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## The Elderly People's Own Perception of Their Social Well-being in Selected Mainstream Churches in Affluent Karen-Langata Nairobi, Kenya

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### **Abstract:**

*The world is experiencing exponential growth in the elderly population. Old age is a difficult time characterized by unfamiliar terrain of loss of traditional family social systems, poor health, and social challenges. This study examined the elderly people's own perception of their social well-being in selected mainstream churches in affluent Karen-Langata, Nairobi, Kenya. The study used a qualitative descriptive phenomenological approach. A purposeful sampling method was used to select 11 respondents in the in-depth interviews and 12 respondents in the focus group discussions. The population of the study was the category of the young-old who were 60-75 years. Verbatim data were transcribed, and descriptive themes were generated to show individual perspectives. According to the findings, the death of spouses, dwindling social networks, lack of social roles, and broken family ties led to isolation, loneliness, and poor social integration. Their sense of solidarity and inclusion in society was experienced through an invitation to functions and receiving and giving aid, while it was also hampered by not being visited, loss of mobility due to illness, and by living in isolated neighborhoods. In addition, belonging to welfare groups, church fellowships, and receiving economic support and social support from significant others gave the elderly people a sense of belonging and therefore influenced their social well-being. The growing elderly population should prompt policymakers to give priority to measures that will improve their social well-being. The government should review the Ksh. 2,000 given to the elderly, considering those who also retired at 60 years. Elderly-friendly insurance plans or free medical services for the elderly should be available. The churches should also prioritize programs for the elderly.*

**Keywords:** Elderly people, perception, social well-being

## **1. Introduction**

### *1.1. Problem Statement*

There is a global concern about the increasing number of elderly people, which needs to be put into perspective. Most of the research on elderly people has been conducted in developed countries, which reflects their ecological context and may not be applicable to different settings (Chung et al., 2021; Lopez et al., 2020; Saadeh et al., 2020). Several studies on the psychosocial well-being of older adults have been conducted in Nigeria and South Africa (Animasahun & Chapman, 2017; Geffen et al., 2019; Wang et al., 2018). Studies of the elderly in Kenya focus on the elderly living in rural areas, urban slums, and nursing homes (Henia, 2019; Kago et al., 2016; Kyobutungi et al., 2010). This study seeks to fill a knowledge gap in the literature to understand how the elderly people attending mainstream churches in affluent Karen-Langata perceive their own Social well-being. The study aimed to gain a better understanding of elderly peoples' own perception of their social well-being in selected mainstream churches in affluent Karen-Langata, Nairobi, Kenya.

### *1.2. Research Objectives*

To examine the elderly people's own perception of their social well-being in selected mainstream churches in affluent Karen-Langata, Nairobi, Kenya.

### *1.3. Hypothesis*

There is no relationship between elderly people's own perception and their social well-being.

## 2. Methodology

The study was conducted in mainstream churches in affluent Karen and Langata in Nairobi, Kenya. The respondents were from:

- St. Francis Karen,
- Regina Caeli Catholic Church Karen,
- Africa Inland Church Langata,
- Presbyterian Church of East Africa Karen,
- St. Luke's Methodist Church Karen, and
- Karen community church

The study used a qualitative descriptive phenomenological approach. The study used purposeful sampling, where the respondents were specifically selected. The sample size for the study was 17. The criterion for sample size was based on data saturation and not on the number of the sample size (Bryan, 2012). Out of the 17 respondents, 11 participants were in the in-depth interviews. There were two focus groups. In one of the groups, 6 respondents had taken part in the in-depth interview, while 6 respondents were from a fellowship group that met on Wednesday morning. The population of the study was the category of the young-old who were 60-75 years. The respondents were identified by the clergy and the church administrators. The inclusion criteria used by the clergy and the church administrators were that only the elderly congregants in the selected mainstream churches could participate in the study. They also had to be in the category of 60-75 years old, able to express themselves with clarity to generate data specific to the study, and willing to take part in the study. All the elderly people who were in the category of 60-75 years were invited to take part in the study. They were all educated on what the study entailed, but only those who volunteered and signed the consent form took part in the study. A demographic Questionnaire, an in-depth interview questionnaire, and focus group protocols were used to collect data. The survey asked about the respondents' age, gender, marital status, educational background, occupation, religious affiliation, and a number of children. Any queries or requests for clarification made by participants during the five to ten minutes it took to complete the questionnaire were answered. The study used in-depth face-to-face individual interviews, which involved semi-structured open-ended focused questions. The interviews were video and audio recorded. In-depth interviews involved intensive individual interviews where a respondent's perception and account of a particular idea or subject are intensely explored (Deterding & Waters, 2021). It gave the elderly people in the study an opportunity to speak out in their own words about their own perception of their social well-being. The interview helped create rapport and brought mutual respect between the researcher and the participants. On the other hand, in-depth interviews ensured the respondents avoided bias as they shared their own opinions without the influence of others (Bergen & Labonté, 2020). In-depth interviews helped the researcher overcome resistance and minimized no-response. The researcher got a chance to get spontaneous reactions, which avoided misinterpretation of the respondents' meaning (Lota et al., 2022). The researcher came to the levels of the respondents and involved everybody in group discussions. The face-to-face interviews helped in observing their characteristics and environment, which helped in interpreting the data and ensured the validity of the study (Sato et al., 2020). The focus group discussions were planned and tailored to the respondents' perceptions of the study. The topics and lists of open-ended questions were determined beforehand. The researcher chose the focus group because it helped get varied information on the topic of research and to ensure there was saturation of the gathered data. The focus groups also helped to identify the beliefs, ideas, and opinions of the homogeneous study group. The focus group discussions helped the researcher identify the needs of the elderly and the policies or programmes needed to develop interventions to ensure their psychosocial well-being. The pilot study provided the pretesting of the study instruments. A pilot study provided valuable information to the researcher and intended study by determining the feasibility of the study (Malmquist, 2019). The pilot study was smaller in size and was done before the actual study. This guided the researcher in planning, modifying, and analysing the actual study. It also helped in assessing randomization and blinding while checking the suitability of recruitment and consent procedures (Ismail et al., 2018). The pilot study assessed the acceptability of the study in the intended study population (Lacey et al., 2019). This, therefore, helped select the most appropriate outcome measure. At the same time, a pilot study helped minimise unnecessary efforts from the researcher and the participants (Busetto, 2020; In, 2017; Malmqvist et al., 2019). The pilot study was done in five mainstream churches in Kiambu County. The semi-structured and open-ended questions clarity on the questionnaires was guaranteed by the pilot study. It also enabled the researcher to estimate the length of time it would take to conduct in-depth interviews and hold a focus group. The total number of participants was five, one from each church. Bowen's Systems Theory and Eric Erickson's theory of Human Development guided the study. Pac University and NACOSTI gave the researcher permission to conduct the study. Data was collected using videotape recordings and field notes. Verbatim data was transcribed, and descriptive themes were generated to show individual perspectives.

## 3. Findings and Discussion

The study sought to establish how the perception of the elderly determines their social well-being. To achieve this objective, the study interviewed the elderly on their social integration at their present age, their social networks before their present age, how often they met the community members now, the strength of their relationships, and the sense of solidarity among members. The study sought to find out:

- If they enjoyed equal opportunities in the community like everybody else and how attached they were to their community,
- If there was social interdependence in their community, and
- If they enjoyed the social support, and how this contributed to their social well-being

The study also interviewed the elderly on how their age prevented them from accomplishing their social well-being. Data on how the elderly perceive their social well-being was obtained by extracting various expressions of respondents' subjective experiences. Table 1 displays the findings, which are indicators of social well-being.

Themes	Sub-themes
Elderly people's social life before retirement/resignation. The elderly's social roles contribute to the present age Poor social integration in old age	<ul style="list-style-type: none"> <li>• Vibrant social life, community and neighborhood, church and family engagement</li> <li>• Membership in women's groups, involvement in church, community economic ventures</li> <li>• Issues in old age: Bereavement of spouses, dwindling social networks, lack of social roles, broken family, ties isolation and loneliness.</li> </ul>
Social networks before their present age Sense of solidarity in the community	<ul style="list-style-type: none"> <li>• Rich social networks</li> <li>• Losses: death of spouses, loss of businesses and jobs</li> <li>• Occasional incidents</li> </ul>
Social inclusion in the community Lack of social acceptance of the old age Social networks and social well-being in the old age	<ul style="list-style-type: none"> <li>• Being given roles to play, invitation to functions, receiving and giving aid</li> <li>• Not being visited, loss of mobility, not being factored in social groups, living in isolated neighborhoods.</li> <li>• Sense of belonging: Welfare groups, church fellowships, receiving economic support, and social support from the significant others.</li> <li>• Lack of social well-being: sickness, family cut-offs, lack of finances, no church support</li> </ul>

Table 1: Themes and Sub-themes Indicators of Social Well-Being

The extraction of various expressions of respondents' individual experiences provided data on how the elderly's perception influences their social well-being. Table 1 shows a summary of the themes and sub-themes that were captured during the interview as indicators of social well-being.

### 3.1. Elderly Peoples' Social Life

Social acceptance and social integration are dimensions of social well-being (Bartels et al., 2019). Social integration refers to people's attachments to the larger society as measured by their organizational, occupational, and community roles. Social acceptance is the process of being accepted and assimilated into society by its members (<https://dictionary.apa.org>). Lack of social integration leads to social isolation and loneliness, which has an impact on the social well-being of the elderly (Hämmig, 2019). The objective of lack of meaningful social contact, as measured by network size and community involvement, is commonly defined as social isolation (Leigh-Hunt, 2017).

Older adults are more vulnerable to social isolation and loneliness because they are functionally very dependent on family members or community services (Hwang et al., 2020). Retirement, the death or institutionalization of friends and relatives, the possibility of living alone, and the increasing geographical mobility of their social network may cause their social ties to dwindle over time (Torres, 2018). Isolated older adults have a higher risk of poor mental and physical health outcomes, which affects their social well-being (Holt-Lunstad, 2020).

### 3.2. Elderly Peoples' Social Life before Retirement/Resignation

This study aimed to determine the social life the elderly people had in their communities before retirement or before resignation. The majority of the respondents were actively involved and held various roles in their communities before they retired or resigned, as intimated in the following responses. Those who were actively involved in their communities were 8 (73%), while 3(27%) were too busy building careers and bringing up their children to get involved in community affairs.

Respondent No. 1 stated: *"I loved to have fun, going to parties, hosting and going for drives and holidays with family and friends. I belonged to the women's guild in my church and was involved in neighbourhood events. I also was holding pieces of training when I had cows. I was active in church groups. We would visit the sick, help in the brigade, or help the youth. We also had women's groups where we would contribute and take loans."*

Similarly, respondent No.3 said: *"I'm a member of our neighbourhood life group. I usually write to inform the neighbourhood of any happenings. I have been the secretary of the extended family. We pray, advise, and mentor the younger generation. I have, however, pulled out after the death of my husband to take time to grieve. I was hurt by their insensitivity in their talks after my husband died, and cannot imagine them coming to our housewives with their husbands. I was a member of Bible Study Fellowship (BSF)."*

Respondent No. 08 added: *"In church, I held positions which gave me satisfaction. I was a member of the women's guilds in the main church and a member of many women's groups, in some of which I held leadership positions; I was also a*

member of the neighbourhood group. In up country, I did not play any role because it was far; we only used to visit there over Christmas holidays."

Respondent No.11 stated: "I was involved in sports in the bank. I also was involved in politics, and I campaigned for my husband, so I was involved in women's groups and the youth in the upcountry. I have been an usher, a Sunday school teacher, a life group, and a prayer ministry member. I helped the international students from Africa International University in my church and supported those bereaved from the neighbourhood."

Those who were not fully involved in their communities had reasons for either being too busy in their places of work or raising their families or both. Below are their responses.

Respondent No. 04 said: "I was working and growing the family, so I did not play any roles in the community."

Respondent No.02 added: "There was not much involvement. I was busy with school and family, although I was still involved in the church as an usher, women's meetings, and family retreats."

Respondent No.09 also responded: "I was too busy working and bringing up the family to play any leading role. I hosted my extended family when they visited our home and was a member of the church and the neighbourhood groups."

### 3.3. Leading Vibrant Lives

The elderly people led a vibrant social life before retirement or resignation. They went to parties, hosted people in their homes, and were involved in church groups and in their neighbourhoods. They also held leadership positions, took part in sports, and supported the needy. The elderly people were also raising families and supporting their spouses in their work. According to Eric Erickson, the basic task in middle adulthood from the age of 45 years to 65 years is the development of generativity, which is the urge to expand one's influence and commitment to the family, society, and future generations. The study's population is between 60–75 years, so the seventh developmental stage spills over to the eighth stage of Generativity vs. Stagnation, and then explains why the majority of the elderly were involved in their communities and their families.

### 3.4. The Elderly Peoples' Social Roles and Contribution in the Present Age

This study sought to find out the social contributions of the elderly in their communities at their present age. The findings showed that 8 (73%) respondents were still involved in their communities, while 3(27%) were no longer involved in their communities. Their responses are captured in the following sentences:

Respondent No.02, a 75-year-old retired teacher, said: "I'm involved in Deborah women's welfare where we do table banking once a month. I teach the word of God in a Primary school once a week, organize to help the needy children in Hadassa Children's Home, an orphanage, once a year, am a member of the neighbourhood groups, and lead my life group bible study group."

Similarly, respondent No.06, a 61-year-old water engineer, also said: "I'm involved in raising money to build churches, I'm a board member in Kapsowar, Kabarak, and I'm also in the board involved in the coordination and the rebuilding of the infrastructure of missionary hospitals in Kenya. I encourage my children to take part in church functions and help in building churches upcountry."

Respondent N0.04 also reiterated: "I have been coordinating table banking. I'm the chairperson of the neighbourhood women's group. In church, I led women's and other ministries. Currently, I'm a member of the elders' court, the call committee in the church, the resource mobilization committee, the mother of Abigail family in the church, and a mentor to many young people. I find myself coordinating families, weddings, and funerals."

Respondent No.07, a retired statistician, added: "I'm a member of Catholic Women Association; we are divided into cells we fellowship together every Monday evening. I belong to Jumuia, which deals with the specific area we meet to pray and take part in weddings and funerals once a month. As a member of CWA, we each have a day to lead prayers. I'm also a member of the MGR merry-go-round of 12 women in the neighbourhood, which tries to bring the neighbours together to know each other. We also have a group called 'Kenyu na kenyu'; we meet every month in each other's house, laugh, and have a lot of fun. We were in school together from form one to form six. We know each other's family in and out. We have been friends for almost 40 years. We have a WhatsApp group where we share many things. If they are good, we celebrate, and if they are bad, we pray for each other. We are too close. I also belong to 'golden mothers,' who contribute some money every month. We are about 50 and almost the same age, and we meet once a month. They also are almost the same age. The meetings make me feel lively and happy. I don't want to miss them."

### 3.5. Membership in Social Groups, Involvement in Church, Community Economic Ventures

In old age, the concept of social participation leads to social integration, and it is highly valued because it is one of the determinants of the health of elderly people (Aroogh & Shahboulaghi, 2020).

It is worth noting that the respondents participated in social groups like the women's and men's groups where they gave each other social support like attending each other's functions like weddings or children's graduation. The members also came through for each other when calamities like sickness or death would strike by raising funds to help the affected. The elderly people held leadership positions in the church, where they mentored the young people. The elderly people were also involved in groups where they contributed money in the form of merry-go-rounds, and this promoted them economically. Belonging to these groups led to their being integrated with their communities, as earlier noted by Aroogh & Shahboulaghi (2020) (Hämmig, 2019). The Respondents who lived in gated neighbourhoods which shared community facilities like security were more integrated than those who lived in their own compounds. Some respondents

had social networks they had kept since they were in school. The social networks gave them a sense of belonging and promoted their social well-being.

### 3.6. Poor Social Integration in Old Age

There were also some elderly respondents who were not fully involved in their communities for various reasons, which were captured in the following sentiments.

Respondent No.01, a 69-year-old, noted: *"Losing my husband and getting sick brought uncertainty and changed my social life. The social connections which I had when I was working are no more. People do not visit me anymore, and I miss the company. They only come when I have an occasion. They also do not call. I have no more social roles since I'm no longer mobile. In the church, the roles are given to young people, and by the time the church is over, I'm so tired that I just go home to rest. The grandchildren I hoped to spend my old age with do not even want to talk to me or come near me. They only come when their parents send them, and they are always in a hurry. I don't know whether their parents speak ill of me."*

Respondent No.8, a 74-year-old retired administrator, added: *"I retired in the church at 65 as a leader to allow the younger generation to serve. I'm a church member attending the meeting, I still belong to the women's guild, but I'm no longer actively involved in social groups."* Respondent No.11, a 63-year-old retired banker, said: *"I moved houses, and in my present neighbourhood, I only talk to the person who looks after my house when I have travelled. I'm no longer involved in the roles I played before. I lead a quiet life."*

#### 3.6.1. Issues in Old Age

Issues like bereavement of spouses, dwindling social networks, lack of social roles, and broken family ties lead to poor integration of elderly people in old age. The elderly people reported that when their spouses died, their social connections broke. Their friends and their children stopped visiting them. The broken family ties mean they are no longer in touch with the family. The roles they held when they were young are now given to younger people. Respondent No.01 lacks social involvement in her community as she no longer has social roles, has no connection with social networks, is lonely, and has self-pity. This is consistent with the findings of Hämig (2019), who noted that a lack of social integration leads to social isolation and loneliness, which affects the elderly's social well-being. In addition, she has an emotional cut-off from the family as she suffers from separation or isolation from the family of origin, and her children and grandchildren seem to avoid her to avoid conflicts, as earlier posited by Lampis et al. (2019).

Respondent No.8 and respondent No.11 have less network involvement, meaningful social contacts, and community involvement, which are not dependent on family members and community services. This makes them vulnerable to social isolation and loneliness and therefore compromises their social well-being, as noted by Hwang et al. (2020).

It is also worth noting that the social ties have dwindled due to retirement, and the death of friends and relatives, resulting in their living alone, as in the case of Respondent No.1 and respondent No.11, and this has affected their social well-being and this was also noted by Torres (2018) and Holt-Lunstad, (2020).

#### 3.6.2. Social Networks before their Present Age

This study sought to establish social networks of elderly people before their present age.

Social coherence refers to the social connectedness and solidarity that provide elderly people with a sense of belonging in their relationships and the society in which they live. It can also be seen in the members' willingness to work together for survival (Hourzad et al., 2018). Social relationships, which can be dyads of family, friends, or co-workers, ensure the physical, financial, and cognitive well-being of the elderly (Hsieh & Liu, 2021). Individuals can use social networks to join and participate in groups and community organizations (Choi et al., 2018).

The majority of the respondents reported they had rich social networks before their present age, as captured in the following conversations:

Respondent No. 07, a 73-year-old retired statistician and a mother of 3 children, said: *"We have a group called 'Kenyu na kenyu.' We meet every month in each other's house, laugh, and have a lot of fun. We were together in school together, from form one to form six. We know each other's family in and out. We have been friends for almost 40 years since form one."*

Respondent No. 04, a 65-year-old widow and a mother of 3 children, added: *"I had friends from work, but the friendship ended when I stopped working. I have been close to my siblings. We used to have family friends when we were younger, but after my husband died, the friendship dwindled. They no longer visit or call us."*

At the same time, Respondent No.03, a 70-year-old retired secretary, a widow, and a mother of 4, explained: *"I had many friends when I was running a business. I also had a chance to travel with them since we could get free tickets. We hosted many of these friends and visited them too. Since I stopped working and my husband died, I don't like seeing any of them."*

Respondent No. 11, a banker, a widow, and a mother of 2, stated: *"I had no real friends in school, neither did I have lasting ones at work. I can count those I can call friends. No one visits me now."*

From the focus group discussion, Respondent No. R001, a 65-year-old mother of 5, said: *"This fellowship was started 30 years ago. We started meeting with our spouses when our children were young. Now some of our husbands have died, and our children have grown up and left home. We will continue meeting until the lord calls us home."*

### 3.6.3. Rich Social Networks

The majority of the respondents had reported that they had rich social networks before their present age. Respondent No.07 has kept her high school networks for over 40 years, while the fellowship group has been meeting for more than 30 years. However, Respondent No, 11 reported that she had no real networks before her present age, and neither did she have any social network at her present age.

### 3.6.4. Losses

The death of a spouse, loss of jobs, and loss of businesses affected the elderly people's network, as reported by Respondent No. 04, a 65-year-old widow and a mother of 3, while Respondent No.3. a 70-year-old retired secretary and a mother of 4 said that these losses affected their social well-being.

### 3.7. Sense of Solidarity in the Community

This study sought to establish a sense of solidarity in the elderly people's community. These findings were captured in the following conversations:

Respondent No.04, a 63-year-old retired banker, a mother of 3, and a widow, said: "*Some of my neighbours are very close to me. Whenever I have had an emergency, they are the first to arrive. The same applies to me when they have emergencies like bereavement, or if their siren sounds, I will be concerned about it.*"

In addition, Respondent No.03, a 70-year-old retired secretary and a widow, responded, "*In my family of origin, I pray the role of the head of the family since my brothers died that means there is nothing that can go on in the family without me getting involved. The two children who are living outside the country call me all the time and come to visit with their families when they can. My son, who lives next door, checks on us with my daughter, who lives with me. We have a family conference call once a week. The neighbours and the church members visit when a calamity like when I lost my husband struck. The neighbours and the larger family involve me in their occasions; they can even postpone when I'm not available.*"

Respondent No.07, a retired statistician, also added, "*When they don't see me, they ask what is wrong and look for me. If it is a wedding, I don't wait to be invited. I go and ask what I can do or how I can help. I'm supposed to be there; I'm completely involved in their social lives.*" Respondent NO.11, a 74-year-old retired administrator, said, "*The church is like a family. We are zoned into groups. If I have an issue, they are there for me. The neighbour also gives me the same assistance when I need it.*"

From the focus group discussion, the elderly noted, "*One of the members of this group has a big car, and her driver come picking all of us who can't drive or have no cars and drops us after the fellowship. We also check on each other and send apologies when we miss out. If one is sick, those close to them will check on them.*"

### 3.8. Occasional Incidents

The result indicates that the closeness was mostly occasional. The majority of the respondents did not visit each other in the neighbourhoods but would turn up if they were invited for functions or if there was a calamity like death, or if there was a common problem like security. Other meetings were periodical, like church meetings and family meetings.

From the above conversations, it emerged that the relationships of the elderly in this community were not so close. On the other hand, those who belonged to the Wednesday fellowship group were close, except for Respondent No.3, whose neighbours were her children, but the rest of the people did not check on each other. However, their meetings were periodical, necessitated by things they had in common, like the church, and things that were common to them, like discussing security.

### 3.9. Social Acceptance of the Elderly

Social acceptance is the process of being accepted by the members of a society and being assimilated into that society. It is marked by an increased frequency of interaction with neighbours or when other people show signals that they want to include the elderly in their groups or relationships (Bartels et al., 2019). It also entails respecting the elderly and seeing that they have something they can contribute to the community. Social acceptance is seen in the interdependence in the community and social relationships, and it ensures that everybody enjoys equal social support.

### 3.10. Social Inclusion of the Elderly in the Community

This study sought to establish how the elderly felt they were socially accepted in their community. The results indicated that 9 (81.82%) of the respondents felt they were socially accepted in their communities, while 2(18.18%) respondents felt the community did not socially accept them. The following are the respondents' disclosures:

Respondent No.02, a 75-year-old retired teacher and a mother of 3 children, said, "*They normally invite me to their functions, and when I invite them as I did on my son's wedding, they come. They remember our wedding anniversary and birthdays and send gifts. I'm also given roles to play, like praying in their functions.*"

In addition, Respondent No. 03, a 70-year-old retired secretary, a widow, and a mother of 4, also retorted: "*When I have a problem like when I lost my husband, they all came to help in the funeral arrangements. I'm free to call them any time I need them, and they also call me when they need me. They are warm towards me.*"

Respondent No.06, a 72-year-old retired marketer, also said: "*They call upon me when they have medical camps. They also invite me to be a member of Board of Management in local high schools in the country. I'm one of the leaders in the neighbourhood, and they come for consultations when they need me. The locals also have a say on whom they want in their*

boards. This then shows they know I have something to offer along with the local academic giants like Professors who are the other members of the board."

Respondent No.07, a 73-year-old retired statistician and a mother of 3, said: "When I have a problem, they visit me and provide financial aid. They also invite me to their own houses for their functions. They will not hold functions without me and receive my help. If I find many cars outside their home, I will just go and ask if they are okay."

These responses indicate that the majority of elderly people feel that they are accepted in their community, and this translates to their social well-being. However, there are those who did not think the community accepted them socially. Their responses are mentioned below:

Respondent No.01, a 69-year-old retired secretary, a mother of 4, and a widow, had this to say: "The social connections which I had when I was working are no more. People do not visit me anymore, and I miss the company. The neighbours only come when I have an occasion, and that is when I invite them. They also do not call or check on me. I have no more social roles since I'm no longer mobile. In the church, roles are given to young people. I don't think the community cares for old people like me."

Respondent No.11, a 63-year-old retired banker, a mother of 2, and a widow had this to say: "The neighbours live their own lives. None of them call me and I don't feel free to call them or visit them. In the church, only my Sunday school group can check on me when they don't see me in the monthly meeting. There is a widow's group in the church which I declined to join because I felt it was labelling. There is no other women group based on age. I have not been factored in by the local government in any social support group."

From the focus group discussion, the respondents had this to say. Respondent No. 0003, a 68-year-old retired teacher, a widow, and a mother of 3, said: "The church does not include the elderly in their functions; I don't even know my neighbours. If you live in a gated community, then you have things in common, but for someone like me, who lives in his own compound alone, if anything happens to me, it will take so long for others to know."

### 3.11. Invitations and Playing Roles

The majority of them felt that being invited to functions and having roles to play in their families, communities, or churches was a form of inclusivity. The invitations would be for weddings, birthdays, or any other social function. Respondent No. 06, a 70-year-old retired marketer with 2 children, feels the community recognizes he has something to offer when they choose him to be a member of the school board together with the academic giants like the professors or when they invite him to take part in medical camps. This makes him feel that being a part of his community raises his self-esteem and positively impacts his social well-being.

### 3.12. Receiving and Giving Aid

Social acceptance is also experienced by the elderly when they receive or give aid. This can be in social support when they turn up when there is a crisis like a sickness or even death. Respondent No.03, a 70-year-old retired secretary, a widow, and a mother of 4, felt her community was warm towards her since they went to see her and to arrange for her husband's funeral; therefore, she felt free to call them if she was in a problem and to also offer her help if they ever needed her. This, of course, then positively impacts her social well-being.

#### 3.12.1. Lack of Social Acceptance of the Old Age

Respondent No.01, a 69-year-old retired secretary, a mother of 4, and a widow, felt she was not accepted in her community. Nobody visited her, she had no social networks, and she felt the church ignored the old people but concentrated on the young people who were given roles to play. She also felt that the community did not care anymore for old people like her. Respondent No.11, a 63-year-old retired banker, a mother of 2, and a widow, similarly felt that the neighbours lived their own lives. The church did not keep her age factor in mind and labeled her a widow; therefore, she felt she was not accepted in her community.

It is worth noting that respondent No.01, respondent No.11, and respondent No. 03 are widows whose children have left home and who live alone. They feel they are socially accepted by their communities. This is consistent with the finding by Menec et al. (2020) that social isolation, which can be caused by living alone and having no networks, can lead to a lack of emotional support and, therefore, poor social well-being.

#### 3.12.2. Social Networks in Old Age

The study also sought to establish what social networks the elderly had and how they had impacted their social well-being. 6 out of 11 respondents (54.5%) said they had strong social networks, which impacted their social well-being. On the other hand, 5(45.5%) of the respondents said they had no social networks, which had impacted their social well-being. Their sentiments are recorded in the following sentences:

Respondent No.05, a 61-year-old engineer and a father of 5, noted: "I'm a member of an engineers' group of 300 whom we studied within the university. We raise money to help each other in case of a problem, check on each other through WhatsApp, and invite each other to our children's functions. If one of us is unwell, we send those who live near them to check on them. If money is needed, we will raise it. When we can, we will visit. This gives me a sense of belonging."

Likewise, Respondent No.06, a 72-year-old marketer and a father of 3, had this to say: "I still have friends I grew up with. Like the one we walk with in the morning, we have been friends since we were growing up. I have others I have acquired as I worked and in the church; although we do not meet often, we touch base through the phone."

Respondent No. 07, a 73-year-old retired statistician, and a mother of 3, said: *"I belong to a merry-go-round of 12 women in the neighbourhood. We were trying to bring the neighbours together to know each other. I'm also in a group called 'Kenyu na kenyu' (unity is strength), where we meet every month in each other's house to laugh and have a lot of fun. We were in school together from form one to form six. We know each other's families in and out. We have been friends for almost 40 years. We have a WhatsApp group where we share different stories of our lives. If it is good, we celebrate, and if it is bad, we pray for each other. We are too close. I'm in another one called the 'golden mothers.' We contribute some money every month; we are almost the same age (about 50), and we meet once a month. These meetings make me lively and happy I never want to miss them."*

Respondent, No. 08, a 74-year-old retired administrator and a mother of 5, said: *"I belong to a church group; we are close to each other; this helps us speak out. If there is a crisis, the 3 elders help you with prayers. There is trust, and they make you comfortable. For example, if a loved one is lost, even before you tell your family, they will mobilize other church members. They will come home to see what you people need and arrange whatever needs to be arranged. They are dependable and trustworthy, and they offer their presence and organize prayer."*

### 3.13. Sense of Belonging

From the above discourses, it is clear that the respondents who had maintained social networks through welfare groups, church fellowships, and friends had some from high school. Receiving economic and social support from the significant others gave them a sense of belonging. They also felt socially accepted and had high social well-being. The respondents who had strong networks exuded happiness and looked forward to meetings with their social networks. They also had a sense of belonging, where they felt a connection with those they related with. This brought about a sense of social acceptance and an attachment to the outside world. There was an interdependence where they felt needed and a willingness to rise to any occasion required of them by their friends. This then made them have a healthy social well-being. Not all the respondents have maintained their social networks, as indicated in the following responses:

Respondent No.11, a 63-year-old retired banker and a mother of 2 children, reiterated: *"I don't have networks from where I used to work or where I went to school. We, however, have a Sunday school teachers group, and we check on each other once in a while, and we meet monthly. In case of an emergency, we have a neighbourhood WhatsApp group where we can communicate any information. It is not an intimate group, and I'm just a member, so it does not impact me in any way."* Similarly, respondent No.4, a 65-year-old retired banker and a mother of 3, said, *"I don't have very close friends from where I went to school and from work. I have five phone friends, but my true friends are my neighbours."*

The same sentiments were noted by respondent No. 09, a retired banker and a mother of 5, in the following sentences, *"I retired at 32 years, so I don't have social work networks; neither do I have networks from school I can talk of. The groups I have are not very close to me to make any impact."*

Respondent No.01, a 69-year-old retired secretary, said, *"I have no social networks since I don't go out because of arthritis. I used to go to the club, but I no longer go there because of a lack of resources. I don't have any merry-go-rounds; neither do we meet as a family. I go to church for the church service and come home. There are no church groups for people of my age."*

### 3.14. Lack of Sense of Belonging

The respondents who had no existing social networks either from the schools they had attended or places they had worked felt isolated, not socially accepted, and lacked a sense of belonging. Lack of church support for the elderly people, sickness, and lack of mobility contributed to some of them experiencing isolation, loneliness, lack of social acceptance, and poor social well-being. They experienced loneliness and self-pity and hence low social well-being. This is consistent with a study by Wang and Tang (2020) in China which posited that because of lost networks, the elderly reported feelings of insecurity, vulnerability, isolation, and a perceived lack of attachment figures, especially in Urban areas.

## 4. Conclusion

Most of the elderly study participants had high levels of social acceptance, social connectedness, and integration in society, all of which improved their social well-being. The elderly in gated communities with shared roads, neighbourhood gatherings, and security had higher levels of social integration. However, emotional cut-off in families was found to cause separation, loneliness, isolation, and a lack of social integration for the elderly. It was discovered that neighbourhood ties were random and only developed during events like weddings, funerals, and church meetings, which gave the elderly a sense of social cohesiveness, solidarity, and a sense of belonging. The elderly feel socially accepted when they are invited to other people's events, receive financial and social support in times of need, and hold leadership positions in their communities. On the other hand, the elderly felt abandoned, afraid, and unaccepted due to a loss of networks, the church failing to give them roles to play, and living in unfriendly neighborhoods, all of which had a negative impact on their social well-being.

## 5. Recommendations

The growing elderly population should prompt policymakers to give priority to measures that will improve their social well-being. The government should review the Ksh. 2,000 given to the elderly who are 70 years and above and to take into account those who also retired at 60 years. Elderly-friendly insurance plans or free medical services for the elderly should be available. The churches should also prioritize programs for the elderly. They should have transportation

arrangements for those who are unable to attend church services. The church administrators call the elderly and set up home visits to see how they are doing. A fund that helps the elderly who cannot afford the necessities ought to exist. The church should find out if the elderly congregants have health insurance and figure out how to assist them. This would assist the elderly in resolving their problems and achieving their social well-being.

## 6. References

- i. Afshar, P. F., Pirooz, F., & Ajri-Khameslou, M. (2018). Explaining social well-being in the analysis. *International Journal of community-based nursing and midwifery*, 8(1), 55.
- ii. Ang, S. (2018). Social participation and mortality among older adults in Singapore: Does ethnicity explain gender differences? *The Journals of Gerontology: Series B*, 73(8), 1470–1479.  
<https://doi.org/10.1093/geronb/gbw078>
- iii. Animasahun, V. J., & Chapman, H. J. (2017). Psychosocial health challenges of the elderly in Nigeria: a narrative review. *African health sciences*, 17(2), 575–583.  
<https://dx.doi.org/10.4314/ahs.v17i2.35>
- iv. Aroogh, M. D., & Shahboulaghi, F. M. (2020). Social participation of older adults: A concept analysis. *International Journal of community-based nursing and midwifery*, 8(1), 55.  
Doi: 10.30476/IJCBNM.2019.82222.1055
- v. Bartels, A. L., Peterson, S. J., & Reina, C. S. (2019). Understanding well-being at work: and validation of the eudaimonic workplace well-being scale. *PloS one*, 14(4), e0215957.  
<https://doi.org/10.1371/journal.pone.0215957>
- vi. Bennett, V. L. (2020). Portrait of a Novice Medical Family Therapist, Working in a Medical Setting with Head and Neck Cancer Patients Observed Through a Bowen Family Systems Theory's Lens (*Doctoral dissertation, Nova Southeastern University*).
- vii. Cepukiene, V. (2020). The Significance of Family-of-Origin Dynamics for Adults' Health and Psychological Well-being: The Perspective of Bowen Family System Theory. *Interpersonal Relationships*. Intech Open.  
<https://doi.org/10.5772/intechopen.95354>
- viii. Choi, Y., Kwon, Y. H., & Kim, J. (2018). The effect of the social networks of the elderly on housing choice in Korea. *Habitat International*, 74, 1–8.  
<https://doi.org/10.1016/j.habitatint.2018.02.003>
- ix. Chopik, W. J., Bremner, R. H., Johnson, D. J., & Giasson, H. L. (2018). Age differences in age perceptions and developmental transitions. *Frontiers in Psychology*, 9, 67.  
<https://doi.org/10.3389/fpsyg.2018.00067>
- x. Chung, M. L., Fung, K. K. W., & Liu, C. L. (2021). Enabling Factors of Subjective Well-being Depression in Shanghai. *Social Science & Medicine*, 229, 134–143.  
<https://doi.org/10.1016/j.socscimed.2018.08.022>
- xi. Eiroa-Orosa, F. J. (2020). Understanding Psychosocial Well-being in the Context of Complex and Multidimensional Problems. *International Journal of Environmental Research and Public Health*, 17(16), 5937. MDPI AG. Retrieved from:  
<http://dx.doi.org/10.3390/ijerph17165937>
- xii. Frost, R. T. (2019). Use of differentiation of self in family research. In *Handbook of Bowen family systems theory and research methods* (pp. 138–156). Routledge.
- xiii. Geffen, L. N., Kelly, G., Morris, J. N., & Howard, E. P. (2019). Peer-to-peer support model to improve quality of life among highly vulnerable, low-income older adults in Cape Town, South Africa. *BMC geriatrics*, 19(1), 1–12.  
<https://doi.org/10.1186/s12877-019-1310-0>
- xiv. Grønning, K., Espnes, G. A., Nguyen, C., Rodrigues, A. M. F., Gregorio, M. J., Sousa, R., & André, B. (2018). Psychological distress in elderly people is associated with diet, well-being, health status, social support, and physical functioning—a HUNT3 study. *BMC geriatrics*, 18(1), 1–8.  
<https://doi.org/10.1186/s12877-018-0891-3>
- xv. Gyasi, R. M., Adu-Gyamfi, S., Obeng, B., Asamoah, E., Kisiangani, I., Ochieng, V., & Appiah, K. (2021). Association between physical activity participation and perceived social isolation at older ages: Do social participation, age, and sex differences matter? *Archives of Gerontology and Geriatrics*, 96, 104441.  
<https://doi.org/10.1016/j.archger.2021.104441>
- xvi. Hämmig, O. (2019). Health risks associated with social isolation in general and in young, middle and old age. *PLoS One*, 14(7), e0219663.  
<https://doi.org/10.1371>
- xvii. HAO, Haiyan, Inheritance, and Innovation of Chinese Filial Piety Culture (February 28, 2021). *Philosophy Study*, February 2021, Vol. 11, No. 2, 89-95 doi: 10.17265/2159- 5313/2021.02.002, Available at: SSRN: <https://ssrn.com/abstract=3801307>
- xviii. Henia, Z. (2019). *Selected psychosocial factors affecting the wellness of the elderly: a case of homes for the elderly in Nairobi County* (Doctoral dissertation, KeMU).  
<http://repository.kemu.ac.ke/handle/123456789/786>
- xix. Holt-Lunstad, J. (2020). Social isolation and health. *Health affairs brief*. 10.1377/hpb20200622.253235

- xx. Hsieh, N., & Liu, H. (2021). Social relationships and loneliness in late adulthood: Disparities by sexual orientation. *Journal of Marriage and Family*, 83(1), 57–74.  
[https://dictionary.apa.org.>social integration](https://dictionary.apa.org.>social%20integration)
- xxi. Hwang, T. J., Rabheru, K., Peisah, C., Reichman, W., & Ikeda, M. (2020). Loneliness and social isolation during the COVID-19 pandemic. *International psychogeriatrics*, 32(10), 1217–1220.  
DOI: <https://doi.org/10.1017/S1041610220000988>
- xxii. Hwang, T. J., Rabheru, K., Peisah, C., Reichman, W., & Ikeda, M. (2020). Loneliness and social isolation during the COVID-19 pandemic. *International psychogeriatrics*, 32(10), 1217–1220.  
DOI: <https://doi.org/10.1017/S1041610220000988>
- xxiii. Kago, M. K., Kavulya, J., & Mutua, D. M. (2016). Influence of Institutionalized Care on Psychosocial Well-Being of the Elderly in Kenya: A Case of Nyumba Ya Wazee Nairobi County, Kenya. *International Journal of Psychology*, 1(1), 30–48.  
<https://www.iprjb.org/journals/index.php/IJP/article/view/288>