Date: 26th May, 2021

Kezia Mbuthia
P.O BOX 43844-00100
Nairobi.

Dear Ms. Mbuthia,

APPLICATION NUMBER: PKU/2235/I1379- -IMPLICATIONS OF SOCIAL SUPPORT EXCHANGES ON THE SOCIAL WELL-BEING OF OLDER PERSONS IN KITUI COUNTY, KENYA

This is to inform you that ***KENYATTA UNIVERSITY DIRECTORATE OF ETHICS REVIEW COMMITTEE*** has approved version 4 of the study protocol together with the attached consent forms dated 12.09.2020. Your application approval number is **PKU/2235/I1379.** The approval period is ***26th May, 2021 TO 26th May, 2022.***

This approval is subject to compliance with the following requirements;

i. Only approved documents including (informed consents, study instruments, MTA) will be used
ii. All changes including (amendments, deviations, and violations) are submitted for review and approval by ***KENYATTA UNIVERSITY DIRECTORATE OF ETHICS REVIEW COMMITTEE.***
iii. Death and life threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to ***KENYATTA UNIVERSITY DIRECTORATE OF ETHICS REVIEW COMMITTEE*** within 72 hours of notification
iv. Any changes, anticipated or otherwise that may increase the risks or affected safety or welfare of study participants and others or affect the integrity of the research must be

iv. reported to ***KENYATTA UNIVERSITY DIRECTORATE OF ETHICS REVIEW COMMITTEE*** within 72 hours
v. Clearance for export of biological specimens must be obtained from relevant institutions.
vi. Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. Attach a comprehensive progress report to support the renewal.
vii. Submission of an executive summary report within 90 days upon completion of the study to ***KENYATTA UNIVERSITY DIRECTORATE OF ETHICS REVIEW COMMITTEE.***

Prior to commencing your study, you will be expected to obtain a research license from National Commission for Science, Technology and Innovation (NACOSTI) https://oris.nacosti.go.ke and also obtain other clearances needed.

To serve you better, researchers are kindly requested to access and complete a customer feedback form and sent it back online as you continue with research and upon completion of data collection found on the following websitelink;(https://docs.google.com/forms/d/1ytWefDwvyz5h1oz_Vln0xbxg3uGdlDzMXFWNDsMrRPQ/edit?usp=sharing

Yours sincerely

Prof. Judith Kimiywe

DIRECTOR- KENYATTA UNIVERSITY ETHICS REVIEW COMMITTEE.

Appendix 7: Research License, NACOSTI

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: **148880**

Date of Issue: **02/June/2021**

RESEARCH LICENSE

This is to Certify that Ms.. Kezia Waruguru Mbuthia of Kenyatta University, has been licensed to conduct research in Kitui on the topic: IMPLICATIONS OF SOCIAL SUPPORT EXCHANGES ON THE SOCIAL WELL-BEING OF OLDER PERSONS IN KITUI COUNTY, KENYA for the period ending : 02/June/2022.

License No: **NACOSTI/P/21/11012**

148880

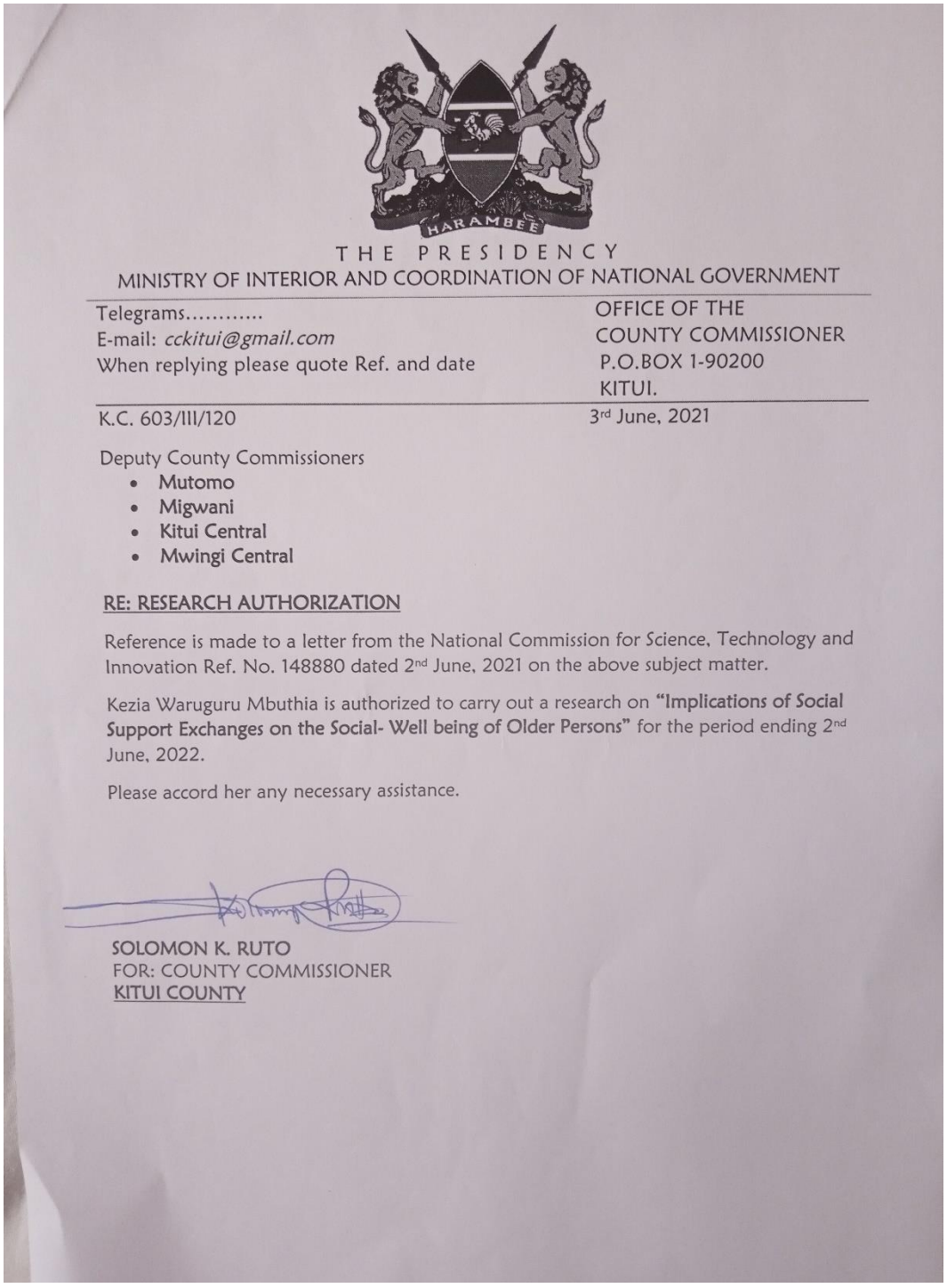
Applicant Identification Number

Director General
NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Verification QR Code

NOTE: This is a computer generated License. To verify the authenticity of this document, Scan the QR Code using QR scanner application.

Appendix 8: Authorization, Kitui County Commissioner



THE PRESIDENCY
MINISTRY OF INTERIOR AND COORDINATION OF NATIONAL GOVERNMENT

Telegrams.....
E-mail: *cckitui@gmail.com*
When replying please quote Ref. and date

OFFICE OF THE
COUNTY COMMISSIONER
P.O.BOX 1-90200
KITUI.

K.C. 603/III/120

3rd June, 2021

Deputy County Commissioners
- Mutomo
- Migwani
- Kitui Central
- Mwingi Central

RE: RESEARCH AUTHORIZATION

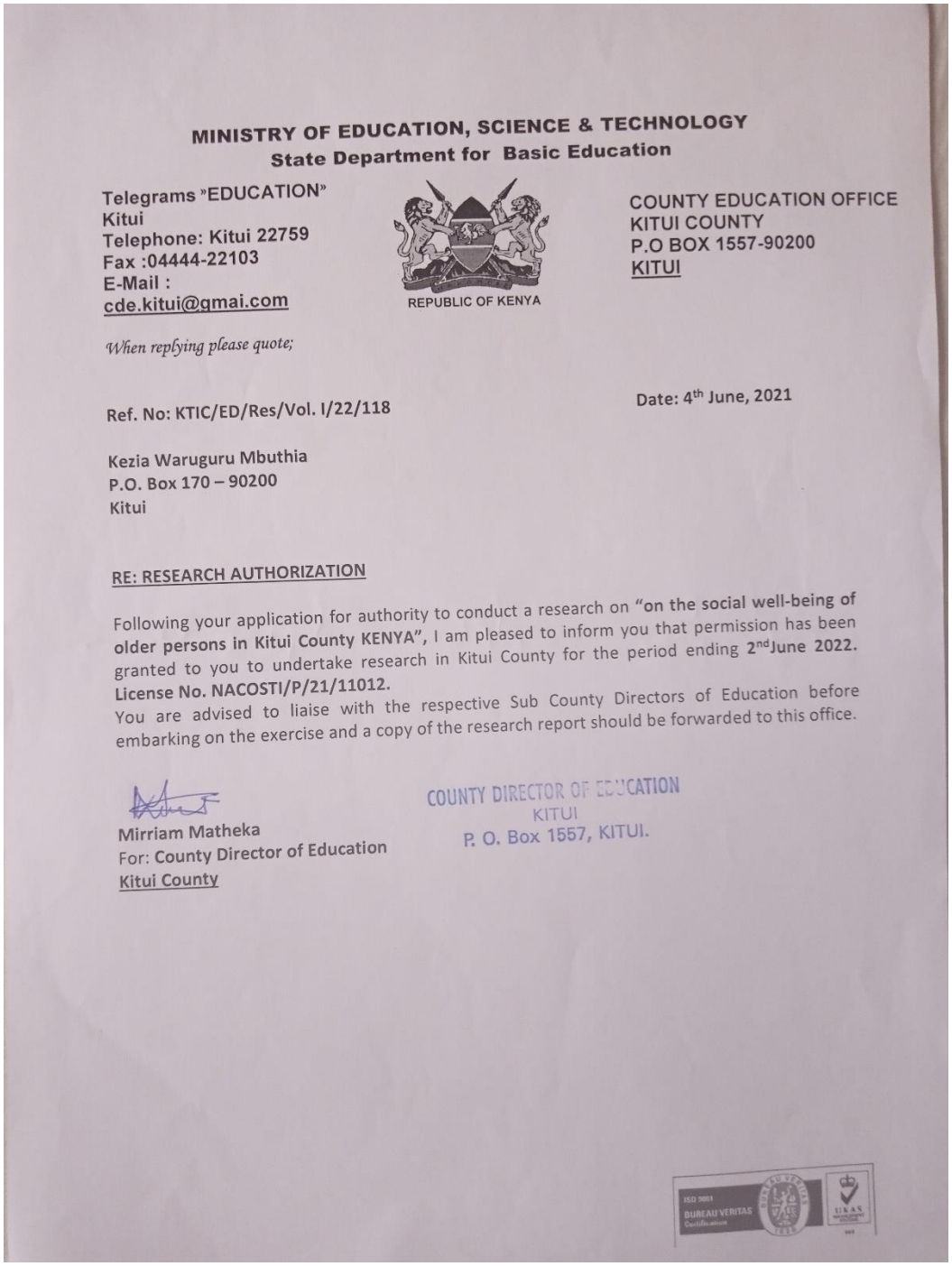
Reference is made to a letter from the National Commission for Science, Technology and Innovation Ref. No. 148880 dated 2nd June, 2021 on the above subject matter.

Kezia Waruguru Mbuthia is authorized to carry out a research on **"Implications of Social Support Exchanges on the Social- Well being of Older Persons"** for the period ending 2nd June, 2022.

Please accord her any necessary assistance.

SOLOMON K. RUTO
FOR: COUNTY COMMISSIONER
KITUI COUNTY

Appendix 9: Research Permit, Ministry of Education, Science and Technology



MINISTRY OF EDUCATION, SCIENCE & TECHNOLOGY
State Department for Basic Education

Telegrams "EDUCATION"
Kitui
Telephone: Kitui 22759
Fax :04444-22103
E-Mail :
cde.kitui@gmai.com

REPUBLIC OF KENYA

COUNTY EDUCATION OFFICE
KITUI COUNTY
P.O BOX 1557-90200
KITUI

When replying please quote;

Ref. No: KTIC/ED/Res/Vol. I/22/118

Date: 4th June, 2021

Kezia Waruguru Mbuthia
P.O. Box 170 – 90200
Kitui

RE: RESEARCH AUTHORIZATION

Following your application for authority to conduct a research on **"on the social well-being of older persons in Kitui County KENYA"**, I am pleased to inform you that permission has been granted to you to undertake research in Kitui County for the period ending **2nd June 2022.**
License No. NACOSTI/P/21/11012.
You are advised to liaise with the respective Sub County Directors of Education before embarking on the exercise and a copy of the research report should be forwarded to this office.

Mirriam Matheka
For: County Director of Education
Kitui County

COUNTY DIRECTOR OF EDUCATION
KITUI
P. O. Box 1557, KITUI.

Appendix 10: Authorization, Office of the County Secretary

COUNTY GOVERNMENT OF KITUI

Cell Phone: 0702615888,
0702615444, 0731717100
Email: kituicounty@kenya.go.ke

Annex Building 2nd Floor P.O
BOX 33 – 90200
KITUI

OFFICE OF THE COUNTY SECRETARY

Ref No: CG/KTI/HRM/01/29

Date: 4th June, 2021

Kezia Waruguru Mbuthia
P O BOX 170 – 90200
KITUI

Dear

RE: RESEARCH AUTHORIZATION

The above subject matter refers.

Following your application for authority to conduct a research on **"on the social well-being of older persons in Kitui County KENYA"**, I am pleased to inform you that permission has been granted to you to undertake research in Kitui County for the period ending 2nd June, 2022. **License No.NACOSTI/P/21/11012.**

Kindly ensure the data collected will be utilized for academic purposes **only** and ethics on data management will be upheld at all times.

Yours Sincerely,

COUNTY GOVERNMENT OF KITUI
4 JUN 2021
P. O. Box 33 – 90200, KITUI
Sign:.....

Dr. Joshua K. Chepchieng PhD, Hsc
COUNTY SECRETARY/HEAD OF PUBLIC SERVICE

Annex 1: Primary and Secondary sampling units

S.No	Location	Sub-locations
Kitui Central sub-county		
1.	Township	Township
		Majengo
		Kalundu
2.	Kyangwithia East	Misewani
		Nzunguni
		Kyalilini
		Museve
		Kya-Ngindu
3.	Kyangwithya-West	Utooni,
		Mulutu
		Ndumoni
		Tiva
4.	Ivaini	Ivaini
		Kwa Mutheke
		Kasyala
5.	Mutune	Mutune
		Katyethoka
		Katyethoka
6.	Mulundi	Mulundi
7.	Tungutu	Unyaa
		Mbusyani
		Tungutu
8.	Miambani	Mung'ang'a
		Mutula
		Makaani
		Nzaaya
		Vinda
9.	Kanzau	Malili
		Kanzau
10.	Kamandio	Kamandio
Mutomo sub-county		
11.	Kibwea	Kibwea
		Kawelu
		UAE
12.	Mutomo	Kamwala
		Kandae
		Kitoo
13.	Kyatune	Yongela
		Ngwani

		Kyatune
		Ndatani
		Vote
14.	Ikanga	Kiangwa
		Kathungu
		Ndundue
		Ithumula
		Makele
		Ilusya
15.	Mathima	Kengo
		Kiviuni
		Mivuti
		Kiimani,
16.	Mutha	Kaatene
		Kalambani
		Ngaani
		Ndakani
17.	Ndakani	Kaliakatune
		Ndakani
		Isaa
18.	Voo	Imali
		Kyango
		Kasasi
		Nzunguni
		Kiangini
Migwani sub-county		
19.	Migwani	Kavikini
		Kyambogo
		Migwani
20.	Itoloni	Itoloni
		Kavalyani
21.	Kyome	Ndaluni
		Kyome
22.	Nzauni	Nzauni
		Kikini
		Kea
23.	Nthokoa	Nthokoa
		Musuvani
		Kasevi
24.	Kanyaa	Kanyaa
		Kitulani
25.	Ilalambiu	Ilalambiu
		Mungalu
26.	Nzatani	Mwanzilu

		Kaluu
		Nzatani
27.	Nzeluni	Nzeluni
		Kalive
28.	Vitani	Vitani
		Kasanga
29.	Ngongoni	Ngongoni
		Kavoloi
		Mathunzini
30.	Nzawa	Nzawa
31.	Winziei	Wikivuvya
		Winziei
32.	Ngutani	Ngutani
Mwingi Central sub-county		
33.	Kailungu	Kailungu
		Kakongo
34.	Kiomo	Kiomo
		Mbondoni
35.	Kyethani	Kyethani
		Karura
		Wikithuki
		Itenderu
36.	Kavuvuani	Kavuvuani
		Kavuoni
		Mwingi
37.	Mwingi	Ithumbi
		Kyanika
38.	Waita	Waita
		Thonoa
40.	Mwambui	Mwambui
		Ikuusya
41.	Endui	Endui
		Katitika
		Nyanyaa
		Mutwangombe
42.	Enziu	Enziu
		Thitha
		Kanzui
43.	Kivou	Kivou
		Kisama
44.	Kanzanzu	Kanzanzu
		Kalisasi
		Mathyakani
		Musukini

45.	Mumbuni	Mumbuni
		Kilulu
46.	Katalwa	Katalwa
		Mutuathi
47.	Kisovo	Kisovo
		Ithengeli

Annex 2: Sample size per sub-location proportionate to the number of older persons in each sub-county by gender

Sub-county	Sampled Sub-location	Population by Gender		Sample Size by Gender	
Kitui Central		**Male**	**Female**	**Male**	**Female**
	Majengo	142	234	8	14
	Kalundu	162	224	10	13
	Unyaa	87	180	5	11
	Mbusyani	91	112	5	7
	Mutula	84	119	5	7
	Vinda	91	101	5	6
	Total -1627	**Sample size (n)**		**43**	**53**
Mutomo	Kibwea	154	206	9	12
	Kawelu	178	193	11	11
	Kamwala	138	202	8	12
	Kitoo	136	142	8	9
	Ndakani	112	193	7	11
	Isaa	89	157	5	10
	Total -1900	**Sample size**		**48**	**66**
Migwani	Kyambogo	131	143	8	9
	Migwani	128	201	8	12
	Ndaluni	94	102	6	6
	Kyome	90	106	6	9
	Nzauni	84	103	5	6
	Kikini	97	107	6	7
	Total-1437	**Sample size**		**39**	**49**
Mwingi Central	Ithumbi	118	208	7	13
	Kyanika	128	184	8	11
	Mwambui	91	130	5	8
	Ikuusya	68	131	4	8
	Mumbuni	96	151	6	9
	Kilulu	142	146	9	9
	Total-1593	**Sample size**		**39**	**58**
Grand total	**6557**	**2731**	**3775**	**169**	**227**