



Promoters and detractors to attainment of life satisfaction among elderly persons in the municipality of Solwezi, Zambia

Mubiana Sitali Kaiko, Emmy H Mbozi, Daniel Ndhlovu

School of Education, University of Zambia, Lusaka, Zambia

Abstract

This paper is an extract from a larger study titled: *Attainment of life satisfaction among elderly persons in the municipality of Solwezi, Zambia: Promoters and detractors*. The paper limits itself to discussing promoters and detractors to attainment of life satisfaction. The promoters and detractors were reported by the respondents themselves. Promoters were grouped under four categories which were; economic status, independence, family ties and impact of age while detractors fell under eight categories namely; economic status, unmet needs and wants, health status, impact of age, functionality, bereavements, and dependence. The paper concludes that for many respondents, the factors that detracted most from attainment of life satisfaction are related to their economic status, and their need to have to work into old age in order to make ends meet. This finding was inconsistent with what Activity theory of aging prescribed as an antidote to attainment of life satisfaction by elderly persons. To this effect it was proposed that a theory of ageing is required, that takes into account the differing social, cultural and economic status of elderly persons in different contexts. Additionally, it was proposed that the Zambian government should consider increasing funding to social security schemes, roll out the pension system to informal sector, and strengthen the traditional safety net.

Keywords: attainment of life satisfaction, promoters, detractors, elderly persons

Introduction

The world's population is ageing at a faster rate than before and the growth is projected to accelerate in the coming decades. The United Nations (2009) asserted that in 1950 there were 205 million persons aged 60 years and over throughout the world. This number tripled to 606 million fifty years later. In 2000, the number of countries with more than 10 million people aged 60 years and over increased to 12 million. Global population 60 years or over, over the first half of the current century, is expected to expand by more than three times to reach nearly 2 billion in 2050. The interpretation is that the older population has grown faster than the total population. It has been projected that by 2050 one in every three-person living in more developed countries is likely to be 60 years or older and about one in every four is projected to be 65 years or older. In less developed regions, nearly one in every five is projected to be over 60 years, while one in every seven is projected to be over 65. It has also been projected that the older population will be increasingly concentrated in less developed regions. By 2050, nearly four fifths of the world's older population will be living in less developed regions. (United Nations, 2009; United Nations, 2015) [25, 24]. Mapoma (2013) [15] confirms United Nations (2009)' assertion and states that nearly 80% of the world's older population is expected to live in developing countries.

Zambia's population is ageing along with the rest of the world. The summary report of Census of Population and Housing of 2010 indicated that the annual population growth rate for the period 2000 – 2010 stood at 2.8% (CSO, 2012) [4]. This growth rate surpassed the growth rate of 2.4% recorded

in the period 1990 – 2000. Mapoma (2013) [15] projected a 2.5 and 3.3 percent growth rate per annum for the period 2000 to 2015. From these projections, the population of Zambia is estimated to reach 38 million by 2050, and about 3,040,000 of this population will be aged 60 and over. It could be for this reason that Kamwengo (1997) [11] describes population ageing in Zambia as “absolutely dramatic”.

The increase in the share of the elderly persons in the population has implications for almost all sectors of society such as demand for goods and services particularly health, transport, and social protection. Therefore, it goes without saying that every country in the world should prepare for the impending economic shifts associated with an ageing population. Preparation for this shift is essential to ensure progress in development is consummated with the strides to achieve the goals outlined in the 2030 agenda for Sustainable Development. In line with this transformation, the 2002 Madrid International Plan of Action on the Ageing (MIPAA) emphasised the need to include elderly persons in development planning; stipulating that elderly persons should be allowed to participate in the process and benefit equitably from the fruits of development to advance their health and wellbeing and that governments should provide enabling environment for them to do so (United Nations 2015) [25].

Providing an enabling environment for the attainment of Life Satisfaction among the elderly could be one of the interventions Zambia as a country could prepare for the social transformation associated with population ageing. Life Satisfaction is a degree to which a person positively evaluates the overall quality of his/her life as a whole. In other words, it

is how much one likes the life he/she leads (Veenhoven, 1996; Haybron D. 2007; Pavot, Diener, *et al.* 1991) [28, 9, 21]. High levels of Life Satisfaction are crucial for enhancing well-being in the process of ageing. It entails a sense of contentment and joyfulness over the span of one’s life and is linked to physical, mental, social and spiritual well-being of all human beings (Osborne, 2009) and leads one to judge their life favourably (Mutjuwadi, 2013) [16].

Life Satisfaction is one of the indicators of quality of life (Mutjuwadi, 2013; Sabrumanien, 2012) [16] and is linked to mental, physical, social and spiritual well-being (Mutjuwadi, 2013; Nuehs 1990; Veenhoven, 1996; Osborne 2009) [16, 19, 28,

8]. Quality of life denotes the presence of essential conditions such as sufficient food, housing, and health care, the absence of this in a country creates hostile environment for its inhabitants (Veenhoven, 1996) [28]. Due to the significance attached to Life Satisfaction, early theories of Gerontology prescribed an antidote for attainment of Life Satisfaction during the process of ageing. One of the theories is Activity Theory of Ageing which established that maintaining high levels of physical and social activities of middle age into old age brings about Life Satisfaction (Neugarten *et al* (1961) [18].

Benefits of attainment of Life Satisfaction cannot be over emphasized. The most cardinal ones being wellbeing and longevity (Sabrumanien, 2013), the resultant of which is successful ageing (Nuegarten, at al 1961). Benefits of attainment of Life Satisfaction is not a preserve to specific individual citizens alone but extends to the nation as a whole. Therefore, the main criterion by which a government is usually judged is the progress in the wellbeing of its citizens (Sabrumanien, 2013). High levels of Life Satisfaction among any country’s citizenry implies that the quality of life in that country is good (Veenhoven *et al*, (1996) [28]. When the quality of life is good, wellbeing is enhanced. This would in the long run promote good health among the citizens which would in turn reduce government spending on medical costs per capita.

Given that Life Satisfaction is a crucial ingredient in the process of ageing, it is only prudent to discuss promoters and detractors to its attainment so that measures can be put in place to enable the promotion of its attainment. At the time of the study, little was known on the status of Life Satisfaction

Among the elderly and the factors that detract and promote its attainment in the Zambian context, implying that there was a knowledge gap. This gap is evidenced from the fact that studies among the elderly in Zambia were focused on Population ageing (Mapoma 2013) [15], Attitudes towards the elderly (Finch, 2014) and Care for the elderly in old people’s homes (Changala 2015) [3]. The study, from which this paper emanates, bridged this gap and therefore sought to examine attainment of Life Satisfaction among elderly persons and in the process, explored factors that promote and/or detract its attainment.

Promoters and Detractors to attainment of Life Satisfaction

Promoters to attainment of Life Satisfaction were reported by 101 respondents themselves. The factors were grouped into four categories: economic, independence, family and age (see table 1). The detractors to attainment of life satisfaction were sorted into eight categories (see table 2).

Table 1: Promoters of Life Satisfaction

Factor category	Promoters
Economic status	<ul style="list-style-type: none"> ▪ Ability to afford to eat three meals in a day ▪ Enough income ▪ Having a decent life ▪ Ability to afford to feed oneself ▪ Ability to meet most of life challenges ▪ Not worrying about what to eat tomorrow ▪ Not having got to sleep with hunger ▪ Not starving ▪ Success gained from hard work
Independence	<ul style="list-style-type: none"> ▪ Ability to take care of oneself ▪ Ability to meet most of life challenges
Family ties	<ul style="list-style-type: none"> ▪ Well behaved children ▪ Educated children ▪ Being taken care of by children ▪ Being taken care of by children and extended family members ▪ Being employed ▪ Successful children
Impact of Age	<ul style="list-style-type: none"> ▪ Being still alive up to old age

Table 2: Detractors to attainment of life satisfaction

Factor Category	Constraining factor
Economic status	<ul style="list-style-type: none"> ▪ Having no option but to work in old age ▪ Limited resources ▪ Inability to satisfy needs ▪ Inability to afford essential commodities ▪ Lack of money ▪ Economic hardships ▪ High cost of living ▪ Increase in price of commodities ▪ Too little money ▪ Inability to buy good things for self and family members ▪ Inability to meet plans due insignificant fund ▪ Inability to make decisions due to lack of money ▪ Transport problem ▪ Difficult life ▪ Money attached to all activities ▪ Not having own income

	<ul style="list-style-type: none"> ▪ Inability to have three meals in a day
Unmet wants and needs	<ul style="list-style-type: none"> ▪ unsatisfied needs and wants ▪ Not having achieved things what one wanted to ▪ Not having lived the life one wanted
Health status	<ul style="list-style-type: none"> ▪ Suffering from high bold pressure ▪ Feeling of tiredness ▪ Weakness due to heart problem ▪ Tiredness most of the time ▪ Joint pains especially when walking ▪ Inability to engage in desired activities ▪ Lack of physical fitness
Impact of Age	<ul style="list-style-type: none"> ▪ Lack of strength ▪ Inability to engage in desired activities ▪ Inability to do what one wants due to age ▪ Lack of physical fitness
Functionality	<ul style="list-style-type: none"> ▪ Inability to walk without a walking aid (walking aid) ▪ Inability to provide own meals
Bereavement	<ul style="list-style-type: none"> ▪ Loss of husband ▪ Loss of wife ▪ Loss of children
Dependency	<ul style="list-style-type: none"> ▪ Not having own income ▪ Having got to ask for everything that one needs which takes long to come by ▪ Inability to provide own meals
Depression	<ul style="list-style-type: none"> ▪ Not seeing anything worth enjoying in life

Discussion

Economic-related detractors to attainment of Life Satisfaction are consistent with findings from previous studies by Wang and Hesketh *et al.* (2012) [29], Fisher (1992), Subramnaian

(2013) and Motjuwadi (2013) [16]. The key point is that poor economic status detracts heavily from the experience of life-satisfaction. Majority of respondents were very poor. Their major sources of income are shown in figure 1 below:

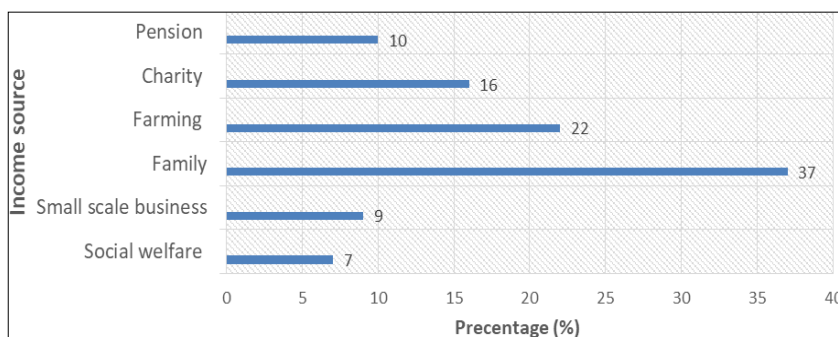


Fig 1: Respondents’ major sources of income

Most respondents reported that their income was insufficient. For instance, at the time of the study in 2016, the average monthly pension for respondents was K390 (approximately US\$39). However, some individual respondents were receiving as little as K57 (US\$5.7) per month. To provide some contextual values for these amounts, a bag of mealie meal, which is the staple food in Zambia, was costing between K90 - K114 (US\$ 90-11.4).

One partial explanation for this could be that the Zambian state pension system is insensitive to inflation and only a small percentage of elderly Zambians receive pensions. In this study, only 10 per cent of respondents had pensions and just 7 per cent received social welfare payments. The reason why so few elderly persons receive pension funds is that very few were ever formally employed. Our findings on those who benefited from social welfare assistance are consistent with the findings by Mukuka *et al.* (2002), who reported that the

social security coverage in Zambia was insignificant, echoing the finding of the ILO (2001) [10], which estimated that only 5 to 10 per cent of the working population in sub-Saharan Africa had access to social security. The ILO study noted that the majority of African countries spent an average of only 4.3 per cent of their (already low) GDP on social security, as compared to 16.6 per cent of GDP spent by high-income countries, which also have social security coverage of close to a hundred per cent (ILO 2001) [10]. Between 1994 and 2006, Zambia allocated as little as 1 per cent of budget funding to social welfare (Kaputo 2010) [14].

A massive 93 per cent of respondents in our study revealed that income they might receive from family members was neither sufficient nor consistent. The implication is that many elderly persons experienced periods in which they did not have access to income at all. This poses many challenges to their survival, and completely undermined their ability to

make and carry out plans. Kamwengo (2004) ^[13] attributed the unsatisfactory nature and level of families' support for their aged relatives to the weakening of the family bonds due to the strains of urbanisation, mass education and Zambia's deteriorating economy. In a study focused on India, Brijnath (2011) ^[2] blamed the weakening of the extended family on Westernisation which tend to encourage more the values of individualism and nuclear families.

While these factors are certainly applicable, in our view, the poverty experienced by family members themselves largely accounts for this state of affairs. As Mapoma (2013) ^[15] argued, families are unable to financially support their aged relatives fully due to their own poor economic status. Mapoma pointed out that respect for one's elders is an indelible aspect of Zambian culture, and where resources are available, families would endeavour to take care of their elderly relatives. The results of Zambia's 2010 national population census also testified to the fact that poverty levels are high, with over half (61%) of the Zambian population living below the poverty datum line and 42 per cent of the population considered to be extremely poor (CSO, 2012) ^[4].

The majority (58%) of these extremely poor people live in the rural areas (Rasmussen *et al.* 2014) ^[22], and as noted, our study was conducted in a rural area. Our observations were consistent with the census report (CSO 2012) ^[4] and C *et al.* (2014). Extreme poverty was evident in the inadequacy of housing and latrine facilities, particularly in the informal settlements in Zambia. The photographs in Figure 11.2 were taken in an informal settlement within the study area and are an example of the facilities that many elderly people in these areas have access to.

As regards health-related factors, our findings were also consistent with previous research. Wang and Hesketh (2012) ^[29] showed how physical health positively affects the physical, psychological and fiscal well-being of retired or elderly persons while a decline in physical health has a negative impact in all the same aspects of life. Bonsang and Van Soest (2012) ^[1] found that people with fewer health problems enjoyed higher levels of life satisfaction than those with a lot of health problems. In our study, respondents were asked to indicate if they suffered from any of four chronic diseases, namely: diabetes, high blood pressure, tuberculosis, and general body pains. A shocking 99 per cent of respondents reported that they suffered from one or more of the four ailments; this was true for both male and female respondents irrespective of age.

Our findings on functional disability as detracting from Life Satisfaction are consistent with those by Good *et al.* (2011) ^[8] who conducted a study in New Zealand. Similarly, our finding that unsatisfied wants and needs impact negatively on Life Satisfaction in late adulthood was in line with the work of Yirmibesoglu and Berköz (2014) ^[30] in Turkey. The finding that aging itself detracts from Life Satisfaction is consistent with those of Gretchen *et al.* (2011) ^[7] who show that the diminishing reserves of energy that ageing adults have access to causes them to cease to engage in activities they have previously engaged in and enjoyed or received some positive feedback for.

The resulting discord between what a person can do and what they might desire creates dissatisfaction. Our findings related

to depression echoed the work of Dhara and Jogsan (2013) ^[5] who assert that the many challenges faced by people as they enter old age may contribute to their risk of depression. Depression is treatable but in communities where geriatric support services are absent, as the case was in the study area, depression in elderly people often went unnoticed. As noted, older children and extended family members often provided material and financial support to ageing parents or relatives. For this reason, the loss of adult children means a loss of social security. This was true in the study area, and indeed in the whole of Zambia and most of Africa. The high prevalence of diseases such as HIV and Aids, tuberculosis and malaria, means that a large number of elderly people suffer the loss of children, grandchildren and other young relatives.

Summary and conclusions

Our findings are consistent with previous research in terms of the factors or categories that promote or constrain life satisfaction (income levels, general health, independence, functionality, etc.). However, the *experiences* linked to these factors reflect the specificity of the Zambian context and, we suggest, might highlight the vulnerability of elderly populations in other African and other low-income countries. Constraints such as having no option but to work in old age, the inability to plan or make decisions due to lack of money, having no independent source of income, being unable to access sufficient food, and not seeing anything worth enjoying in life are clear indicators of this vulnerability. However, the experiences that our respondents mentioned as drivers of Life Satisfaction are similarly revealing of the fragility of their support systems: being able to afford to eat three meals in a day, not having to go to sleep hungry, having well behaved and well-educated children, being cared for by family members, etc.

As indicated in the introduction, the Activity Theory of Ageing suggests that maintaining high levels of physical and social activities into old age brings about Life Satisfaction, our findings are inconsistent with the theory of ageing. For many respondents, the factors that detract most from Life Satisfaction were related to their economic status, and their need to have to work into old age in order to make ends meet. It seems possible that Activity theory could not adequately explain sources of Life Satisfaction for elderly persons in low income countries such as Zambia.

Zambia, like many other countries, is socially, culturally and economically vastly different from the US, where the Activity theory of ageing originated. The majority of elderly Zambians, whether they have retired from formal employment or not, are struggling to fulfil their basic needs for food and shelter. In view of this, we propose that a theory of ageing is required, that takes into account the differing social, cultural and economic status of elderly persons in different contexts. The implementation of SDG 3 requires governments and other stakeholders to put in place interventions that promote the well-being of all ages. Our findings offer insights that are crucial to the design of appropriate interventions to both counter factors that constrain the attainment of life satisfaction and enhance the well-being of elderly persons in a range of different contexts. It is also worth mentioning that the contextual factors that affect the attainment of life satisfaction

and well-being are varied and many. Consequently, we recommend that more research on the life satisfaction of elderly populations in different contexts within and outside Zambia be undertaken.

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