

**DYNAMICS OF LIFE SATISFACTION AMONG
ELDERLY PEOPLE IN THE MUNICIPALITY OF
SOLWEZI, ZAMBIA: PROSPECTS AND CHALLENGES**

By

Mubiana Kaiko Sitali

**A Thesis submitted to the University of Zambia in fulfilment of the
requirement for the Degree of Doctor of Philosophy in
Adult Education**

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DECLARATION

I, Mubiana Kaiko Sitali hereby declare that this Thesis represents my work, except where I have acknowledged other authors in order to strengthen my arguments. I further declare that it has not, previously, been submitted for any degree at this University or any other University.

Signature**Date:**

Supervisor's signature.....Date:

APPROVAL

This Thesis of Mubiana Kaiko Sitali is approved as fulfilling the requirements for the award of the degree of Doctor of Philosophy in Adult Education of the University of Zambia.

**Internal
Examiner1** ----- **Signature** ----- **Date** -----

**Internal
Examiner 2** ----- **Signature** ----- **Date** -----

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DEDICATION

I dedicate this Thesis to my late father, *Bo* Kaiko Asenyi Sitali; my late step father, *Bo* Sitali Mutendekwa; my children; Chanda P. Ngoma, Kaiko M. Ngoma, Chewe J. Ngoma and Lungowe C. Ngoma; my all-weather pillar, Michael Ngoma; and to all elderly people.

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CSO	Central Statistical Office
CSPF	Civil Service Pensions Fund
DFID	Department for International Development
DNA	Deoxyribonucleic Acid
FAI	Frenchay Activities Index
HIV	Human Immune Virus
LASIF	Local Authorities Superannuation Fund
LCMS	Living Conditions Monitoring Survey
LSI-A	Life Satisfaction Index – form A
LSI-B	Life Satisfaction Index – form B
LSI-H	Life Satisfaction Index – form H
LSI-S	Life Satisfaction Index – form S
LSITA	Life Satisfaction Index – for the Third Age
LSITA-SF	Life Satisfaction Index – for the Third Age - Short Form
LSI-Z	Life Satisfaction Index – form Z
MCDMCH	Ministry of Community Development, Mother and Child Health
MCDSS	Ministry of Community Development and Social Services
MPF	Mukuba Pension Fund
NAMI	National Alliance on Mental Illness
NAP	National Ageing Policy
NAPSA	National Pension Scheme
PSWS	Public Social Welfare Scheme
SCTS	Social Cash Transfer Scheme
SWLS	Satisfaction With Life Scale
UN	United Nations
WHO	World Health Organisation
ZCCM	Zambia Consolidated Copper Mines
ZISC	Zambia State Insurance Corporation
ZNPF	Zambia National Provident Fund

DEFINITION OF OPERATIONAL TERMS

- Adequate housing:** House with a lockable door; roof that does not allow rainwater in; well-illuminated during day time; and well-ventilated.
- Adequate income:** Finances or support in kind that enables a person to afford the basic needs for daily sustenance.
- Adequate sanitation facility:** A latrine facility that is easy to use by elderly people; provides for safe disposal of faecal matter and urine; easy to clean with soap and water.
- Afrocentric-oriented Theory of Ageing:** A theory that takes into account the uniqueness of African socio-cultural, socio-economic context in relation to Western socio-economic, socio-cultural context.
- Challenges:** Factors that restrain, impede or deter a person from attaining life satisfaction.
- Dynamics:** Changing levels of attainment of life satisfaction among groups within the elderly respondents.
- Eurocentric:** Focusing on European culture or history to the exclusion of a wider view of the world; implicitly regarding European culture as pre-eminent.
- Geriatric centres:** Medical or social science facilities dealing with the health and care of old people.
- Life's course:** A person's entire life from conception to old age.
- Life satisfaction:** Contentment which results in judgment of one's overall life in a favourable manner. The more satisfied the better the quality of life and living.
- Prospects:** Likelihood of attainment of life satisfaction. In this study, prospects also refer to factors that are likely to facilitate or boost attainment of life satisfaction; also referring to vision or possibilities of attainment of life satisfaction.
- Retirement:** Period of cessation of full-time employment after reaching a stipulated age as set by the national government.

Social Security: Financial, or in-kind support services given to elderly people to cushion them against the effects of destitution during their unproductive years brought about by old age.

ABSTRACT

This study sought to examine dynamics of life satisfaction among elderly people and to explore prospects and challenges to its attainment. The main purpose was to create an enabling environment for attainment of life satisfaction. Creating an enabling environment for attainment of life satisfaction among the elderly should be of great interest, given that Zambia's population, like the global population, is ageing at a faster rate than before. Population ageing has implications for nearly all sectors of society, including labour and financial markets, demand for goods and services, such as housing, health, and social protection. Attainment of life satisfaction is crucial in the process of ageing as it is linked to physical, mental and spiritual wellbeing. At the time of the study, little was known on the status of life satisfaction among the elderly and challenges, and or prospects of its attainment. Consequently, study objectives were to: examine the dynamics of life satisfaction among the elderly; explore contextual prospects to attainment of life satisfaction among the elderly; critically examine contextual challenges to attainment of life satisfaction among the elderly; assess the adequacy of the National Ageing Policy (NAP) in enhancing prospects to attainment of life satisfaction among the elderly. The guiding theories were the Activity Theory of Ageing and Erikson's Theory of Human Development. The study utilised an integrated mixed research design with several data collection instruments, namely; Document Review Guide, Interview Guide, Observation Checklist, and a Satisfied With Life Scale (SWLS) with Biographical Data Questionnaire. A total of 101 SWLSs were administered on 101 total sample of elderly respondents with 100 per cent response rate. Interviews were held with 3 key informants from National Pension Scheme Authority (NAPSA), the District Social Welfare Officer and the District Medical Officer. The Document Review Guide was utilised on the NAP. The Observation Checklist was employed to observe the respondents' immediate surroundings. Primary data were analysed using the Statistical Package for Social Sciences (SPSS), while qualitative data was analysed using thematic and data condensation methods. The-study's findings were that 58.4 per cent did not attain life satisfaction, while 36.6 per cent attained it. Prospects of attainment of life satisfaction were related to: achievement of minimum basic needs (90%); assured welfare (27%); morality of the children (25%); self-esteem (5%); and longevity (2%). Challenges to attainment of life satisfaction were related to: inability to meet basic needs (85%), poor health (75%); dependency (70%); loss of family members (60%); not having met one's life goals (20%); lack of social security (80%); and physiological consequence of ageing (20%). None of the respondents mentioned activities of leisure in nature as prospects to their attainment of life satisfaction. Assessment of the NAP identified omissions such as lack of clarity on heterogeneity among elderly people, passive involvement of the elderly people in the national policy formulation and implementation, non-emphasis on age-related challenges, silence on the role and expected support for families caring for elderly people and non-inclusion of geriatric services. Recommendations to government and relevant authorities were that they should; increase funding to social security schemes, devise a pension system that is inflation-sensitive, and supplement the NAP with the guidelines suggested by this study.

Key words: Life satisfaction, prospects, challenges, elderly people.

CHAPTER ONE: INTRODUCTION

1.1 Overview

This chapter provides the background to the Thesis on dynamics of life satisfaction among elderly people in the municipality of Solwezi: prospects and challenges. Specifically, the chapter, deliberates on the concept of life satisfaction in relation to population ageing. It, further, discusses trends and projections on population ageing; globally, in developing countries, and in Zambia. Furthermore, the chapter discourses on determinants and implications of population ageing. Finally, it brings to the fore the statement of the problem, purpose of the study, objectives of the study, research questions and significance of the study.

1.2 Life Satisfaction and Population Ageing

For a world whose population is ageing at a faster rate than before, creating an enabling environment for attainment of life satisfaction among the elderly citizens should be of paramount importance. Population ageing connotes a growth in the number and proportion of elderly people in the population. It entails an increase in the share of elderly people in the population compared to younger ones (United Nations, 2017). Correspondingly, when the population is ageing there is a change in the age structure, with an increasing proportion of older people in the population (Mapoma, 2013). Life satisfaction is a concept that was imbedded in the 18th century age of enlightenment and breezed through the 19th century with the view to provide elderly people with a good life (Prasoon and Chaturvedi, 2016).

The concept of life satisfaction has been, unanimously, defined as a degree to which a person positively evaluates the overall quality of his or her life as a whole. In other words, it is how much the person likes the life he or she leads (Veenhoven, 1996). Life satisfaction is one of the indicators of quality of life (Mutjuwadi, 2013; Subramanien, 2013), and it is linked to mental, physical and spiritual wellbeing (Osborn, 2012). It connotes a sense of contentment and joyfulness over a long span of one's life. Quality of life denotes the presence of essential conditions such as sufficient food, housing, and health care, the absence of which the country is not liveable for its inhabitants (Veenhoven, 1996).

Benefits of attainment of life satisfaction cannot be over-emphasised. The most cardinal one being wellbeing (Subramanien, 2013), the resultant of which is successful ageing (Neugarten *et al.*, 1961). Benefits of attainment of life satisfaction are not a preserve for individual citizens alone but extend 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 (Subramanien, 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). When quality of life is good, wellbeing is enhanced. Enhanced wellbeing implies that majority of the elderly may have sufficient physical strength to fulfil their job obligations and contribute positively to the economy of their countries.

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. Therefore, life satisfaction mainly finds its base in three theories, namely; Activity, Continuity and Disengagement theories of Ageing. As summarised by Mutjuwadi (2013), Activity Theory of Ageing is of the view that maintaining high levels of physical and social activities of middle age into old age brings about life satisfaction (Neugarten *et al.*, 1961). The Continuity Theory posited that continuity and prolongation of favourite activities in retirement age would result in life satisfaction (Bearon, 1996); but Disengagement Theory holds an opposing view. The Disengagement Theory claims that what brings about life satisfaction in late adulthood is the voluntary reduction in activity levels and social roles (Mutjuwadi, 2013). However, the common denominator among these theories is that they all strive to prescribe the best possible way of attaining life satisfaction.

Challenges that impede attainment of life satisfaction have been found to be varied by various previous researchers. Chen *et al.* (2014) identified poor dwelling conditions, poor economic status and lack of social support, loneliness and depression as challenges that negatively affect quality of life. Ng *et al.* (2017) cited poor health and poor economic status as the most common challenges that impede attainment of life satisfaction. Both Chen *et al.* (2014) and Ng *et al.* (2017) as well as other previous researchers seem to have consensus that reducing on the challenges would enhance the experience of life satisfaction among the affected individuals.

While this segment brings to the fore the fact that the world's population is ageing at a faster rate than before and that creating a conducive environment for attainment of life satisfaction could be one of the ways to prepare for the elderly population boom, the immediate segment below, gives a brief account on global trends and projections in population ageing.

1.3 Global Trends and Projections in Population Ageing

Global trends and projections in population ageing show 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 2017, global population of people aged 60 years and above numbered 962 million. The number was more than twice as large as in 1980 where there were 382 million older persons worldwide. It is projected that global population of 60 years or over, over the first half of the current century, is expected to increase by more than three times to reach nearly 2.1 billion in 2050. It has further been projected that in 2030, older persons are expected to outnumber children under age 10. Specifically, the global population of children under age 10 will be 1.35 billion while the number of global populations aged 60 and above will be 1.41 billion. In 2050, projections indicate that global population of people aged 60 or over will surpass that of adolescents and youths between the ages of 10 and 24. The projected numbers are 2.1 billion versus 2.0 billion respectively. Further, the global population of people aged 80 years or over is projected to increase more than threefold between 2017 and 2050, rising from 137 million to 425 million. For the first time in history, persons aged 60 or over will constitute a larger portion of the world's population than people aged less than 14 years (United Nations, 2017). The interpretation is that the older population has grown faster than the total population.

When the projections were further extended to 2100, it showed that elderly people will constitute 23.3 per cent of the total global population, up from just 7.6 per cent in 2010. The bulk of the population growth is expected to come from developing countries. When world population ageing reflecting current and projections were depicted in pyramid form, it showed apparent change in the shape of the world population pyramid. Figure 1 gives a pictographic presentation of how the world population pyramid has been changing its shape through the years (from 1950, through to 2010) and how it may look like in 2050 through to 2100. Salient in the pictographic (Figure

1) is that elderly people may outnumber the population of people aged 14 years and below by 2100.

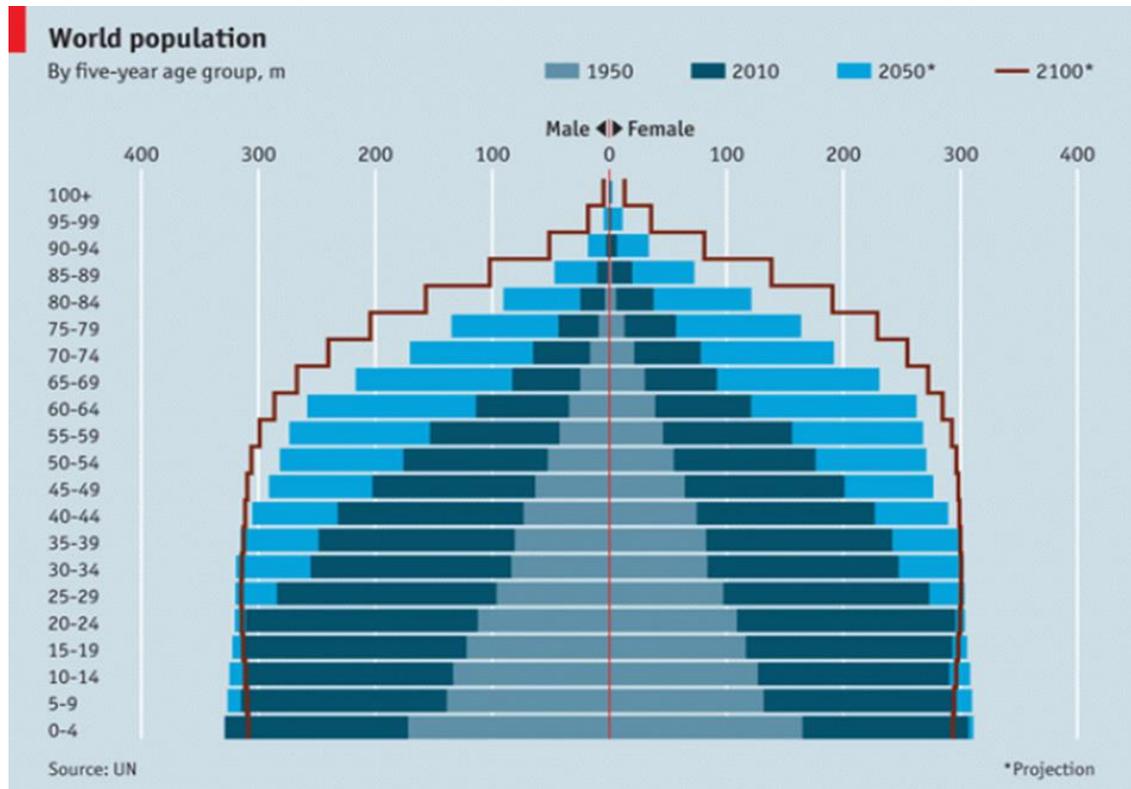


Figure 1: The changing shape of the World Population Pyramid: 1950 to 2100

Source: The Economist Online (2011).

The projections that informed the pyramid used various assumptions about how fertility and mortality rates might change over the years.

1.4. Developing Countries and Population Ageing

Population ageing has been foreseen to be faster in developing countries than in developed countries, despite the fact that in 2017 developed countries housed more elderly people (two-thirds of the world's elderly people who were 60 years and over) than developing regions. The percentage of elderly people living in the developing countries has been projected to shoot to a massive 79 per cent by 2050, whereas developed regions will be expected to see only a 39 per cent increase (United Nations, 2017). Along the same line, the United Nations predicted 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). Mapoma (2013) confirms the United Nation's (2009)'s assertion and states that nearly 80 per cent of the world's older population is expected to live in developing countries. Developed regions, according to the United Nations (2017) include Europe, Northern America, Australia, New Zealand and Japan, while the developing regions include all other parts of the world.

1.5 Population Projections for Zambia

Zambia, like many countries in the sub-Saharan Africa, has not been spared from the growth in elderly population. For instance, Zambia's elderly population in 1950 amounted to only fifty thousand (50,000) out of a total population of two million three hundred thousand (2.3 million) people. By 1970, the population of people aged 60 and above doubled to one hundred thousand (100,000) out of a total population of four million two hundred thousand (4.2 million) people. The increase occurred in just about twenty (20) years. The period between 1970 and 2000 saw an increase of people aged 60 and above from one hundred thousand (100,000) to three hundred and thirty thousand (330,000). The number quadrupled, representing a percent increase of 300 percent (300%). Mapoma (2013), explains that for the period 1950 to 2000, approximately 2 to 3.1 per cent of Zambia's population was aged 60 of which the percentage of females was higher than males (3.1 and 2.5 per cent, respectively). For the period 2000 to 2050, the trend or growth rate of the elderly population is likely to be similar to that of the period 1950 to 2000.

However, according to Mapoma (*ibid.*), from the period 2020 onwards, the population aged 60 and above will grow significantly faster to about 3.3 per cent by 2030 and up to about 6.5 per cent by 2050. It is estimated that by that time (2050), Zambia's entire population will be approximately thirty-eight million (38 million) and about eight percent (8%) or three million forty thousand (3,040,000) of this population will be aged 60 and above. The interpretation is that one in every 15 persons, in the population, will be aged 60 and above.

The United Nations (UN) (2017)'s projections of population for elderly people went beyond 2050 through to 2100. Like Mapoma (2013), the United Nations (UN) (2017) projected a faster growth in the elderly population after the period 2030 onwards. For instance, United Nations (*ibid*) has estimated that the population of the elderly people

will grow from about one million in 2030 to nearly two million by 2050. Figure 2: graphically presents the UN (2017)'s projections.

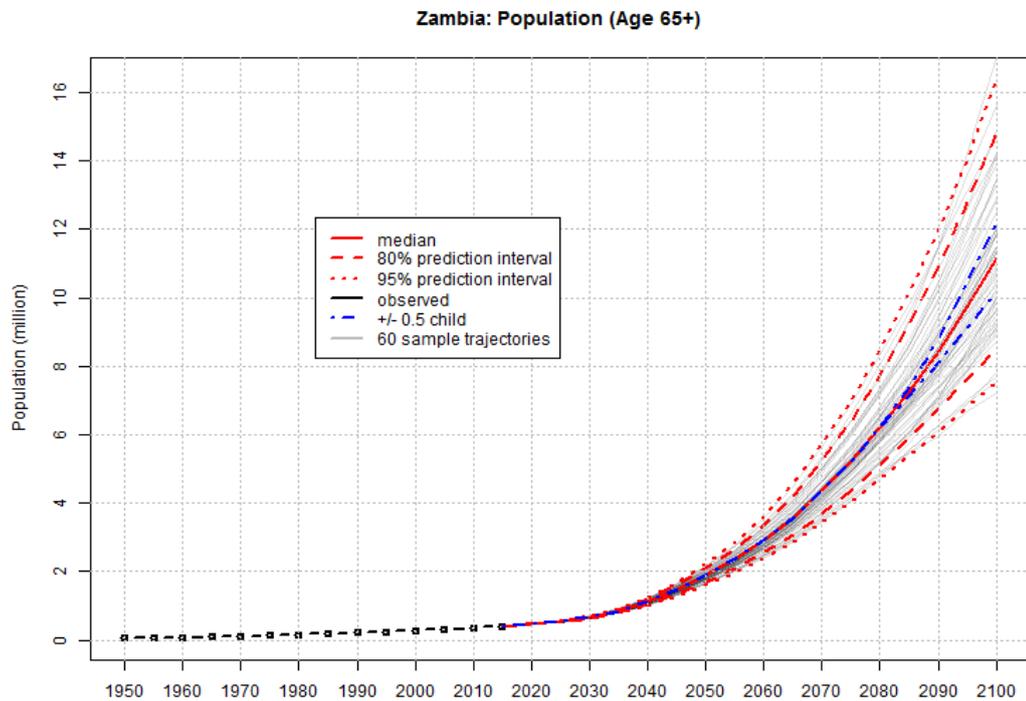


Figure 2: Zambia Population Ageing 65 and over

Source: United Nations, Department of Economic and Social Affairs, Population Division (2017).

Figure 2 illustrates estimates of the probabilistic projections of population age range 65 and over in Zambia. The population projections are based on the probabilistic projections of total fertility and life expectancy at birth, based on estimates of the 2017 revisions of the World Population prospects. The figures display the probabilistic median and 80 and 95 per cent prediction intervals of the probabilistic population projections as well as deterministic high and low variant (+/- 0.5) child of the 2017 Revision of the World Population (United Nations, 2017).

Kamwengo (2001: 24) referred to the increase in the population of elderly people in Zambia as “absolutely dramatic”. According to the scholar, this is because the number of elderly people in 2025 will double that of the 1990 figures, reach five times that of 1990 in 2040, and reach seven times that of 1990 in 2050. According to Kamwengo (2001), what is accounting for the elderly people’s growth in population is the moderate decline in mortality and birth rates, improvements in primary health care

provision, with emphasis on public health education programmes and control of communicable diseases and hygiene.

1.6 Determinants of Population Ageing

Determinants of populations ageing have been a subject of debate for many years. Early researchers such as Coale (1957), asserted that fertility decline was responsible for population ageing. The researcher's view was accepted for many years. However, studies carried in the past 25 years (Horiuchi and Preston, 1988; Preston, Himes and Eggers, 1989; Horiuchi, 1991; Casseli and Vallin, 1993) refuted the view that decline in fertility was the major contributor to population ageing. According to Horiuchi and Preston (1988), Preston, Himes and Eggers (1989), Horiuchi (1991), and Casseli *et al.* (1993) decline in the mortality was the major contributor to population ageing. The researchers were of the consensus that fertility decline was responsible for population ageing in the past but it had now lost its effect. As mortality continues to decline, its effects are increasingly concentrated at older ages, while fertility is limited in extent (Horiuchi, 1991). Nevertheless, Lee and Zhou (2017) argue that this view was faulty, according to them, fertility decline is still the principal contributing factor to population ageing. The researchers propounded that the contribution that decline in mortality made towards population ageing is very minor.

Mapoma (2013) and the United Nations (2017) subscribe to the view that decline in fertility is the principal contributor to population ageing. According to the United Nations (2009), decreasing fertility coupled with increasing life expectancy has reshaped the global age structure by shifting the relative weight of the population from younger to older groups. The United Nations (2009) explain that as fertility moves steadily to lower levels, persons in the reproductive age have fewer children relative to those of the older generation. Fertility reductions eventually lead to a reduction of the proportion of children and younger persons in the population and a corresponding slower increase of the population. Significant reductions in fertility at the global level were noted in 1950. For instance, in 1950 - 1955, total fertility dropped from 4.9 children per woman to 2.6 in 2005 to 2010. The trend (decline) is expected to continue to reach 2.0 children per woman in 2045 to 2050 (*ibid.*). Figure 3 depicts the trend in fertility reductions and corresponding increase in life expectancy.

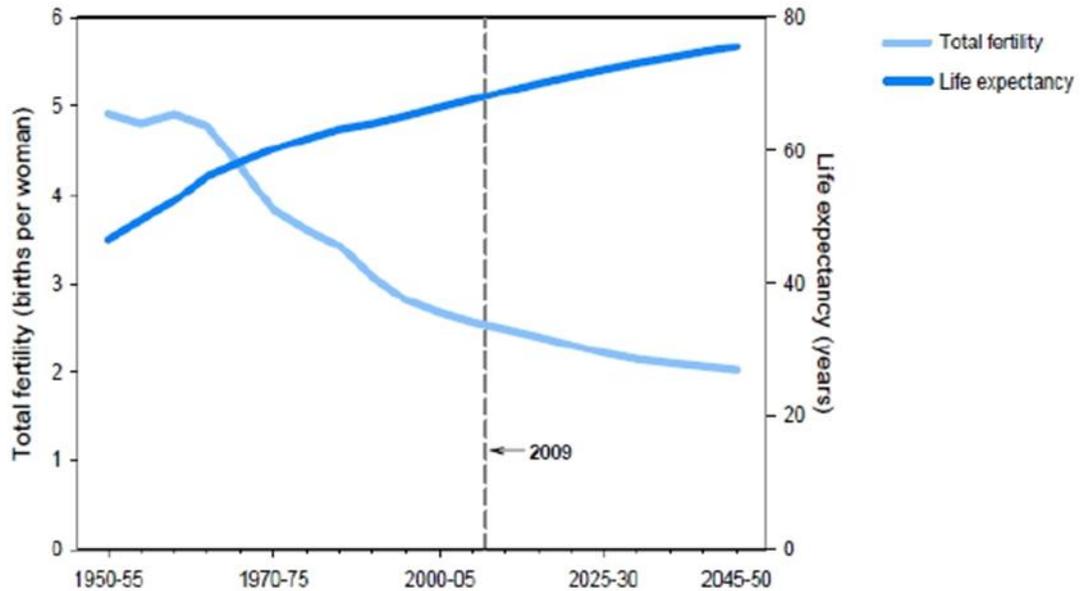


Figure 3: Fertility Rate and Life Expectancy at Birth, 1950 – 2050

Source: United Nations (2009).

Figure 3 demonstrates how fertility has declined and how life expectancy has increased. Since both decrease in fertility and increase in life expectancy (due to decrease in mortality at old age level), are to some large extent products of advancement in medical technology; it would be, therefore, right to conclude that advancement in medical technology plays a pivotal role in population ageing.

1.7 Implications for Population Ageing

The increase in the share of elderly people in the population is one of the most significant social transformations of the 21st century, with implications for almost all sectors of society, such as labour, financial markets, demand for goods and services, such as housing, health, transportation, social protection, as well as family structures and intergenerational ties (United Nations, 2009). Therefore, it should be understood that every country in the world should prepare for the impending economic shifts associated with an ageing population. Preparation for this economic shift associated with population ageing is essential to ensure progress in development, and is consummate with the strides to achieve the goals outlined in the 2030 Agenda for Sustainable Development.

Alive to this transformation, the 2002 Madrid International Plan of Action on the Ageing (MIPAA) emphasised the need to include elderly people in development

planning, stipulating that elderly people should be allowed to participate in and benefit equitably from the fruits of development to advance their health and wellbeing, and that governments should provide an enabling environment for them to do so (United Nations, 2015). As earlier mentioned, providing an enabling environment for attainment of life satisfaction among the elderly people could be one of the interventions Zambia as a country should prepare for, for the social transformation associated with population ageing. Adult, Continuing, Extension and Community Education researchers and practitioners should take special interest in this undertaking as it is mainly their participants who are at stake here (Barrett and Murk, 2009). Particularly, adult educators should take a leading role in designing educational programmes that could enable elderly persons to participate in, just like everyone else. Doing so would increase their feeling and sense of worthiness and wellbeing, and ultimately be able to contribute to national development.

All things being equal, the essence of this study is to contribute towards providing an enabling environment for attainment of life satisfaction among the elderly. This undertaking could be one of the interventions Zambia as a country should prepare for, for the social transformation associated with population ageing. The fact that no study of this nature has been undertaken in the country, even further necessitates its undertaking. This is, however, not to say that there have been no studies on ageing in Zambia. Studies on the aged in Zambia are there but had different focuses. For instance, Phiri (2004)'s study focused on understanding the ageing phenomenon within the Zambian context and providing frameworks that could be used by policy makers and health professionals. Thus, the study described the lived experiences of the older people and the meaning they attached to ageing. Mapoma (2013)'s study investigated the magnitude, challenges and determinants of population ageing in Zambia. Specifically, the study investigated past and future trends of population ageing; challenges older people face, determinants of active ageing and the existence and adequacy of policies for older people. Finch (2014) focused on assessing the Knowledge, Attitudes and Practices of Communities in Lusaka Urban District of Zambia Towards the Aged. The objectives were: to assess the knowledge that people in Chipata and Ng'ombe compounds had on the ageing process; to ascertain their attitudes; to determine their practices in relation to the aged; to establish factors that foster the abuse of the aged by community members as well as family members of the

aged. Changala (2015)'s focus was to examine the care provided to the aged in old people's homes in Zambia and implications for Adult Education programmes. The objectives of the study were: to establish factors that led to the aged moving to old people's homes in Zambia; assess services provided to the aged in old people's homes in Zambia; identify challenges faced by the aged in old people's homes in Zambia; ascertain challenges faced by caregivers in old people's homes in Zambia; and establish the extent to which adult education programmes were provided in old people's homes in Zambia.

Phiri (2004), Mapoma (2013), Finch (2014) and Changala (2015)'s studies made massive contribution towards the wellbeing of the elderly people. However, there remained a gap, regarding the dynamics of attainment of life satisfaction among the elderly people. To that effect, there was need to examine the dynamics of attainment of life satisfaction as well as challenges and prospects to its attainment; equally to facilitate for devising of interventions that would enhance prospects and reduce on challenges. The ultimate goal was to provide an enabling environment for attainment of life satisfaction for the ageing population.

1.8 Statement of the Problem

The world's population is ageing at a faster rate than before and the growth is projected to accelerate in the coming decades. Projections have it that by 2050, the global population of 60 years or above will increase by more than three times to reach nearly 2.1 billion. For the first time in world population history, persons aged 60 or above will constitute a larger proportion of the world's population than people aged less than 14 years (United Nations, 2017). Studies show that Zambia's population along with the global population is ageing and, therefore, older individuals have started to account for a proportionally larger share of the population. An increase in elderly people in the population has implications on nearly all sectors of society, including labour and financial markets, the demand for goods and services, such as housing, health, and social protection, and is becoming an area of concern world-over (United Nations, 2009). There is need therefore, to prepare for this boom in elderly population. Creating an enabling environment for attainment of life satisfaction would be one way of preparing for this boom in the elderly population.

Studies also show that attainment of life satisfaction is linked to physical, mental and spiritual wellbeing (Shahram *et al.*, 2016). Therefore, attainment of life satisfaction by majority of elderly people implies a healthy elderly population. Besides being able to contribute positively to the economic development of the country, a healthy elderly population connotes a reduction in costs on social welfare, medical and social care. Previous studies (Veenhoven, 1996) affirm that high levels of life satisfaction among any country's nationals imply good quality of life and good social progress for a country. Apart from being an indicator of good quality of life and social progress of a country, attainment of life satisfaction is also an indicator of successful ageing (Havighurst and Albrecht, 1953). Similarly, attainment of life satisfaction is an indicator of successful adjustment to retirement or ageing (Mutjuwadi, 2013). Therefore, creating an enabling environment for attainment of life satisfaction should be given priority, more so, with the impending boom in the elderly population.

In the quest to create an enabling environment for attainment of life satisfaction, this study sought to examine the dynamics of attainment of life satisfaction among elderly people in the municipality of Solwezi, Zambia. At the time of the study, little was known about the dynamics of attainment of life satisfaction among the elderly people in Zambia, as previous studies focused on different areas, implying that there was a knowledge gap. This gap is evidenced from the fact that studies among the elderly in Zambia were focused on: understanding the ageing phenomenon within the Zambian context (Phiri, 2004), population ageing in Zambia (Mapoma, 2013), attitudes towards the elderly (Finch, 2014) and care for the elderly in old people's homes (Changala, 2015). In this regard, examining dynamics of life satisfaction among the elderly helped ascertain how the elderly people were faring in terms of attainment of life satisfaction.

Apart from ascertaining how the elderly people were faring in terms of attainment of life satisfaction, the study further critically examined the challenges and explored the prospects to attainment of life satisfaction. Critically examining challenges helped to identify the factors that impeded the elderly people from attaining life satisfaction, while exploring prospects helped to identify factors that promoted attainment of life satisfaction. Consequently, it is envisaged that appropriate measures or programmes that would reduce on the challenges and capitalise on the prospects, would be put in place by the government. Non- examining of the challenges could be likened to a

situation where you treat a symptom of a disease on a trial and error basis, without having a clear understanding of the real cause, a situation that could prove costly and consequently undermine socio-economic development of the country.

The Zambian government fulfils its mandate of providing for its ageing citizens through the National Ageing Policy. Consequently, the National Ageing Policy is the last hope for the elderly citizens and their families in terms of taking care of their welfare. However, placement of hope in a document whose adequacy has not been assessed for providing an enabling environment for attainment of life satisfaction proves a challenge. To that effect, this study, in addition to critically examining the dynamics of life satisfaction and exploring the prospects and challenges to attainment of life satisfaction, also assessed the National Ageing Policy for adequacy in terms of enhancing prospects of attainment of life satisfaction among the elderly people.

1.9 Purpose of the Study

The purpose of this study was to examine the dynamics of life satisfaction among elderly people and to explore prospects and challenges to its attainment.

1.10 Objectives of the Study

The objectives of the study were to:

- 1) Examine the dynamics of life satisfaction among the elderly people in the municipality of Solwezi, Zambia.
- 2) Explore contextual prospects to attainment of life satisfaction among the elderly people in the municipality of Solwezi, Zambia.
- 3) Critically examine contextual challenges to attainment of life satisfaction among the elderly people in the municipality of Solwezi, Zambia.
- 4) Assess the adequacy of the National Ageing Policy in enhancing prospects of attainment of life satisfaction among the elderly people in in the municipality of Solwezi, Zambia.

1.11 Research Questions

The research questions were outlined as follows:

- 1) How are the dynamics of attainment of life satisfaction among the elderly people in the municipality of Solwezi, Zambia?
- 2) What are the contextual prospects for attainment of life satisfaction among the elderly people in the municipality of Solwezi, Zambia?
- 3) Which challenges impede attainment of life satisfaction among the elderly people in the municipality of Solwezi, Zambia?
- 4) To what extent is the National Ageing Policy adequate in enhancing prospects to attainment of life satisfaction among the elderly people in the municipality of Solwezi, Zambia?

1.12 Significance of the Study

The study is significant in that it has revealed the dynamics of attainment of life satisfaction among the elderly persons in the municipality of Solwezi, Zambia. Generally, the study found that life satisfaction levels among the respondents were low in comparison with life satisfaction levels among elderly people in the Western and European countries. Specifically, life satisfaction levels were lower among women than men, among elderly people with no formal educational attainment than those with formal educational attainment, and among elderly people with advanced age (above 85 years) than those who were 84 years old and below. Low levels of life satisfaction imply poor quality of life among the affected people, and unsuccessful ageing may be an indicator of poor delivery of social services in the country. This study therefore, was imperative in that it brought to the fore information that may help policy-makers devise policies that may enhance the social progress of the country, as well as improve the quality of life of the elderly people in Solwezi and maybe in the entire country. Additionally, the devised policies may be beneficial to the country in the wake of the impending elderly population boom.

Further, the study's significance lies in the fact that it identified prospects and challenges to attainment of life satisfaction among the elderly people. Majority of the challenges were not emanating from natural causes, and therefore, they could be mitigated. The prospects could also be capitalised on, which could ultimately create an enabling environment for attainment of life satisfaction, which may in turn widen prospects of attainment of life satisfaction among the elderly people. Thus, policy-makers and other relevant authorities could develop programmes around the identified

prospects and challenges so as to maximise attainment of life satisfaction among the elderly population.

Furthermore, the study is significant in that the findings revealed the inadequacy of the National Ageing Policy in terms of providing level ground for attainment of life satisfaction among its beneficiaries. Assessment of the National Ageing Policy revealed some lacunas that, if not attended to, could have left out majority of the elderly people from benefiting from the policy that was designed solely for them. To that effect this study developed guidelines that could go a long way in levelling the playground for all beneficiaries of the National Ageing Policy. Government, in its quest to fulfil its mandate of providing for its elderly citizenry, could adopt the suggested guidelines to supplement the implementation of the National Ageing Policy.

Finally, this study is significant because it may stimulate interest in research in theory development in the field of educational gerontology. The study demonstrated that the Activity Theory of Ageing could not explain some sources of life satisfaction among the elderly respondents. This revelation may compel government and stakeholders to encourage and support research undertakings aimed at developing theories of ageing that are relevant to low-income countries. Policies and practices that will be based on such theories may fully enhance prospects to attainment of life satisfaction among the elderly people.

1.13 Chapter Summary

This chapter provided the background to the study. Using projections by the United Nations (2017), the chapter showed how the world's population is ageing and how Zambia's population is ageing along with the rest of the world. As the chapter stipulated, population ageing comes with implications that may be adverse if measures are not put in place. In this segment of the thesis, it is explained how ensuring attainment of life satisfaction among the elderly could contribute to the preparation in socio-economic shift associated with the boom in the elderly population. Attainment of life satisfaction is an indicator of successful ageing and is linked to physical, mental and spiritual wellbeing.

Therefore, themes that constituted the background were presented under titles such as life satisfaction and population ageing, global trends and projections of population ageing, developing countries and population ageing, and population ageing projections in Zambia.

1.14 Organisation of the Thesis

This section outlines how the thesis is organised. The summaries of each chapter are as indicated below:

Chapter one highlights, determinants of population ageing, implications for population ageing, population projections for Zambia, life satisfaction and population ageing, global trends and projections in population ageing and population ageing in developing countries. Additionally, the chapter provides the background to the study, statement of the problem, purpose of the study, research objectives and questions, and significance of the study.

The second chapter comprises the theoretical framework of the study. In essence, the second chapter provides insights into the two theories (Activity Theory of Ageing and Erikson's Theory of Human Development) that guided the study. Consequently, the major tenets of both theories are explained and applied to the study.

The third chapter deals with the review of literature. Accordingly, literature on the concept of life satisfaction, life satisfaction measurement scales, previous studies that utilised life satisfaction measurement scales, other studies on life satisfaction and various factors that affected attainment of life satisfaction were reviewed. Other literature that were reviewed include literature on ageing and policies on ageing in Zambia. The chapter concluded by reviewing literature on studies about ageing in Zambia.

The fourth chapter provides the methodology utilised in the study. Aspects that are included in the methodology chapter are research design, study site, target population, study population, sample, sampling techniques and instruments of data collection. Other aspects are challenges faced during data collection, data analysis, ethical considerations, and limitations of the study. The chapter ends with a summary.

The fifth chapter presents the findings of the study in line with the study objectives. Subsequently, the themes under which the findings are presented are dynamics of life satisfaction among the elderly people, prospects to attainment of life satisfaction, challenges to attainment of life satisfaction and adequacy of the National Ageing Policy (NAP) in relation to the findings. Respondents' biographical data are also presented so as to gain understanding of the respondent's socio-economic statuses. Most importantly, respondents' biographical data were selected based on how they related to life satisfaction.

The sixth chapter discusses the findings within the context of the available literature related to the study on Dynamic of Life Satisfaction among the elderly people in the municipality of Solwezi; prospects and challenges. Chapter seven gives a conclusion of the study and outlines recommendations as well as suggestions for further research. As already alluded to, the next immediate section provides the theoretical framework for the study.

CHAPTER TWO: THEORETICAL FRAMEWORK

2.1 Introduction

This chapter presents the theoretical framework for the study. The framework comprises two theories namely; Activity Theory of Ageing and Ericson's Theory of Human Development. The Activity Theory is one of earliest theories of ageing which tasked itself with finding the best way to facilitate for attainment of life satisfaction among retired persons, with the ultimate view of promoting successful ageing. Consequently, the Activity Theory's guidance to this study was four-fold: objective formulation, literature review, choice of the data collection instruments, and the choice of the main study population. Most importantly, the ultimate goal for this study, in line with the Activity Theory, is to enhance attainment of life satisfaction among elderly people in Solwezi municipality and perhaps in Zambia as a whole.

The Activity Theory was selected as a theoretical guide to this study because it is among the oldest theories that analysed life satisfaction. As such many countries found their basis in the theory when they designed policies and programmes for the elderly people. Zambia, like many African and perhaps low-income countries, imported majority of their policies and programmes from high-income countries. An example of such programmes was the establishment of leisure centres in all provinces of Zambia for elderly people, during the regime of first Republican President, Dr Kenneth Kaunda. The understanding was that leisure activities brought about maximum attainment of life satisfaction.

Yet another example of policies that are closely based on the Activity Theory, is the recent adjustment of retirement age from 55 years to 60 and 65 years in Zambia. Although it may be argued that the adjustment was necessitated by increase in life expectancy, the major underlying driver was the Active Theory of Ageing. The Activity Theory asserts that maintaining activities acquired in middle age into old age brings about life satisfaction. Therefore, is that people should be kept in their jobs for as long as possible (Blackburn and Dulmus, 2007).

Ericson's Theory of Human Development has been widely used by researchers in studies on elderly people and life satisfaction. The theory provides an understanding in human development. Understanding human development is the first step in the

process of understanding the elderly (Mutjuwadi, 2013). Both Activity Theory of Ageing and Ericson's Theory of Human Development are presented below.

2.2 Activity Theory of Ageing

The Activity Theory of Ageing was one of the first theories of ageing, that was first proposed by Havighurst and Albrecht (1953) by studying a group of adults. Havighurst and Albrecht (*ibid.*) published the Activity Theory in 1953, which stated that staying occupied and involved is necessary to having a satisfying old age. Scholars did not however clearly explain the type of activities linked to life satisfaction but clearly believed that Activity was associated with psychological health. Nevertheless, other researchers suggested that the type of activities that connected people socially such as meeting friends for lunch or pursuing hobbies through group activities were more likely to bring about life satisfaction than formal or solitary activities (Harlow and Cantor, 1996).

In view of the above, numerous studies were conducted to ascertain the type of activities that would bring maximum life satisfaction to the elderly. The activities ranged from social activities, for example, bingo, cinema, coffee-mornings, gardening, house work, shopping (Knapp, 1977), leisure and social participation (Nimrod, 2007; Nawijn and Veenhoven 2011; Humper, 2013; Yirmibesoglu *et al.*, 2014).

2.2.1 Tenets of Activity Theory of Ageing

The Activity Theory of Ageing posits that there is a positive relationship between activity and life satisfaction. Specifically, the theory posits that there is a positive relationship between the individual's level of participation in social activities and his or her life satisfaction (Knapp, 1977). Howe (1987) refers to the positive relationship between activity and life satisfaction as the cornerstone of the Activity Theory. The Theory contends that the more activity the aged are engaged in, the more satisfied they are likely to be with life, and that what is natural and normal for most ageing individuals is to remain active at levels of activity similar to those they experienced in middle age for as long as possible (Changala, 2015; Blackburn and Dulmus, 2007). Therefore, in order for elderly people to continue in meaningful pursuits, they should actively maintain a certain level of participation in activities (Bernice, 1961).

Therefore, the Activity Theory contends that it is necessary that people continue with their activities throughout their lives, even at reduced scale. Activities that were developed in middle age should be maintained in old age and roles that were lost should be substituted with new ones. This is because continuing with activities in late life is essential to restore 'self-esteem' and boost one's sense of wellbeing, consequently bringing about life satisfaction. The continuation of activities achieved during middle age is necessary for successful ageing and life satisfaction (Nimrod, 2003; Wadensten, 2006).

At this point of , there is need to introduce the Disengagement Theory, the reason being that the Activity Theory was developed out of the quest to challenge the Disengagement Theory. The Disengagement Theory views ageing as a process of disengagement. By disengagement is meant, a decrease in the individual's involvement (e.g., politics) and reduction in activity level (i.e., physical and social) because of age. Positive ageing or indeed successful ageing, according to the Disengagement Theory, concerns people who desire or accept the withdrawal process (Frennert, 2016). In other words, resistance to the process of withdrawal amounts to denial of the ageing process which could be detrimental to one's health. In contrast, the Activity Theory advocates high social involvement and physical activity throughout one's lifespan (Frennert, 2016). According to Havighurst *et al.* (1953), isolation and withdrawal were not part of a natural progression of ageing and that psychological and social needs in old age were not different from middle age. This implied that to age optimally, one should stay active and maintain the activities of middle age as long as possible, substituting lost activities with new ones (Dunn, 2006; Davies, 1994).

2.2.2 Major Concepts of Activity Theory

The Activity Theory is constructed around four major concepts (Schulz, 2006; Blackburn and Dulmus, 2007). The major concepts are outlined below:

- a) Activity:** Activity simply put, is the act of doing. But in the Activity Theory, activity does not only refer to the level of doing but also refers to the pattern of activities that comprise a person's life style. Effectively, elderly people who maintain both the level and pattern of activities acquired in mid-life would experience high levels of life satisfaction.
- b) Equilibrium:** The Activity Theory makes this assumption from the functionalist perspective and posits that equilibrium that a person achieved in mid-life should be maintained well into the older age. The reason for this is that activity patterns arise to meet needs; and that needs in middle age are similar to those of older age. In this regard, Havighurst (1968) who was the first founder of the Activity Theory posits that humans do not change psychologically-wise. It is the biological and health aspects that undergo changes. Therefore, older people are the same as middle-aged with essentially the same psychological and social needs.
- c) Adaptation to role loss:** Role loss, which was assumed to be very common among ageing people, was thought to be brought about by the withdrawal of society from the ageing individual. According to Hampton and Charles (2005), people give up many roles as they age. For instance, they are forced to retire from work, they cease to be husbands or wives due to death of spouses, they drop out of professional and other organisations, they leave clubs and unions, and the list is endless. These happenings challenge the ideas that people hold about themselves. To this effect, elderly people may develop a reduced sense of identity and they may end up losing zest for life. In order to adapt successfully to role- loss, lost roles should be substituted with the equivalents.

d) Life satisfaction: A person was thought to have aged successfully if he or she was found to have attained life satisfaction. Life satisfaction was thought to be the best criterion for measuring social psychological adjustment (Havighurst *et al.*, 1963). Studies that conducted formal tests of Activity Theory most often used life satisfaction as the dependent variable (Schulz, 2006).

In summary, the Activity Theory postulates that a person was thought to have aged successfully if he/ or he was found to have attained life satisfaction. The theory also posits that maintaining equilibrium achieved in middle age for as long as possible would bring about life satisfaction. The theory further postulates that elderly people who maintain both the level and pattern of activities acquired in midlife experience high levels of life satisfaction. According to the Activity Theory, ‘activity’ does not only refer to the level of doing but also refers to the pattern of actions that comprise a person’s life style.

2.3 Erikson’s Theory of Human Development

Erikson (1959)’s Psychosocial Theory posits that people experience eight psychosocial crisis or stages that run from birth and culminate in late adulthood. These stages significantly affect each person’s development and personality. In the theory, the term ‘psychosocial’ is derived from two source words; ‘psycho’ and ‘social’. Psycho relates to the mind, brain, or personality, while social relates to external relationships and environment. According to Erikson (*ibid.*), each crisis represents a corresponding life stage and its inherent challenges; and each stage involves a crisis of two opposing emotional forces which the scholar termed ‘Contrary Dispositions’. To signify the opposing or conflicting relationships between each pair of forces or dispositions, he connected them with the word ‘*versus*’ which he abbreviated as ‘*v*’. *Versus* is a Latin word meaning ‘turned towards’ or ‘against’. For Erikson the crisis or stages are of psychosocial in nature because they involve psychological needs of the individual such that ‘psycho’ conflicts with the needs of the individual while ‘social’ conflicts with need of society. Figure 4 presents Erikson’s stages of human development:

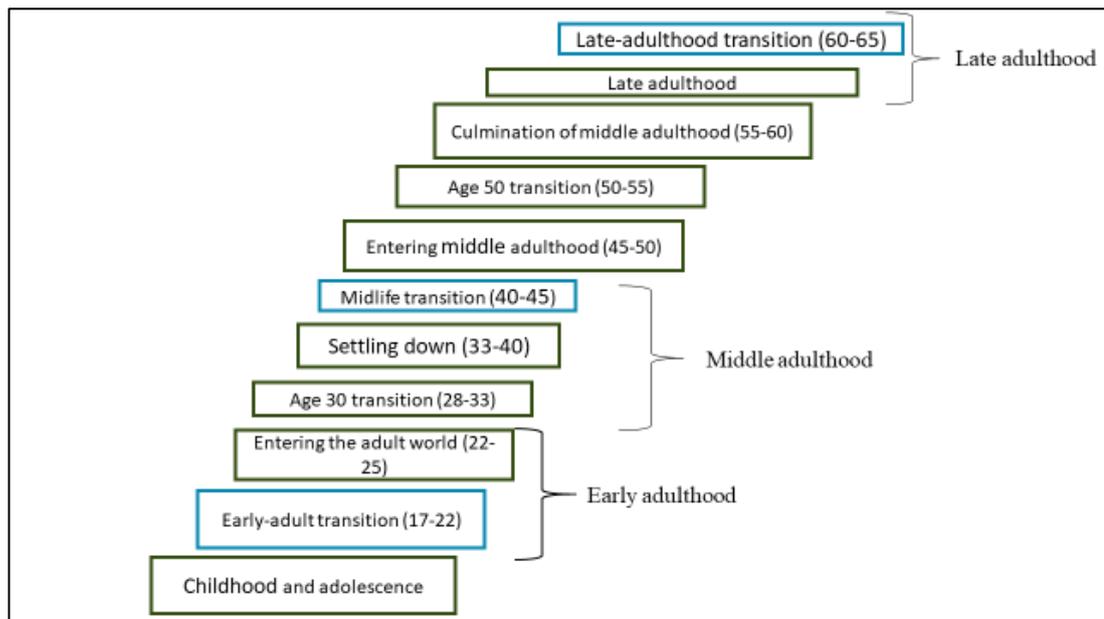


Figure 4: Erikson's Stages of Human Development

Source: Erickson, 1978.

The first five stages run from infancy to adolescence. These are: Trust *v* Mistrust (from age 0 to 1½ years), Autonomy *v* Shame and Doubt (from 1 to 3 years), Initiative *v* Guilt (3 to 6 years), Industry *v* Inferiority (5 to 12 years) and Identity *v* Role Confusion (13 to 21 years). The last three stages cover the period from adulthood to maturity or late adulthood. The stages and their relevant crises are:

- **Intimacy *v* Isolation** (18 - 40 years): In this stage intimacy refers to the process of achieving relationships with family, and marital or mating partners. Further intimacy connotes the giving and receiving of physical and emotional connection, support, love, comfort, trust and all other elements associated with healthy adult relationships related to mating and child-rearing. Isolation means being and feeling excluded from the usual life experiences of dating and mating or mutually loving relationships. This is usually characterised by feelings of loneliness, alienation, social withdrawal or non-participation.
- **Generativity *v* Stagnation** (30 - 65 years): Generativity means the unconditional giving that characterises positive parental love and care for one's offspring. Stagnation refers to the extent of isolation which turns inward in the form of self-interest and self-absorption. It represents feelings of selfishness, self-indulgence, greed, lack of interest in young people and future generations and the wider world.

- **Integrity v Despair (50 years and above):** Integrity means feeling at peace with oneself and the world. No regrets or recriminations. In this stage people are more likely to look back on their lives positively and happily if they have left the world a better place than they found it in whatever way, to whatever extent. There lies integrity and acceptance. Despair and or 'Disgust' (i.e., ejective, denial, or 'sour grapes,' feeling towards what life might have been) represent the opposite disposition; feelings of wasted opportunities, regrets, wishing to be able to turn back the clock and have a second chance.

Closely related to Ericson's Theory of Human Development are two theories namely: Levinson's Seasons of Life of Human Development and Vaillant's Theory of Human Development. Levinson's Seasons of Life of Human Development identified stages and growth that go into the adult years. The stages are sequential in nature and are shaped by an event or action that leads into the next stage. According to Levinson (1986), each stage consists of two types of periods; the Stable Period, in which a person makes crucial choices in life and the Transitional Period, in which one stage ends and another begins. The transitional period from one stage to the next takes approximately five years. During this period, a life structure which is largely determined by social and physical environment is created (Levinson, 1978; Mutjuwadi, 2013). The stages are depicted in Figure 5:

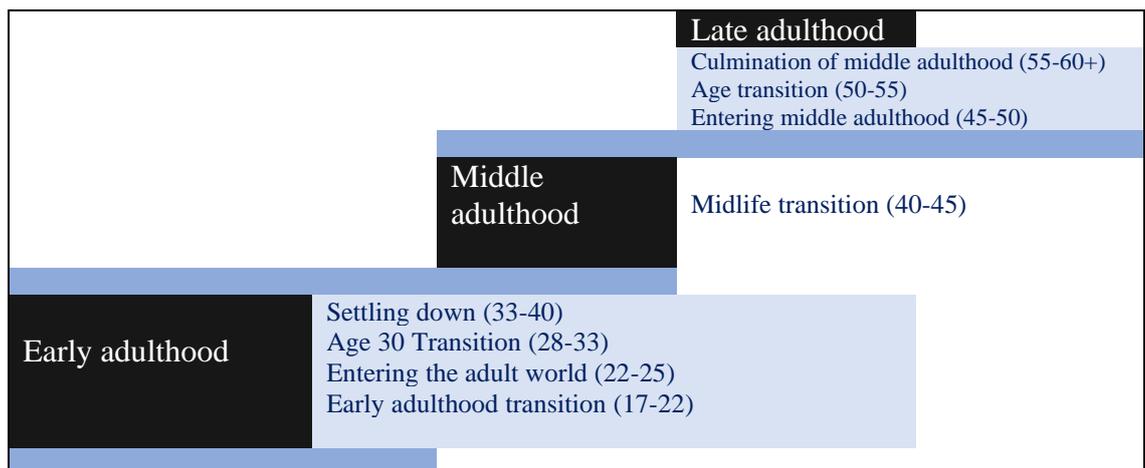


Figure 5: Levinson's Seasons of Life Theory of Adult Development
Source: Adapted from Mutjuwadi, 2013.

As depicted in the diagram the stages are:

1. **Early Adult Transition which ranges from age 17 to 22:** This is the stage in which a person leaves adolescence and begins to make choices about adult life. These include choosing to go to college or enter the workforce, choosing to enter a serious relationship, and choosing to leave home.
2. **Entering the Adult World which takes place from age 22 to 28:** Here a person makes more concrete decisions regarding his or her occupation, friendships, values, and lifestyles.
3. **Age 30 Transition which occurs between age 28 to 33:** In this stage, there are often lifestyle changes that could be mild or more severe. For example, marriage or having children impacts one's lifestyle, and these changes have differing consequences on how a person develops, depending on how he or she embraces the event.
4. **Settling Down which ranges from age 33 to 40:** In this stage, one often begins to establish a routine, makes progress on goals for the future, and begins behaving like an adult. People in this stage are often parents or have more responsibilities.
5. **Mid-Life Transition (Age 40-45):** This time period is sometimes one of crisis, in which a person begins to evaluate his or her life. Values may change, and how society views these people may change also. Some people make drastic life changes, such as divorce or a career change. At this point, people begin thinking about death and begin to think about leaving a legacy.
6. **Entering Middle Adulthood (Age 45-50):** In this stage, choices must be made about the future and possibly retirement. People begin to commit to new tasks and continue to think about the legacy they are leaving.
7. **Late Adulthood (age 60+):** In this stage, one begins to reflect on life and the decisions he or she made.

Vaillant's Theory of Adult Development found its frame of reference from Erikson's Theory of Seasons of Life (1963). Vaillant's research confirmed Erikson's Theory of Human Development stages but filled in gaps between the two theories. Effectively, the theories added two more stages to Erikson's Stages of Adult Development. These were: *Carrier consolidations*, which he placed after Erikson's *Intimacy v Isolation*;

and *Keeper of the meaning*, after Erikson's *Generativity*. Vaillant posited that after focusing on intimacy concerns in their 20s, younger adults shifted their focus to career consolidation in their 30s. But around their 40s; their focus changed from individual achievement to being generative. In their 50s and 60s, they became guardians of their culture, expressing concern about values of the new generation and the state of their society. In their 70s, they became spiritual and reflective. Vaillant's work was based on three longitudinal studies on ageing which included over 800 men and women spanning over a period of 60 years (Nolan and Kadavil, 2003). The stages are outlined below:

1. **Developing an Identity:** A stage of adolescence where identity is established allowing a separation from parents. This identity is made up of one's values, passions, and beliefs.
2. **Development of Intimacy:** A stage which allows a person to have reciprocal relationships with another person. This task involves expanding one's sense of self to include another person.
3. **Career Consolidation:** A stage for career identity and development. According to Vaillant, a job turns into a career once one has contentment, compensation, competence, and commitment. He notes that such a career could be that of a spouse or stay-at-home parent as well.
4. **Generativity:** This involves the unselfish will and capacity to give. Generativity means being in a relationship in which one gives up much of the control. For example, serving as a consultant or mentor to others would help establish generativity.
5. **Becoming Keeper of the Meaning:** This task involves passing on the traditions of the past to the next generation.
6. **Achieving Integrity:** This task involves achieving a sense of peace and unity with respect to one's life and to the world itself.

Out of the three theories, Erikson's Theory of Human Development was selected to guide the study because it explains the emotions that elderly people go through when they look back at how they lived their lives. Vaillant's and Levinson's theories of human development were only brought to show how closely-related they were to Erikson's Theory of Human Development.

2.4 Application of Activity Theory to the Current Study

The Activity Theory stipulates that what brings about life satisfaction in old age is maintenance of the pattern and frequency of activities acquired in middle age. In line with the Activity Theory, the respondents in the current study were asked to give reasons for their satisfaction or dissatisfaction with life. Given that this study did not seek after quantitative testing of the Activity Theory, it did not provide pre-determined answers but allowed the respondents to freely express themselves in relation to their source of life satisfaction. Consequently, the study's objectives examined dynamics of attainment of life satisfaction, explored challenges and critically examined prospects to its attainment. The objectives, further, sought to assess the adequacy of the National Ageing policy in widening prospects to attainment of life satisfaction with the ultimate purpose of enhancing attainment of life satisfaction among the elderly people.

The Activity Theory also influenced development of data collection instruments in such a way that open ended questions on what brought about life satisfaction, in line with the objectives, were included. For example, the respondents were asked if they were satisfied with their lives and to give reasons for their satisfaction or dissatisfaction with life.

Further, the Activity Theory influenced analysis of the findings in that the findings were analysed in view of the theory's prescription of what brings about life satisfaction in old age, that is, maintenance and frequent engagement in activities acquired in middle age. Previous researchers associate life satisfaction with leisure activities, and usually included such activities as going on holiday, exercise, gardening, and watching television. However, it was surprising that none of the respondents mentioned leisure activities as prospects to attainment of life satisfaction. The finding was despite the fact that leisure activities have been found to be the largest contributor to the experience of life satisfaction from previous research. Instead respondents mentioned activities that centred on the supply of basic necessities and assured welfare such as ability to eat three meals in a day, not worrying about what to eat tomorrow, having educated children, having well behaved children, being taken care of by children and extended family members. Further discussion and elaboration on the findings of the study in relation to Activity Theory of Ageing are presented in chapter 6.

2.5 Application of Ericson's Theory of Human Development to the Current Study

Erikson's Theory of Human Development guided the study on the choice of participants in terms of age (late adulthood). Erikson's theory postulates that the stage (late adulthood) integrity *versus* despair was a powerful lens to view ones' life in relation to quality of life lived (Mutjuwadi, 2013). Ericson's theory, through the integrity *versus* despair stage, also provided for an explanation to why those who attained life satisfaction and those who did not attain life satisfaction felt the way they did.

2.6 Chapter Summary

This chapter provided insight into the two theories that comprised the theoretical framework for the study. As earlier stated, the two theories are Activity Theory of Ageing and Erikson's Theory of Human Development. The Activity Theory was selected for the study as it was one of the earliest theories that tasked itself with the best way to facilitate for attainment of life satisfaction among elderly people. Additionally, the theory was selected for the study as it is one of the theories of ageing that continues to inform policy on the welfare of the elderly people, both in high and low-income countries. The Activity Theory makes reference to the need for elderly people to continue carrying out activities attained during the middle age as a way to attain equilibrium and life satisfaction. The Activity Theory guided the study in the formulation of objectives, development of data collection instruments and analysis of data. The finding regarding having got to work in old age as a challenge and having well-behaved children as a prospect to attainment of life satisfaction, did not support the Activity Theory of Ageing. Perhaps, this inconsistency was a result of socio-economic, socio-cultural differences between the country from which the Activity Theory originated and the country in which the theory is being applied.

Erikson's Theory of Human Development was selected for the study's theoretical framework because it was useful in explaining life satisfaction among the elderly people. The integrity *v* despair which focuses on evaluation of one's life is relevant to life satisfaction studies among elderly persons. The stage is a powerful lens through which to view one's life in relation to the quality of life lived (Mutjuwadi, 2013). On one extreme, elderly persons who are satisfied with their lives will feel peaceful and

satisfied with their efforts. They also tend to accept the inevitable end of life at some point, death. On the other extreme, individuals who perceive that their lives have a series of failures, missed opportunities and unfulfilled goals, will experience despair, reject their lives and will live with the fear of death (Erickson, 1977). A detailed discussion on the application of Erikson's theory to the study provided in chapter 6.

Having discussed the theories that guided this study in this chapter, the next chapter reviews the related literature. The preamble to the literature review chapter highlights the importance of reviewing literature, the types or approaches to literature review, and how the themes that formed the titles for the review were arrived at. The preamble finally outlines the themes under which the literature was discussed.

CHAPTER THREE: LITERATURE REVIEW

3.1 Introduction

Literature review, in research, is to a larger extent, commensurate with the adage that 'in order to know where you are going you need to know where you are coming from'. In this regard, without reviewing literature, a researcher may neither know what has been done and what has not been done on the research topic, nor know what other scholars have said or found about the same topic. The worst that can happen to any researcher, in the absence of literature review, is to duplicate previous studies. Thus, to that effect, this chapter reviews scholarly work that is related, in various ways, to the study topic at hand.

Before the various literature is reviewed, this researcher thought it noteworthy to make mention, that there are three major approaches to literature review. These are; geographical, chronological, and thematic approaches. Geographical approach to literature review involves reviewing literature that is related to the topic at hand, by first reviewing global literature, then literature that is available in that particular region, in this case, Africa, then literature in Zambia, as this study was done in Zambia, and then narrowing down to literature in Solwezi (the study area) or any local area.

Chronological approach involves describing each piece of literature in succession, starting with the earliest available information or vice-versa. The sources, which may be books, journals, and the like, are grouped together in order of their publication dates. The review can proceed by examining older books and then newer books or newer books then older books. The reviewer can also divide the chronological review in subsections for each vital time period. For instance, information available from 2000 to 2005, from 2006 to 2011, 2012 to 2017 and the present. Chronological approach to literature review is usually ideal when the focus is to show how ideas, events and methodology have progressed overtime. For instance, literature review on teaching methodology in colleges of education can be possibly structured chronologically by examining the earliest methodologies of teaching and then progressing to the latest models.

As regards thematic approach, reviews of literature are organised around a topic or themes rather than progression of time. In thematic review, the author discusses

existing literature based on the themes he or she feels are important to understanding the topic or that have been identified from reviewing the key studies on the topic. The information obtained from the selected literature is synthesised and organised into a brief and precise summary. Synthesising the themes found in the key sources upon which the study is based helps to identify the gaps in the knowledge around the topic area. A thematic approach to literature review is considered stronger than the chronological organisation because the author defines the theories, constructs, categories or themes that are important to his or her research.

Literature review in this study, was sorted using the thematic approach. The themes around the discussion emanated from the literature that was related to the topic and which this researcher deemed important to the understanding of the study at hand. The themes around which the literature was reviewed were: life satisfaction; life satisfaction measurement scales; studies that used Satisfaction With Life Scale (SWLS); previous studies and factors that influence attainment of life satisfaction; and studies on ageing in Zambia. The review proceeds by first describing the concept of life satisfaction, scales that are commonly employed to measure it and studies that utilised the SWLS. Previous studies and factors that influence attainment of life satisfaction are reviewed next. The review then proceeds to the concept of ageing and ageing in Zambia. The review concludes with a summary of the chapter.

3.2 Life Satisfaction

Life satisfaction is a concept that was imbedded in the 18th century age of enlightenment and breezed through the 19th century with the view to provide people with a good life and consequently influence the development of the Welfare State. It was not until the late 19th century when attempts to find a proper definition of life satisfaction envisioning the components of good life and its measurements were made (Prasoon and Chaturvedi, 2016).

The earliest definition was offered by Neugarten *et al.* (1961), who perceived life satisfaction as an operational definition of successful ageing. Five years later, Sumner (1966) defined it as a positive evaluation of the conditions of one's life, a balanced judgment that measures up favourably against one's standards or expectations. Later, Andrews (1974) asserted that life satisfaction symbolised an overarching criterion or

ultimate outcome of human experience. Diener (1984) defined life satisfaction as an overall assessment of feeling and attitudes about one's life at a particular point in time, ranging from negative to positive, and that it is one of the three major indicators of wellbeing; the other two are positive affect and negative affect. A year later Diener *et al.* (1985) defined life satisfaction from the perspective of the Cognitive Theory and stated that it was an individual's cognitive judgment of his or her own living conditions based on comparisons and compatibility with standards.

In the 1990s Veenhoven (1993) described life satisfaction as the degree to which a person positively evaluates the overall quality of his or her life as a whole. Along the same line, Diener *et al.* (1999) included three other aspects; desire to change one's life; satisfaction with past; satisfaction with future; and significant others' views of one's life. Haybron (2007) referred to life satisfaction as having a favourable attitude towards one's life as a whole. Life satisfaction was also referred to as an assessment of the overall conditions of existence as derived from a comparison of one's aspiration to one's actual achievement (Prasoon and Chaturvedi, 2016). In agreement, Diener *et al.* (2003) emphasised that the less incongruence between the individual's desires and achievements, the more life satisfaction that individual has. Perhaps Diener *et al.* (*ibid.*) had earlier answered Frijns (2010) who wondered if accomplishing more goals would increase the levels of life satisfaction. Other researchers are of the view that life satisfaction is a reflection of the extent to which basic needs are met and the extent to which various goals are viewed as achievable (Bradly and Corwyn, 2004); and that life satisfaction is closely related to better physical and mental health, longevity and other positive aspects (Buetel *et al.*, 2010).

A closer look at the descriptions of life satisfaction by different scholars reveals that there is a common denominator. In this regard, the scholars seem to agree that life satisfaction is a subjective measure of one's own life. This is in conformity with Suh *et al.* (1998), and Prasoon and Chaturvedi (2016) who point out that different individuals attach different meanings to what brings about life satisfaction to them. Along the same line of thought, Sen (1995) in his Capability Theory asserts that individuals have varying functionalities, i.e., the being and the doings which they value. What one deems important may not be that important to another person. To that effect, determinants of life satisfaction are highly individualised or personalised.

Consequently, individuals are believed to be the best judges of their own lives. Diener *et al.* (1997) emphasise that the key assumption in life satisfaction studies is that the judgment of satisfaction is primarily based on the respondent's own set criteria rather than on objective measures defined by experts. In most studies, individuals are believed to construct a judgment of satisfaction rather than recall a previously formed judgment.

3.3 Life Satisfaction Measurement Scales

The first part of the literature review chapter focused on the concept of life satisfaction. This section focuses on the scales that were specifically developed to measure life satisfaction. Scales that were specifically developed for the purposes of measuring life satisfaction date back to the early 60s. The first life satisfaction measurement scale was first developed by Neugarten *et al.* (1961). The scale was in form of a questionnaire whose theoretical backing was the Activity Theory of Ageing. The questionnaire was referred to as Life Satisfaction Index–Form A (LSI-A). The LSI-A was the original version and it earned the trio recognition as pioneer researchers into adult life. This happening was no doubt, a breakthrough for adult, extension and community education researchers and practitioners. As Barrett and Murk (2009) assert, the LSI-A became the most frequently used scale in Kansa City, Missouri, in which the research project into adult life was being undertaken. The LSI-A was designed to support a group of gerontologists and psychologists conducting a major research project into adult life in Kansas City in the early 1960's. Although the name of the tool involved the term life satisfaction, the expression was considered an operational definition of successful ageing (Neugarten *et al.*, 1961). The researchers defined successful ageing in a more complex manner than the attainment of goals or the feeling good about oneself.

The LSI-A in its original form proposed by Neugarten *et al.* (1961) is a 20-items rating scale. Twelve out of the 20 items are positively worded; 0/1/2 points were assigned to “disagree”, “don't know”, and “agree” answers, respectively. The remaining 8 items are negatively worded and 0 is assigned to the “agree” answer. Ultimately the higher the score, the higher the degree of life satisfaction is assumed to be (Franchignoni *et al.*, 1999).

The 20 items that comprise the original LSI-A are displayed in Table 1:

Table 1: Life Satisfaction Index – A (LSI-A)

S/N	ITEMS
1.	As I grow older things get better than I thought they would be
2	I have gotten more of the breaks in life than most of the people I know
3	This is the dreariest time of my life
4	I am just as happy as when I was young
5	My life could be happier than it is now
6	These are the best years of my life
7	Most of the things I do are boring or monotonous
8	I expect some interesting and pleasant things to happen to me in the future
9	The things I do are as interesting to me as they ever were
10	I feel old and somewhat tired
11	I feel my age but it does not bother me
12	As I look back on my life I am fairly well satisfied
13	I would not change my past life even if I could
14	Compared to other people my age, I have made a lot of foolish decisions in my life
15	Compared to other people my age, I make a good appearance
16	I have made plans for things I will be doing a month or a year from now
17	When I think back over my life, I did not get most of the important things I wanted
18	Compared to other people, I get down in the dumps too often
19	I have gotten pretty much what I expected out of life
20	In spite of what people say, the lot of the average man is getting worse, not better

Source: Franchignoni *et al*, 1999.

The LSI-A measures the five components that contribute to successful ageing or life satisfaction. The components are:

1. **Zest v Apathy:** which refers to an enthusiastic response to life in general, regardless of whether that person does or does not engage in any social or intellectual activities. What would really give him or her a high life satisfaction score is his or her enthusiasm to life.

2. **Resolution and fortitude:** is about active acceptance of personal responsibility for their lives rather than passively accepting or condoning what has happened to them. Such persons see life as meaningful and have no fear of death.
3. **Congruence between desired and achieved goals:** refers to the relative difference in desired and achieved goals which could cause one to be either satisfied or dissatisfied with life.
4. **Self-concept:** this is about one's present emotional, physical and intellectual dimensions. In this regard, people who do not feel old but are concerned with their appearance and judge themselves to be wise and competent, tend to rate themselves higher.
5. **Mood tone:** relates to mood tone, optimism and happiness and other positive affective aspects. This is as opposed to depression, sadness, loneliness, irritability and pessimism.

According to Neugarten *et al* (1961) an individual would be regarded as being at the positive end of the continuum of psychological well-being if he/she had positive scores on the above five components. The scoring was made by way of simple summation of the positive responses to individual questions. In some cases, the positive response is the 'agree' response, in other cases it is the 'disagree' response. Uncertain responses were effectively treated as 'negative' responses.

The LSI-A has since undergone several revisions by different researches, an act which has resulted into several versions of the scale. One of the versions is Life Satisfaction Index - B (LSI-B) which contains 12 items, but this scale has been barely used. Another version is the Life Satisfaction Index - Z (LSI-Z) which was developed by Wood *et al.* (1969) and had 13 items of the 20 items from the LSI -A. Yet another version is the 18-itemed LSI-A that was closely related to the original LSI-A by Neugarten *et al.* (1961). The only variation is that the 18-itemed LSI-A had the 11th and 14th items deleted from the scale. Bigot (1974) came up with another version of the LSI-A, reducing the 20-itemed LSI-A to two 4-itemed sub-indices which he labelled LSI-H (Acceptance-Contentment) and LSI-S (Achievement-Fulfilment) (Knap, 1977). Knap adopted the scale in 1977. Table 2 presents Bigot (1974)'s scale showing the sub-indices (LSI - H and LSI – A) as well as the question items and ratings.

Table 2: Bigot (1974)’s LSI-H and LSI – S

Dimension		Question Item	Responses		
			Yes	No	?
LSI -H	Acceptance - Contentment	I’m as happy as I was when I was young	2	0	1
		My life could be happier than it is now	0	2	1
		These are the best years of my life	2	0	1
		The things I do are as interesting to me as they ever were	2	0	1
LSI -S	Achievement - Fulfilment	I would not change my life given a choice	2	0	1
		Compared to other people of my age, I have made foolish decisions in my life	0	2	1
		When I think back on my life, I didn’t get most of the important things I wanted	0	2	1
		Compared to other people, I get down in the dumps too often	0	2	1

Source: Knap (1977)

In 2006, the Life Satisfaction Index for the Third Age (LSITA) came on the scene. The 35-itemed LSTIA was reported on by Barrett and Murk (2006) at the 25th Annual Midwest Research-to-Practice Conference on Adult, Continuing and Community Education. The LSITA derived its name from the third phase of life. In this regard, life-course was said to be divided into three phases. According to Hurworth and Combie (1995: 4-5), the Third Age is the phase in a person’s life when there is “autonomy of fulfilment; of release from trammels of the second age; of pursuit of aims freely chosen either on one’s own or in collaboration with others in the third age; an age which is particularly of cultural activity and satisfaction, to be described as the Crown of Life. The Second Age is the phase of life where there is “maturity, earning, career pursuit and advancement; of family formation, procreation, maintenance and socialisation of off-spring; of responsibility for the dependent old and young; of membership of productive organisations; of instituting and maintaining such bodies, but also submission to their authority; of self-fulfilment as far as productive imperatives allow; of preparation for full self-realisation in due course”. The First Age being that of “natality, childhood, socialisation and education; an age of nearly total dependency, at least until the latter part of it”.

The Life Satisfaction Index for the Third Age (LSITA) gave birth to yet another version called Life Satisfaction Index for the Third Age–Short Form (LSITA-SF). The

development came about due to the fact that the 35-itemed LSITA proved cumbersome to use as it was too long. Therefore, this version reduced the items from 35 to 12 items. According to Barrett and Murk (2006), the LSITA-SF, a shorter but still highly reliable and valid scale that would measure the construct of successful ageing or life satisfaction reflecting the theoretical framework developed by Neugarten *et al.* (1961) and her colleagues, was extracted from the 35 itemed LSITA. The items and responses that constitute the Life Satisfaction Index for the Third Age–Short Form (LSIA-SF) are presented in table 3.

Table 3: Life Satisfaction Index for the Third Age –Short Form (LSIA-SF)

S/N	Items	Responses					
1	As I grow older, things seem better than I thought they would be	Strongly disagree	Disagree	Disagree somewhat	Agree somewhat	Agree	Strongly agree
2	This is the dreariest time of my life	Strongly disagree	Disagree	Disagree somewhat	Agree somewhat	Agree	Strongly agree
3	I am just as happy as when I was young	Strongly disagree	Disagree	Disagree somewhat	Agree somewhat	Agree	Strongly agree
4	I would enjoy my life more if it were not so dull	Strongly disagree	Disagree	Disagree somewhat	Agree somewhat	Agree	Strongly agree
5	My life could be happier than it is now	Strongly disagree	Disagree	Disagree somewhat	Agree somewhat	Agree	Strongly agree
6	The things I do are boring or monotonous	Strongly disagree	Disagree	Disagree somewhat	Agree somewhat	Agree	Strongly agree
7	I expect interesting and pleasant things to happen to me in the future	Strongly disagree	Disagree	Disagree somewhat	Agree somewhat	Agree	Strongly agree
8	The things I do are as interesting to me as they ever were	Strongly disagree	Disagree	Disagree somewhat	Agree somewhat	Agree	Strongly agree
9	My life is great	Strongly disagree	Disagree	Disagree somewhat	Agree somewhat	Agree	Strongly agree
10	Everything is just great	Strongly disagree	Disagree	Disagree somewhat	Agree somewhat	Agree	Strongly agree
11	As I look back on my life, I am well satisfied	Strongly disagree	Disagree	Disagree somewhat	Agree somewhat	Agree	Strongly agree

S/N	Items	Responses					
12	I enjoy everything that I do	Strongly disagree	Disagree	Disagree somewhat	Agree somewhat	Agree	Strongly agree

Source: Barret and Murk (2006)

As provided by Barret and Murk (2006), the scoring for the LSITA-SF for items 2, 4, 5 and 6, for the responses are reversed as shown below:

1. Strongly disagree: 1, Disagree: 2, Disagree somewhat: 3, Agree somewhat 4, Agree: 5, Strongly agree: 6.

For all the other items: 1, 3 and 7 to 12, the responses are scored as follows:

2. Strongly disagree: 6, Disagree: 5, Disagree somewhat: 4, Agree somewhat 3, Agree: 2, Strongly agree: 1

According to Barret and Murk (2006), the LSITA-SF was highly reliable and highly correlated to the LSITA and other criteria scales, and was rated as an excellent measure of overall construct of life satisfaction. The only limitations are that the scale can only extract the life satisfaction construct and cannot be used if the five underlying factors are desired. If the underlying factors (Zest ν Apathy, Resolution and Fortitude, Congruence of Goals, Self-Concept and Mood Tone) are desired, the researchers are advised to use the larger LSITA. But overall, the LSITA-SF provided Adult, Continuing, Extension and Community Education researchers and practitioners with an improved tool with which to conduct studies of the effects of their efforts on their participants. The LSITA has since been translated in Chinese, Japanese and Italian.

In 1985, Diener *et al.* (1985) developed the Satisfied with Life Scale (SWLS). The SWLS was slightly different in that it was a global measure of life satisfaction. But just like all the other versions of LSI, the SWLS was developed to assess satisfaction with the respondent's life as a whole (Pavot *et al.*, 1993). The scale has 5 items. The five items and scoring points are shown in Table 4.

Table 4: Satisfaction With Life Scale

S/N	Statements/items	Reponses and scores						
		Strongly disagree (1)	Disagree (2)	Slightly disagree (3)	Neither agree nor disagree (4)	Slightly agree (5)	Agree (6)	Strongly agree (7)
1.	In most ways my life is close to my ideal	Strongly disagree (1)	Disagree (2)	Slightly disagree (3)	Neither agree nor disagree (4)	Slightly agree (5)	Agree (6)	Strongly agree (7)
2.	The conditions of my life are excellent	Strongly disagree (1)	Disagree (2)	Slightly disagree (3)	Neither agree nor disagree (4)	Slightly agree (5)	Agree (6)	Strongly agree (7)
3.	I am satisfied with my life	Strongly disagree (1)	Disagree (2)	Slightly disagree (3)	Neither agree nor disagree (4)	Slightly agree (5)	Agree (6)	Strongly agree (7)
4	So far, I have gotten the important things I want in life	Strongly disagree (1)	Disagree (2)	Slightly disagree (3)	Neither agree nor disagree (4)	Slightly agree (5)	Agree (6)	Strongly agree (7)
5	If I could live my life over, I would change almost nothing	Strongly disagree (1)	Disagree (2)	Slightly disagree (3)	Neither agree nor disagree (4)	Slightly agree (5)	Agree (6)	Strongly agree (7)

Source: Diener (2006).

According to Diener (2006), when the scores are added, persons who score from 30 to 35 are highly satisfied. Such people love their lives and feel that things are about as good as lives get. For most people in this high-scoring range, life is enjoyable, and the major domains of life are going well, be it work or school, family, friends, leisure, and personal development. But Diener (*ibid.*) also explains that just because the person is satisfied does not mean she or he is complacent because growth and challenge might be part of the reason the respondent is satisfied. People who score from 25 to 29, have the same sentiments like those who score from 30 to 35. The only difference is that the persons in this category feel that their lives are not perfect but that things are mostly good. Such persons may draw motivation from the areas of dissatisfaction. For those who score from 20 to 24, which is the average score, they are generally satisfied but have some areas where they would like a lot of improvements. Such individuals are

satisfied with most areas of lives but see the need for some improvement in each area. Some whose scores are within this range, are satisfied with most domains of their lives but have one or two areas where they would like to have large improvements. To that effect, individuals in this range would usually like to move to a higher level by making life changes.

Those who score from 15 to 19, which is slightly below average, usually have small but significant problems in several areas of their lives or have many areas that are doing fine but one area that presents a substantial problem for them. Diener (*ibid.*) further posits that sometimes a person may move from a higher level into this category. Such a situation is temporal as the person may move back as things may improve over time and satisfaction will generally move back up. On the other hand, if a person is recurrently slightly dissatisfied with many areas of life, some changes might be in order. Sometimes the person is simply expecting too much, and sometimes life changes are needed. In this regard, although temporary dissatisfaction is common and normal, a chronic level of dissatisfaction across a number of areas of life calls for reflection. Some people can gain motivation from a small level of dissatisfaction, but often dissatisfaction across a number of life domains is a distraction, and unpleasant as well.

The dissatisfied (those who score from 10 to 14) are substantially dissatisfied with their lives. The cause of the dissatisfaction may be due to a number of domains that are not going well, or one or two domains that are going very badly. It should, however, be noted that if life satisfaction is a response to a recent event, such as bereavement, divorce, a significant problem, the person will return to his or her former level of satisfaction. But if the low levels of life satisfaction have been chronic for the person, some changes are in order. If there is persistence in dissatisfaction, it is an indication that things are going badly and life alterations are needed. Additionally, a person whose score falls in this range, is sometimes not functioning well because her or his unhappiness serves as a distraction. To that effect, talking to a friend, member of the clergy, counsellor, or a specialist can often help the person get moving in the right direction, although positive change will be up to the person.

Those who score from 5 to 9 (Extremely Dissatisfied) are extremely unhappy with their current life. In other words, individuals who score in this range are usually

extremely unhappy with their current life. For some people in this range, extreme dissatisfaction with life is a reaction to some recent bad event such as widowhood or unemployment. For others, the cause of the extreme dissatisfaction with life is a chronic problem, such as alcoholism or addiction. Yet for some, in other cases the cause for extreme dissatisfaction is a reaction due to something bad in life such as recently having lost a loved one. But overall dissatisfaction at this level is often due to dissatisfaction in multiple areas of life. Whatever the reason for the low level of life satisfaction, it may be that the help of others is needed, a friend or family member, counselling by a member of the clergy, or help from a psychologist or a counsellor. If the dissatisfaction is chronic, the person needs to change, and often others can help.

All of the scales reviewed above were subjective measures of life satisfaction with the belief that an individual is the best judge of his or her own life. By nature of being one's state of mind, life satisfaction can only be measured subjectively as no one person can read another person's mind. Life satisfaction is subjective in that it is based on an individual's perceived life. In other words, life satisfaction is the subjective reflection of one's overall wellbeing. It is subjective in that people themselves can evaluate their own lives in terms of a global judgment, such as life satisfaction or feelings of fulfilment. They can also judge their lives in terms of the domains of life, such as marriage, income, health or work (Diener, 2008).

Apart from the SWLS that was designed to measure life satisfaction at all age groups or global life satisfaction, all the scales were designed to measure life satisfaction for older adults; 54 years or over. But overall and most importantly, the scales were developed to promote attainment of life satisfaction among human beings. However, some of the scales had too many items and therefore subjected respondents to long hours of sitting during interviews. This would compromise the results as respondents may lose concentration and some researchers may rush through the interviews in the quest to shorten the time of the interview.

3.4 Studies that Utilised the Satisfaction With Life Scale

The immediate previous section of this literature dealt with scales that were developed for the purposes of measuring life satisfaction. This section of the review concerns itself with studies that utilised the Satisfaction With Life Scale (SWLS). Focus is

channelled towards the SWLS because it was the main instrument that this study utilised to measure life satisfaction among the respondents. As the review revealed, the scales dated back to the early 60s, ran through the 70s, and the SWLS was developed in the 80s, specifically, in 1985 (Diener, 1985). The scale has been used extensively and is applicable to adult age groups (Heo *et al.*, 2013). As such, studies that used SWLS are varied and many, but for the purpose of this review only, a few are utilised in this section. Noteworthy to state here that none of the studies that utilised the SWLS were conducted in Zambia. The main reason being that there is a dearth of studies on life satisfaction in the country. Although there is a wealth of studies that used the SWLS, only three of the studies will be made use of here. The studies are Dahlan (2010), Good *et al.* (2011) and Rodgers (2015):

Dahlan *et al.* (2010) aimed to identify levels of satisfaction with life and to examine the relationship between life satisfaction and the socio-demographic characteristics of the elderly people living in an institution. In addition, the study aimed to describe the elements which constitute the experience of life satisfaction among elderly persons living in the institution. Good *et al.* (2011) 's study's aim was to determine levels of functioning (activity and independence) in older people and then tie many of the elements from previous studies to identify the relationships between functioning and life satisfaction among elderly persons in the New Zealand population. Still in New Zealand, Rodgers (2015), aimed to investigate the impact of social comparison on the perception of satisfaction with life at various stages of old age. A point that comes out from Rodgers (*ibid.*)' study's aim is that previous life satisfaction studies took many dimensions. The current study is no exception, but unlike the previous studies, this study aimed to examine the dynamics of life satisfaction among the elderly people in a rural setting of Zambia. Suffice to say, however, that each and every one of the studies has no doubt made valuable contributions to research.

Due to the fact that the reviewed studies had varied aims, methodologies that were used to answer their research questions also differed. In this regard, Dahlan *et al.* (2010), used a mixed method that combined both qualitative and quantitative designs. According to Dahlan *et al.* (*ibid.*), the design provided strong inference and complemented the strength of each design to provide more meaningful in-depth data. Additionally, the researchers asserted that the design enabled the researchers to collect

data and analyse it concurrently within a short period of time. In line with the design, Dahlan *et al.* (*ibid.*) used a cross sectional survey to collect quantitative data (on sample of 82 elderly people living in the institute) and focus group interview to collect qualitative data (from 20 participants who volunteered). The survey was conducted through face-to-face interviews with the SWLS that was translated into Malay language. The focus group discussion was conducted using semi-structured interviews to collect data regarding the life satisfaction experience of the elderly people living in the institute.

Dahlan (2010)'s use of the mixed method that combined both qualitative and quantitative designs, was a plus as many researchers seem to agree with the approach. For instance, Yin (2006) affirms that the more mixed a research is, the better because mixing adds value to the study. Mason (2006) also affirms that mixing, apart from offering the impetus to study more complex problems, encourages creativity and enhances the capacity for theorising. Ercikan and Roth (2006) argue along the same line and assert that the mixed method allows for answering the 'what happened', 'how something happened' and 'why that something happened' questions all in one study. Like Dahlan (2010), this study used a mixed method approach.

However, Dahlan (*ibid.*) could be criticised for excluding the caretakers. The researcher's sample only included elderly persons living in the institution and excluded the people who were caring for them. This is unlike Changala (2014), who included the caretakers as key informants. The exclusion of the caretakers somewhat provided a myopic perspective. Including caretakers as key informants could have expanded understanding of the participants and study at large, and therefore could have strengthened the results. As Marshall (1996) confirms, key informants as a result of their personal skill or position, are able to provide more information and a deeper insight into what is going on around the people they take care of.

Getting back to methodologies that were used by different researchers to answer their research questions, Rodgers (2015) used a quantitative design with a sample of 542 community dwelling people aged 65 and above that were randomly selected from the general electoral role. Good *et al.* (2011) too used quantitative design on a sample of 800 participants, randomly selected registered voters who were aged 65 and above,

living in private dwellings. The researchers seem to have used samples that were large enough to be representative of the study population. Regarding data collection instruments, Good *et al.* (*ibid.*) used four instruments: an Independence Inventory, in which the participants were asked to rank their independence in 12 domains of daily living (such as recreation, communication, and home management (Good *et al.*, *ibid.*); the Frenchay Activities Index (FAI) (Holbrook and Skilbeck, 1983), which was used to measure the frequency of activities such as using transport, reading, walking, shopping, housework, etc. (a point to note here is that the researchers adapted the FAI with minor changes which included the addition of “using the telephone”, “reading mail” and “using a typewriter or computer”), additionally, the researchers separated, “outings” and “car rides” as were “driving” and “using public transport” and “household maintenance” and “car maintenance” (these minor alterations were made as the study’s original focus was to target older people with and without impaired vision); the Social Support Questionnaire (SSQ) (Sarason *et al.*, 1987) was also used, which assessed network size and perceived social support; and the SWLS (Diener *et al.*, 1985) in which the participants were asked to agree or disagree with statements such as “The conditions of my life are excellent”. Participants were also asked to list three factors which promoted or deducted from their Quality of Life (QOL).

Like Good *et al.* (2011), Rodgers (2015) also used four data collection instruments. They were; Short Form-12 Health Survey which was used to measure physical and mental health; Groningen Activity Restriction Scale that was used to measure functional ability; Satisfaction With Life Scale that was used to measure life satisfaction; and, the Iowa-Netherlands Comparison Oriented Measure that was for the purpose of assessing social comparison. Additional demographic information was also collected. The methodologies outlined in the reviewed studies were perfect for those types of studies as researchers usually exercise care in the selection of designs for their studies. However, this researcher is of the view that Good *et al.* (2011) and Rodger (2015)’s studies utilised too many data collection or rather measurement instruments on the respondents. In as much as the researchers wanted data from a number of dimensions, using so many instruments could be cumbersome on the part of the respondents. This could in turn compromise the results of the study. This is more so, given that the respondents in both studies were advanced in age, 65 years and above. To that effect, the researchers could either, have reduced on the objectives so as to cut

down on the number of measurement scales and measurement instruments or could have segmented the data collection in phases with a good spacing in between.

Regarding the results, the reviewed studies achieved different results due to the fact that they had different focuses. A point to note here is that only results from the Satisfaction With Life Scale were taken considered. This is because this study's main interest is in life satisfaction. In this regard, in Dahlan (2010)'s study, the scores indicated that 59% ($n=48$) had an average life satisfaction, 30.5% ($n = 25$) were below average satisfaction with life and 8.5% ($n = 7$) were dissatisfied with their life.

As for Good *et al.* (2011)'s study, it was found that for those aged 74 - 75, there was a significant relationship between impairment and lower satisfaction with life for those experiencing physical impairment, ratites, other unidentified impairments, hepatitis, angina and hearing impairments. For those aged 75 - 84 ($n = 150$), the impairments with the strongest relationship with lower life satisfaction were hernia, diabetes, cancer, vision impairment, physical disability and stroke. For those aged 85+ ($n = 33$), there were no impairments significantly linked with lower life satisfaction.

As for Rodger (2015), a marked difference was found in satisfaction with life before and after the age of 85; this was not explained by health (physical or mental), functional ability, demographic factors or comparison frequency. The oldest participants (aged 85+) consistently, predominantly making downward social comparisons (with those doing worse). Important to note here is that all the reviewed studies made significant contributions to the body of knowledge on life satisfaction. It is also worthwhile to note that the SWLS has been used by previous researchers to measure life satisfaction. The SWLS was found to be valid and reliable. Additionally, the SWLS was also found to have properties that allowed for establishment of global and cross-cultural notion of life satisfaction.

3.5 Other Studies on Life Satisfaction

Studies on life satisfaction are varied and many, and the list is inexhaustible. However, absent from this list, are studies conducted in Zambia. Therefore, due to dearth of literature on studies on life satisfaction in Zambia, literature on life satisfaction studies conducted elsewhere is made use of in this study. Additionally, due to the fact that

studies on life satisfaction conducted elsewhere are in abundance and therefore cannot all be reviewed in this study, only selected studies were utilised.

The first study under this review was conducted by Knapp (1977), who aimed at establishing the relationship between activity and life satisfaction on a sample of 51 people aged 62 - 86 years in the south of England. The overall aim was to test the Activity Theory of Ageing among the English people. His argument was that the Activity Theory of Ageing “originally expounded and subsequently tested on the other side of the Atlantic Ocean”, America, should also be tested in England, a country whose socio-cultural context is different from America.

As explained earlier in the theoretical framework, the Activity Theory of Ageing asserts that life satisfaction is bought about by the amount and intensity of social interaction or activity in general. Knapp (*ibid.*: 554) used quantitative evidence to test the Activity Theory of Ageing by utilising “measures of indices which had both validity and reliability, and which had been used in previous gerontological settings”. Specifically, he adopted the Bigot (1974) Life Satisfaction Index-S (LSI-A) which he labelled Achievement-fulfilment and Life Satisfaction Index-H (LSI-H), which he called Acceptance–Contentment. The two indices are listed in Table 5 below, together with constituent items together and their scoring procedure that was suggested by Wood *et al.* (1969).

Table 5: Life Satisfaction Index

Dimension		Question Item	Responses		
			Yes	No	?
LSI-H	Acceptance-Contentment	I’m as happy as I was when I was young	2	0	1
		My life could be happier than it is now	0	2	1
		These are the best years of my life	2	0	1
		The things I do are as interesting to me as they ever were	2	0	1
LSI-S	Achievement-Fulfilment	I would not change my life given a choice	2	0	1
		Compared to other people of my age, I have made foolish decisions in my life	0	2	1
		When I think back on my life, I didn’t get most of the important things I wanted	0	2	1
		Compared to other people, I get down in the dumps too often	0	2	1

The potential ranges for both sub-indices were 0-8, while the actual ranges in the sample were both 2 to 8 with respective means 5.59 and 5.57. Since the Activity Theory of Ageing asserts that life satisfaction was positively influenced by the amount and intensity of social interaction or activity, thus to that effect, the quantitative setting dictated that the main direction of causal flow should be from the activity variables to the wellbeing indices. Therefore, to model such causality, the researcher regressed two life satisfaction indices with the activities and other variables such as biographical data, retirement etc. The activities were employment, formal association of organisational activity, social activity (cinema, coffee-mornings, bingo, and so on), productive ('loner') pursuits such as gardening, house work, or personal hobbies, shopping, and contact with friends and relatives. Knapp (1977) found that the felt level of life satisfaction was positively related to the level of activity. His finding supported the Activity Theory of Ageing. In other words, the Activity Theory of Ageing was found relevant in the English context.

Knapp (*ibid.*)'s study made significant contributions to research that supports the Activity Theory of Ageing. However quantitative collection and analysis of data deprived the respondents of a chance to give their views and or explain themselves. According to Choy (2006), many important aspects of people and communities' identities, perceptions and beliefs that cannot be meaningfully reduced to numbers or adequately understood without reference to the local context in which people live (Dudwick *et al.*, 2006) are being overlooked in quantitative research.

The second study for this review was conducted in Germany by Humpert (2013). The study aimed to establish the effects of social participatory activities on life satisfaction with specific focus on gender differences. The assumption was that activities had different impacts on male and female satisfaction. The researcher used the 2010 wave of the German General Social Survey data that was conducted on a population of 2,827 individuals from which he sampled 2,128. The sample comprised 1,051 females and 1,077 males aged between 18 to 89 years. He categorised the respondents into 5 age groups; 18-29, 30-44, 45-59, 60-74, and 75-89.

Humpert (2013) analysed the data using quantitative methods and established the effect social participation activities had on life satisfaction. The dependent variable

was life satisfaction while the independent variables were the different activities, such as membership to a cultural society, a sports club, a hobby society, a charity organisation, a human rights organisation, a nature's protection association, a health club, parents' association, a senior citizens' association, a citizen initiative group, a union or a political party.

The question concerning life satisfaction was framed as: “*And now a general question: All things considered, how satisfied are you with your life as a whole these days?*” The researcher collapsed the dependent variable (life satisfaction) from 0 to 10 into a binary scale. The dummy was 0 (not satisfied) when satisfaction was reported from 0 to 7, and 1 (satisfied) was reported from 8 to 10. According to Humpert (*ibid.*), the procedure to recode the longer scale into binary variable was not unusual. He explained that Kler and Fleming (2008) and Kassenboehmer and Haisken-DeNew (2009) also used the same procedure. The overall finding from the research was that men and women differed in the level of benefits they derived from participating in social activities. Specifically, sports and civic engagements only improved female life satisfaction; men were more affected by charity organisations or leisure time activities, such as hobbies (Humpert, 2013). Interestingly, Humpert (*ibid.*) found out that political and trade union activities had neither positive nor negative effects on life satisfaction.

Huppert (*ibid.*) brought significant revelations regarding the differences in the experience of life satisfaction between males and females. It was observed that including respondents aged 18 in the sample may not be of much significance in research undertakings on life satisfaction, because life satisfaction was the overall subjective judgment of one's life. For respondents aged 18 years and younger, life had just begun. This meant that they did not have much to base their overall life judgment on. According to Brown and Lewis (2003), Erikson's Socio-emotional Theory of Development indicates that the eight-stage which covers the period from the age of 60 years, is the stage in which the crisis facing individuals is to evaluate life in terms of how it was lived. To this effect, adults in the age of 60 and above would give a better result on life satisfaction as compared to respondents who are 18 years old.

The third study that was reviewed under this segment was a study by Yirmibesoglu *et al.* (2014), which was undertaken in Turkey. Yirmibesoglu *et al.* (*ibid.*)’s study sought to establish life satisfaction among Turkish elderly women. The sample comprised 198 women between the age ranges of 65 - 85. The study concluded that factors which contributed to life satisfaction included; having positive family relations, doing physical activity, going on seaside holiday, having what you wanted in life, the excellence of living conditions, residential satisfaction, closeness to health care facilities, and satisfaction with the neighbourhood environment. Conversely, not having children and feeling lonely, contributed negatively to life satisfaction.

The findings of Yirmibesoglu *et al.* (*ibid.*)’s study through correlational analysis, between life satisfaction, socio-demographic and socio-economic characteristics, were that there was a negative correlation between presence of children, feeling lonely and life satisfaction. However, there was a strong and positive correlation between positive family relationships, doing physical activity, going on seaside holiday, having everything one wanted and life satisfaction.

Nawijn and Veenhoven (2011) provided the fourth study for this review. The researchers sought to establish the effect of leisure activities on life satisfaction. The study was inspired by the researchers’ observations that not enough attention had been paid to the effects of specific leisure activities on happiness. In their study, the researchers equated life satisfaction to happiness. The duo answered their research questions by means of analysing data from the German Socio-economic Panel Study (SOEP). In their study, Nawijn and Veenhoven (*ibid.*), the dependent variable was life satisfaction and the independent variable were leisure activities. The life satisfaction was measured using a self-report on a single question: “How satisfied are you at present with your life as a whole?” The scale was such that 0 meant totally unhappy and 10 meant totally happy. The leisure activities studied included going out to eat or drink, visiting neighbours, visiting family members, playing cards and board games, participating in local politics, performing voluntary work, attending church or other religious events, watching television and video, reading non-fiction and fiction stories, engaging in artistic and musical events, performing handicraft and home repairs, participating in sports, attending sports and events, attending cinema, pop and jazz concerts, and attending cultural events. The research included several leisure activities.

Nawijn and Veenhoven (*ibid.*) explained that ‘happiness’ in previous studies, usually involved one specific leisure activity such as listening to music or watching television.

The findings were that just five leisure activities had significant correlations with life satisfaction. These were: holiday trips, attending church, performing handicrafts and home repairs, and attending cultural events. Holiday trips of all the leisure activities had the correlation significant to life satisfaction. The research concluded that holiday trips had more effect on happiness than other leisure activities. Nawijn and Veenhoven (*ibid.*)’s study contributed significantly to research on the contribution of leisure activities to the experience of life satisfaction among elderly women. The contribution could have been even more if individual respondents were also accorded chance to list activities that they enjoyed most. This way their study would have elicited results that would have added more to the volume of activities that contribute positively to life satisfaction. In addition, the study could have utilised both men and women so as to gain wider insight and understanding on how leisure activities elicit life satisfaction across gender differences.

The seventh study was provided by Nimrod (2003), who sought to quantitatively examine the relationships between leisure activities, leisure benefits and life satisfaction. The sample was drawn from recently retired individuals who had stopped working or who were still working on part-time basis, to examine groups of activities and their correlations. Respondents were interviewed on average for 45 minutes regarding their leisure participation, leisure benefits, life satisfaction and background factors. Measurement on leisure included a list of 41 activities and a scale of 11 degrees of participation, and frequency measurement was done by asking participants to indicate at what frequency they participated and to describe the activities in which they participated. On leisure benefits, measurement was done by asking participants to choose the most enjoyed activity and to support this by agreeing or disagreeing with a list of 20 statements regarding each activity on a scale of one to five (1:5). The main findings on leisure participation were included in the 13 identified factors with a variance explanation of 60.3 per cent; among them three factors which were associated with culture and enrichment i.e., high culture and ‘dolce-vita’, popular culture, and spiritual enrichment with the high culture topping the list of factors with highest number of activities.

3.5.1 Summary of other Studies on Life Satisfaction

Studies on life satisfaction have drawn their inspiration from the Activity Theory of Ageing. But as it were some observations were noted in each and every reviewed study under this section. These observations facilitated for improvements in the current study. For instance, the study at hand did things differently in that it sought to establish other factors apart from activities that could influence the experience of life satisfaction. Consequently, previous research findings on factors that influence the experience of life satisfaction are consulted in the immediate next section of the literature review.

3.6 Various Factors and Life Satisfaction

Attainment of life satisfaction among elderly people has always been an issue through the centuries. Numerous studies have been conducted all with the view to uncovering factors that best contribute to the experience of life satisfaction. Previous research has shown that factors influencing the attainment of life satisfaction are varied and many. In this regard, Fisher (1992) identified factors that influence the experience of life satisfaction in old age as good health, financial stability, having contact with family and a general fulfilment of expectations in later life. Subramanien (2013) established that good health, family attention and care, reasonable income, decent place to live and good social relations as drivers of wellbeing in old age. In Mauritius, Subramanien (*ibid.*) set out to explore the level of wellbeing of older people of that country. The study, among other findings, found that lack of family attention and care, low education and low income were factors that detracted from their wellbeing. In South Africa, Mutjuwadi (2013), in his study, entitled ‘Life Satisfaction and Adjustment to Retirement of Migrant Workers’, among other findings, found that retirees with steady and stable financial resources had higher levels of life satisfaction and adjusted better to retirement than their counterparts who had limited financial resources at retirement. He also found that good health played an important role in promoting the experience of life satisfaction.

Factors that influence the experience of life satisfaction have indeed been widely studied by many researchers and are varied, and may not all be elaborated on in this segment of the thesis. For the purposes of this review, only factors that are most

frequently examined will be selected for the review. These include; gender, leisure activities, income, health, formal educational attainment, social support, physical disability, age, marital status, and depression.

3.6.1 Gender and Life Satisfaction

The relationship between gender and life satisfaction has been extensively studied by numerous researchers with the majority of the researchers agreeing that both male and female older adults experience comparable degrees of life satisfaction. However, some researchers are of the view that older males experience greater life satisfaction than females, while some researchers contend that there is no relationship between gender and life satisfaction. As such, there have been mixed findings on the relationship between gender and life satisfaction. Among the notable researchers on gender and life satisfaction is Joshanloo (2018), who used a multi-level modelling to explore gender differences in the predictors of life satisfaction in a sample of 952,739 individuals from 150 countries. The results revealed a large degree of similarity in the predictors of life satisfaction across gender. However, non-trivial gender differences also emerged. With some exceptions, the results generally suggest that socio-political, employment-related, and education-related variables are more important in determining life satisfaction in men, whereas variables related to marital status and interpersonal relationships are more important in women.

Researchers such as Haring *et al.* (1984), Ferring *et al.* (2004), Stevenson and Wolfers (2009) found that men have significantly higher levels of life satisfaction compared to their counterparts, the women. Stevenson and Wolfers (*ibid.*), who aimed at documenting trends over several decades in subjective wellbeing by gender in the United States and other industrialised countries, found that women had become less happy, both absolutely and relative to men. The researchers argued that there could be some important socio-economic forces, such as decreased social cohesion, increased anxiety and neuroticism, and increased household risks that have made women worse off. Haring *et al.* (1984) used a meta-analytic technique to synthesise the findings from the extant empirical literature on gender and social class as predictors of subjective wellbeing among United States adults. Stevenson and Wolfers (2009)'s findings found that males had a slight tendency towards higher subjective wellbeing scores than

women. The researchers attributed this state of affairs to the fact that women were substantially disadvantaged relative to men on a number of objective aspects of quality of life. The aspects include rates of acute and chronic health conditions, income, and occupational status.

In line with Feinson (1991), Stevenson and Wolfers (2009) add that psychological impairment is reported to afflict more women than men. A number of conditions are prevalent among older women, such as getting a substantially lower income than men, higher poverty rates, higher percentage of widows, and social isolation could account for this state of affairs. Wallace (2008) affirms that women in their later years become more impoverished than men. She argues that this is especially true when women become widows and are dependent on scarce social security benefits and on incomes that they bring in themselves. The researcher further contends that women who spend their lives caring for children, spouses, or older relatives face poverty and inadequate health care, and have little chance to regain many resources.

However, some researchers argued that there was no relationship between life satisfaction and gender. Among such researchers are Liang (1982) and Collette (1994). Liang (1982) examined gender differences from the causal process perspective, by which life satisfaction is determined. The researcher contended that determinants of life satisfaction were socio-economic status, health, financial satisfaction, objective social interaction and subjective social integration for both males and females. He advanced that no significant differences existed between males and females in life satisfaction scores. He further argued that it seemed probable that the same causal mechanism was operating among the males as well as the females in accounting for life satisfaction. Another researcher who saw no relationship between life satisfaction and gender was Collette (1994). Collette (*ibid.*) came to this conclusion when she examined the life satisfaction and its determinants among males and females aged 60 years and above. Before that another researcher who subscribed to the view that there was no significant relationship between gender and life satisfaction was Riddick (1985). Shmotkin (1990) too, found no significant relationship between gender and life satisfaction in his study that explored life satisfaction among an Israeli population.

3.6.2 Leisure Activities and Life Satisfaction

As already alluded to in the second chapter, the relationship between activity and life satisfaction was first defined in the Activity Theory of Ageing by Havighurst *et al.* (1963). The Activity Theory of Ageing maintained that achievement of life satisfaction in old age was an indicator of successful ageing. Low levels of activities were found to negatively influence life satisfaction among elderly people (Good *et al.*, 2011). Along the same line, Kapp (1977) found that level of life satisfaction was positively related to the level of activity.

Numerous studies on activities and life satisfaction have since been conducted by various researchers, with some researchers arguing that the Activity Theory of Ageing did not clearly specify the types of activities that were associated with life satisfaction. Among such researchers was Nimrod (2007), who found that not all activity factors showed a significant contribution to life satisfaction. Because of this finding, the researcher recommended narrowing down of the Activity Theory of Ageing to a specific activity area. He pointed to the fact that leisure was a dominant factor in explaining life satisfaction at an early retirement phase. According to the researcher, the influence of leisure was even stronger than background characteristics such as health or income (*ibid.*). Kleiber and Nimrod (2009) defined leisure activities as preferred and enjoyable activities participated in during one's free time, and were characterised as representing freedom and providing intrinsic satisfaction.

Consistent with what Riddick (1985) found, Nimrod (2007) proposed and applied a path analysis model of life satisfaction to a representative of the people of the United States, with sample of 806 men (mean age 72.6 years), and 753 women (mean age 72.5 years). The researcher found that the strongest predictor of life satisfaction were leisure activities. Consistent with Stebbins (1992), Nimrod (2007) posited that individuals pursuing leisure activities gain personal and social benefits, such as personal enrichment, self-actualisation, an enhanced self-image and feelings of accomplishment, enjoyment and recreation. The researcher contends that personal enrichment and self-gratification are among the most important benefits among serious leisure participants.

In as much as leisure activities were found to bring out the most significant relationship with life satisfaction, there arose a debate as to what type of leisure activities had significant relationships with life satisfaction. Nimrod (2007) contended that high culture and ‘*dolce-vita*’ which included such activities as theatre, cinema, art exhibitions and classical music concerts, vacations abroad, restaurants and cafes, had the most significant relationship with life satisfaction. Yirmibesoglu and Berkoz (2014) advance that having everything expected from life and going on sea holiday has significant impact on life satisfaction. Paillard-Borg *et al.* (2009) in their study which examined five types of leisure activities in older adults, which were to do with mental, social, productive and recreation, found that mental activities such as writing and reading were not only the most popular type of leisure activities but also enhanced wellbeing the most.

However, Silvertsen and Parker (2002) found contrasting results. The researchers, after diving 15 leisure activities into six domains of culture-entertainment, productive-personal growth, outdoor-physical, recreation-expressive, friendship, and formal-group, found that that engaging in friendship-type leisure activities such as visiting friends, resulted in the highest quality of life in older Swedish adults. In contrast, Adams *et al.* (2011) found that informal social Activities such as going to clubs, benefited the adult group the most. Nonetheless a study that was conducted in three different nursing homes by Feryal and Hayran (2005), found that leisure activities such as a handicraft, reading, walking, positively affected life satisfaction. Yet another study by Steinkamp and Kelly (1987), found that leisure activities such as travelling, cultural activities, social activities, and sports were associated with a higher life satisfaction among older adults. Previous research has also found that there are types of activities that affect elderly men and women’s experience of life satisfaction differently. Specifically, Humpert (2013) reported that activities had different impact on male and female satisfaction. The researcher stated that sports and civic engagements only improved female life satisfaction; men were more affected by charity organisations or leisure time activities, such as hobbies.

In summary the reviewed literature shows that leisure activities that bring about life satisfaction are varied and many. The literature also revealed that some activities benefit men more than they benefit women and vice-versa. A point to note is that all

the reviewed studies were conducted elsewhere, and none were conducted in Zambia. To that effect, the sources of life satisfaction for the elderly in Zambia were not known before this study was conducted.

3.6.3 Income and Life Satisfaction

Income is one of the most examined factors that has been found to have direct influence on life satisfaction (Frijns, 2010). Many researchers assert that there is a positive relationship between income and life satisfaction (Seghieri *et al.*, 2006; Good *et al.*, 2011; Gretchen *et al.*, 2011; Wang and Hesketh, 2012; Pireito-Flores *et al.*, 2012; Subramanien, 2013; Mutjuwadi, 2013; Berkoz and Yirmibesoglu, 2013). Even studies that were conducted in the seventies, subscribe to the fact that there is a positive relationship between income and life satisfaction. Spreitzer and Snyder (1974)'s study identified financial satisfaction as one of the strongest predictors of life satisfaction for the older adult group (age 65 and older). Edwards and Klemmack (1973), too, found that the best predictors of life satisfaction were socio-economic status, perceived health status and informal participation with no kinsman. Edwards and Klemmack (*ibid.*) examined three specific areas: (1) the relationships which presently exist between life satisfaction and relevant sociological factors; (2) whether these relationships are altered by utilising control variables; and (3) the contribution of each identified independent variable in accounting for variance in life satisfaction. Twenty-two independent variables were grouped into six categories: (1) socio-economic status; (2) background characteristics; (3) formal participation; (4) informal familial participation; (5) informal non-familial participation; and (6) health. Every category except informal familial participation was significantly-related to life satisfaction. Income was identified as having the strongest relationship to life satisfaction followed by one's own perceived health. Several other studies that were conducted in the eighties, too, confirm a positive relationship between financial adequacy and life satisfaction (Medley, 1980; Riddick, 1985; Usui *et al.*).

According to Frijns (2010), high levels of income would bring about high levels of wellbeing. Triado *et al.* (2009) affirm that people with higher incomes dedicate more time to leisure activities hence enhancing their sense of wellbeing. Triado (*ibid.*), further affirms that income can be an important aspect when attempting to plan one's day according to one's desires. The claim that high levels of income would bring about

high levels of wellbeing is true to a large extent because higher income enables affected individuals to have access to goods and services that promote good health such as safe water. This assertion is consistent with the macroeconomic theory which posits that as income increases, a greater number of needs can be satisfied. When a greater number of needs are satisfied, wellbeing is enhanced or attained (Frijns, 2010). Conversely, low levels of income entail that very few needs are met. In adult age inability to meet needs could prove fatal. Along this line of thought, Rothchild (1996) confirmed that financial strain could put elderly people at higher risk of developing late life depression.

However, Kapteyn (2009) contended that although there was positive relationship between income and life satisfaction, the effect was not all that large. Income was found to be least important among four other domains, namely; job or daily activities, social contact, family and health. This was established from a study that sought to analyse the determinants of global life satisfaction in two countries (The Netherlands and the United States of America). Along the same line Pittau *et al.* (2009) asserted that personal income was more important in low income regions than in high income regions. Pittau *et al.* (*ibid.*) and Kapteyn (2009)'s finding is consistent with Deaton (2008)'s, who asserted that data from 'high income' countries reveal almost a non-existent relationship between income and life satisfaction but a very strong relationship between income and life satisfaction in 'low income' countries. Along the same line, Didino (2018) asserted that in high income Western–Southern European countries, satisfaction with financial situation was a weak predictor (for instance, in France and Germany) or unrelated (for instance, in Italy and Spain) to life satisfaction.

Easterlin (1974)'s findings were consistent with the fact that in high income countries the relationship between income and life satisfaction was very insignificant. The findings were arrived at from a study that Easterlin (*ibid.*) conducted at national level, where he made an analysis of the development of life satisfaction and economic growth in the post-war decades in the United States. He observed a stable life satisfaction in spite of a doubling of economic welfare. The research concluded that money did not buy happiness (Veenhoven, 1996). However, this adage does not hold true in low income countries.

According to Didino (2018), in most low-income countries of the Eastern post-socialist countries, such as Estonia, Hungary, Latvia, Lithuania, Poland, and Slovenia, satisfaction with financial situation had a very strong impact on life satisfaction. The researcher attributed the difference to the negative effects that the Union of Soviet Socialist Republic (USSR) dissolution had on economic situation of the Eastern European post-socialist countries. In these countries, the lower level of fulfilment of basic material needs could explain the stronger impact of living conditions on subjective wellbeing. In agreement, Schyns (2002) argues that in situations where basic needs have been fulfilled, income does not have an effect on life satisfaction. This argument is consistent with Maslow's hierarchy of needs, that an individual will feel comfortable if the deficiency needs are met but will feel anxious if the deficiency needs are not met. Frijns (2010) also related the state of affairs to the theory of post-materialisms, and to the scarcity and socialization hypotheses. The scarcity hypothesis posits that individuals' place higher priority on whatever is in short supply, and the socialisation hypothesis is of the view that individuals retain a given set of value priorities throughout their adult life. While materialism incorporates preferences that yield material prosperity, post-materialism embodies non-materialistic needs and places higher emphasis on social solidarity.

3.6.4 Health and Life Satisfaction

Health has been found to influence life satisfaction by various researchers, among them George and Landerman (1984), Okun *et al.* (1984), Good *et al.* (2011), Wang and Hesketh (2012) and Subramanien (2013). According to respondents in Subramanien (2013)'s study, good health was key to positive experience of life satisfaction because it enabled older people to be independent. For Wang and Hesketh (2012), decline in health negatively influenced psychological wellbeing. Addabbo *et al.* (2014) confirmed health status to be a relevant predictor of life satisfaction, especially as far as the satisfaction with economic conditions and leisure time were concerned. The study concluded that being severely limited in daily activities negatively affected the satisfaction with respect to leisure time and interaction with friends. Frijns (2010) too, asserted that poor health interfered with attainment of personal goals. Non-attainment of personal goals had also a negative effect on dynamics of life satisfaction. Bongsang and van Soest (2012) reported low levels of

life satisfaction in countries where health problems were rampant as compared to countries with fewer health problems. This pronouncement was made after the researchers analysed the determinants of life satisfaction with daily activities among retirees aged 65 years and above in eleven European countries, where it was found that although the respondents were satisfied with their daily activities, there were large differences in response scales across the countries.

According to Bongsang and van Soest (*ibid.*), respondents from Northern Europe tended to be more satisfied than individuals from Central Europe or Mediterranean countries. Among other findings, the researchers found that respondents from the Netherlands ranked first in terms of satisfaction with daily activities, while respondents from Sweden and Denmark came second and third, respectively. The interpretation that was given for this was that people from the Netherlands often participated in various satisfaction enhancing activities such as voluntary or charity work, going for sports, or social clubs and looking after grandchildren; but particularly also because they tended to have fewer health problems compared to other countries. Respondents from Poland and Czech Republic were at the bottom end, largely because these were the countries where health problems were most common. In this regard, the researchers concluded that health as well as the involvement of taking care of grandchildren and other non-professional activities were found to be important determinants of satisfaction with daily activities and this explains part of the differences in satisfaction levels between and across countries.

Still on health, Skolnik (2007) asserted that higher levels of economic development had a positive effect on health, both at individual and national or societal levels. The researcher further argued that income growth was also associated with better health and longer life expectancy. Skolnik (2012)'s assertions were consistent with Van Borsboom and Mackenbach (2000), who argued that economic growth was associated with improvements in the health of nationals. Nevertheless, Karen *et al.* (2008) found that health was not a significant predictor of life satisfaction. The finding came as a surprise since the researcher's hypothesis was based on value-as-a-moderator model, that there would be a robust relationship between health and life satisfaction, and that the relationship would increase as a function of age. Park and Vandenberg (1994)'s findings supported Karen *et al.* (2008)'s findings. Park and Vandenberg (1994)

reported that many elderly individuals who perceived themselves to be in poor physical health, nonetheless expressed satisfaction with life.

3.6.5 Formal Educational Attainment and Life Satisfaction

Previous studies have consistently established that there was a relationship between education and life satisfaction. According to Conde-Sala *et al.* (2017), higher educational attainment is associated with higher life satisfaction, and influences subjective wellbeing. Addabbo *et al.* (2014) too, found that higher levels of education were associated with higher levels of life satisfaction in the economic domain. The researchers stated that being highly educated increased the probability of being sufficiently satisfied by the economic conditions by 12.3 per cent (12.3%) with a predicted probability of 52.5 per cent (52.5%). Nonetheless, being medium educated increases the probability of sufficient satisfaction, in that dimension, by only 8.3 per cent while the predicted probability of being sufficiently-satisfied stands at 47.9 per cent. As regards individuals with low levels of education, the predicted probability of being-sufficiently satisfied with the economic conditions is only 38.8 per cent.

The research related the findings to the standard positive association of higher education attainments with higher income levels. Correlation between education and life satisfaction has been found to be more significant in low income countries than in high income countries (Veenhoven, 1996; Worell, 2000). The explanation for this state of affairs, according Worell (*ibid.*), was that individuals in high income countries may not attach value and appreciation to the experience of education due to the fact that it was free, easily available and easily accessible. While in low income countries, many attach greater value to educational attainments due to challenges associated with access (Frijns, 2010). Therefore, educational achievement elicits feelings of great achievement. In disagreement, Veenhoven (1996) explained that education by itself did not breed dissatisfaction. The slight dissatisfaction among the highly educated people could be due to lack of jobs at that level, and perhaps the loss of earlier advantages in the process of greater social equalisation.

3.6.6 Social Support and Life Satisfaction

Social support refers to the various forms of aid and assistance provided by family members, friends, neighbours, and others (Barrera *et al.*, 1996). Previous research

consistently found that there was a relationship between social support and life satisfaction (Frijns, 2010). Studies on older adults living in European countries consistently confirmed the strong impact of social aspects on subjective wellbeing (Ferring *et al.*, 2004; Didino *et al.*, 2017). A study conducted in six European countries (Austria, Italy, Luxembourg, Sweden, The Netherlands, and UK) in 2002/2003 showed that social support was, along with health, the strongest predictor of life satisfaction in all countries (Didino *et al.*, 2017). A study conducted in the USA also showed that the size of the social network and the frequency of contacts were positively related to happiness and negatively to loneliness and anxiety in older adults (*ibid.*). According to Haller and Hadler (2006), mutual relationships with family, neighbours and friends was a major source of life satisfaction. Among them, family had been found to be the most valued relationship (Böhnke, 2005). Karen *et al.* (2008)'s findings were consistent with the finding that social relationship was beneficial.

The various researchers explained that perceived support was a significant predictor of life satisfaction. They asserted that life satisfaction was an overall evaluation of life, and therefore perceived social support, which refers to an expectation of being able to rely on someone when needed as being important. The researchers further asserted that individuals with satisfying relationships could obtain support when they needed it. The thought or expectation of being able to rely on someone when they need it was comforting and contributed to a sense of wellbeing. However, some research has found negative relationship and no relationship at all between social support and life satisfaction (Karen *et al.*, *ibid.*).

3.6.7 Physical Disability and Life Satisfaction

Previous research seems to be divided when it comes to disability and life satisfaction (Freedom *et al.*, 2012). For instance, Riis *et al.* (2005) found an insignificant difference in the reported levels of life satisfaction between disabled and non-disabled respondents. However, Addabbo (2014) found that disability affected life satisfaction more significantly than personal and income variables. The researcher explained that being seriously limited in daily activities negatively affected a person's ability to spend leisure time in a place of one's choice with friends. This state of affairs negatively affected individuals' experience of life satisfaction. As for Good *et al.* (2011), the

effect of impairment or disability varied among age groups. The researcher found that for those aged 74 to 75, there was a significant relationship between impairment and lower satisfaction with life, for those experiencing physical impairment, and other unidentified impairments, such as hepatitis, angina and hearing impairments. For those aged 75 to 84 ($n = 150$), the impairments with the strongest relationship with lower life satisfaction were hernia, diabetes, cancer, vision impairment, physical disability and stroke. For those aged 85+ ($n = 33$), there were no impairments significantly linked with lower life satisfaction. Roger (2015) has a somewhat different finding on the issue of disability and age. According to the researcher, a marked difference was found in satisfaction with life before and after ages 85 years that was not explained by health (physical or mental) functional ability, demographic factors or comparison frequency.

Park and Vandenberg (1994) found physical health and life satisfaction in the elderly to be positively-correlated. Those elderly people who tended to be physically disabled seemed to be less satisfied with life. Although these findings of a positive correlation between good health and satisfaction with life are consistently reported throughout the literature, there is a significant proportion of the elderly population for whom these findings do not hold true. Park and Vandenberg (*ibid.*) reported that many elderly individuals who perceived themselves to be in poor physical health, nonetheless expressed satisfaction with life.

3.6.8 Age and Life Satisfaction

Previous research has been inconsistent with findings regarding the relationship between age and life satisfaction (Karen *et al.*, 2008; Good *et al.*, 2011). According to Karen *et al.* (2008), despite the fact that old age is associated with increased health challenges, loss of roles, and financial dependence, very few researchers have established a strong relationship between age and life satisfaction. Among such researchers are Gwozdz and Sousa-Poza (2009), who used a representative longitudinal data from the German Socio-economic Panel, combined with representative and objective health information on the old of oldest from the survey on health, and ageing in retirement in Europe. The researchers observed that life satisfaction remains quite constant not only in this age group but also across the entire lifecycle.

However, Gwozdz and Sousa-Poza (*ibid.*) observed that there was a rapid decline in life satisfaction only among the oldest of the oldest old (i.e., individuals above the age of 85 years). On this point, the researchers agreed with Baltes and Smith (2003) who propound that healthy and successful ageing had its age limits. Gwozdz and Sousa-Poza (2009) attributed this happening to the fact that life satisfaction in old age is assumed to be inevitably affected by health. The researchers warned that it is therefore important to take into account, when analysing life satisfaction among the oldest, that health status plays a very important role. Smith *et al.* (2002) assert that, that subjective wellbeing may decline in old age due to accumulation of debilitating health conditions, functional impairments, and personal losses during old age. The researchers further explain that the increased risk of frailty, loss of functional capacity, and poor health during the period of very old age may place constraints on life satisfaction and overwhelm individuals to such a degree that they moderate their expression of wellbeing.

3.6.9 Marital Status and Life Satisfaction

In all modern nations, single persons express less pleasure with life than married persons, and the divorced and widowed frequently express the lowest levels of satisfaction with life. This difference in life satisfaction between those who are single and those with partners is in fact greater than that expressed between the rich and poor (Veenhoven, 1984). Consistent with Veenhoven (*ibid.*) are Botha and Booysen (2013), who undertook a study that examined the association between marital status and reported life satisfaction in South Africa. The findings were such that married individuals reported the highest mean level of life satisfaction overall, compared to other marital status groups, while co-habitors and the widowed generally reported the lowest mean satisfaction. The researchers also found that married and divorced or separated people were significantly more satisfied relative to the widowed. The researchers further asserted that married individuals were more satisfied than those in other marital status groups as a whole, and the finding was true for women. When the researchers controlled for individual factors in the male sample, however, they found that marriage did not provide significant wellbeing gains, suggesting that marriage provided wellbeing benefits for women, whereas non-marriage factors predominantly determined male wellbeing. In general, the results were in line with existing studies

that had found married individuals to be significantly more satisfied than all other marital status groups.

Botha and Booysen (2013)'s findings were consistent with Diener *et al.* (2000)'s findings who studied the association between marital status and life satisfaction in South Africa, and established that married people were more satisfied than co-habitants and the divorced, with the latter being the least satisfied. Consistent too with the finding that married individuals reported the highest levels of mean wellbeing relative to persons from all other marital statuses were Mahadea and Rawat (2008). The phenomenon regarding the married individuals reporting higher levels of life satisfaction than their single counterparts seems to be common in both developing and developed countries. Stack and Eshleman (1998) undertook a three-year study, to examine the effect of marital status on wellbeing in seventeen developed countries, using panel data. The findings were such that the relationship between marital status and wellbeing was significant in sixteen of the seventeen countries. Further, the researchers found that the results of the association between marriage and wellbeing was consistent across various countries (Botha and Booysen, 2013). Stack and Eshleman (1998) explained that marriage was associated with higher levels of financial satisfaction and health, which contribute to higher levels of life satisfaction, thus the researchers found evidence in favour of the social causation hypothesis that married people were more satisfied than co-habitors.

Stutzer and Frey (2006) attempted to refine the finding that married people were happier or more satisfied with their life than singles, according to their empirical analysis of German residents between 1984 and 2000. The researchers studied the gains from marriage or protection following two lines of arguments. Firstly, they found evidence that supports the specialisation hypothesis emphasised in economics. The finding was such that compared to their life satisfaction before marriage, couples with large relative wage differences, and thus a high potential gain from specialisation, benefit more from marriage than those couples with small relative wage differences. The researchers also explain that spouses practising the division of labour, report on average higher life satisfaction than dual income couples. The researchers further argue that mostly women and couples with children benefit from actual specialisation.

Nevertheless, their findings indicate that there are no systematic differences between the two groups after seven years of marriage.

Secondly, Stutzer and Frey (2006)'s findings also support theories emphasising the importance of similarities of partners. In this regard, similar or homogenous partners are expected to share values and beliefs in order to facilitate a supportive relationship. Stutzer and Frey (*ibid.*) also found that spouses with small differences in their level of education gain, on average, more satisfaction from marriage than spouses with large differences. According to the researchers, this finding shed more light on an aspect often neglected in the economic analysis of marriage or companionship. The researchers clarify that the enjoyment of joint activities or the absence of loneliness and the emotional support that foster self-esteem and mastery are all important non-instrumental aspects contributing to the individual wellbeing of married people.

3.6.10 Depression and Life Satisfaction

Previous research has consistently reported that life satisfaction was negatively associated with depression (Lam *et al.*, 1977; Simpson *et al.*, 1996; Kim *et al.*, 2013). Wallace (2008) defines a major depression episode as a period of at least two weeks of depressed mood or loss of interest accompanied by at least four to five additional symptoms of depression. The additional symptoms include; sleeping too much or too little, psychomotor retardation or agitation, weight loss or change in appetite, loss of energy, feeling of worthlessness or excessive guilt, difficulty in concentrating, thinking, or making decisions, and thoughts of death or suicide (Srivastva, 2016).

According to Srivastva (*ibid.*), diagnostic criterion for depression uses an agreed list of ten depressive symptoms which are: persistent sadness or low mood; and or loss of interest or pleasure, also fatigue or low energy. The researcher states that at least one of these, most days, most of the time, for at least two weeks, should be present. If any of the above is not present, you should proceed to ask about associated symptoms which are; disturbed sleep, poor concentration or indecisiveness, low-self-confidence, poor or increased appetite, suicidal thoughts or acts, agitation or slowing of movements, guilt or self-blame. The researcher goes to explain that the ten symptoms then define that the degree of depression and management is based on particular degrees which are; not depressed (fewer than four symptoms), mild depression (four

symptoms), moderate depression (five to six symptoms), depression (seven or more symptoms, with or without psychotic symptoms); symptoms should be present for a month or more, and every symptom should be present for most of everyday.

Saunders and Roy (1999) hypothesised and affirmed that that higher levels of depression would yield reduced life satisfaction. The hypothesis was consistent with Simpson (1996), who reported that there was a significant inverse relationship between depression and life satisfaction. Kim and Yoon (2018)'s study demonstrated that life satisfaction and happiness were significantly associated with a lower risk of depression. According to Kim and Yoon (2018), individuals with depression showed a lower level of life satisfaction and happiness than non-depressed students. Researchers' logistic regression analysis further indicated that individuals with higher levels of life satisfaction and happiness had a decreased probability of having depression. Thus, life satisfaction and happiness could play a protective role against depression.

Depression is brought about by a number of elements. According to Saunders and Roy (1999) evidence-based elements include biochemical, genetic, cognitive, social and cultural factors, while pre-disposing factors are family history of depression, recent losses, alcohol abuse, high levels of negative stress, chronic low self-esteem, and any history of chronic illness. Kim and Yoon (2018) add that lower socio-economic status is a significant risk factor for depressive symptoms. Wallace (2008) asserts that depression is a natural response for many individuals when they have experienced intense stress and anxiety in their lives, such as the death of a mate, the loss of a sense of self-worth, relinquishment of cherished possessions, or the loss of one's physical fitness. The researcher asserts that older adults encounter these and other losses with greater frequency than at earlier times in their lives. Along the sake of argument, Kahneman (1999) argued that people in good circumstances may be objectively satisfied than people in bad circumstances. Laboratory studies also demonstrate that the satisfied and dissatisfied react differently to the same stimuli.

3.7 The Concept of Ageing

All animal species including human beings age with time, except for very few and exceptional cases, and when such a case is found, it is labelled as abnormal. When

human beings live up to a certain age, they are labelled as “aged” or “older” and the process of living beyond that point is referred to as “ageing” (Bengtson *et al.*, 2009). Ageing is a process, which to-date, humanity has failed to arrest. It is spontaneous and inevitable. Kamwengo (2001)’s definition is consistent with this assertion. Kamwengo (*ibid.*: 5) defined ageing as “the process of growing old which begins at conception and continues until death”. But increase in knowledge has succeeded in slowing down the process of ageing. Specifically, better public health measures, improved nutrition, enhanced medical knowledge and technology have managed to enhance longevity (Bengtson *et al.*, 2009). The three major dimensions of ageing are biological, physiological and social.

3.7.1 Biological Dimension

Biological dimension of ageing is fed by biological research that deals with objective anatomical and physiological phenomena directly measurable by physically standardised instruments (Howard, 1958). Therefore, definitions of ageing connote a biological dimension. Benston *et al.* (2009: 147) define biological ageing as “the gradual and progressive decay in physical function that begins in adulthood and ends in death, virtually in all animal species”.

In this definition, the catch word is “decay”. The synonyms for decay are deterioration, degeneration, decline or even falling off. According to Bengtson *et al.* (2009), animals that deteriorate rapidly do not have a long life, as opposed to animals that decay more slowly. This holds true in all animal species. This revelation therefore brings to the fore why some individuals show signs of ageing much earlier in life than other individuals in the same age group. This situation is partly attributed to the differences in socio-economic status of different individuals. People in the poorer income bracket tend to age faster than rich people because of the unhealthy environments in which they are exposed to (Adams *et al.*, 2004).

According to Bengtson *et al.* (2009), the biological dimension of ageing has been informed by biological theories of ageing. They include; wear and tear, genetic, general imbalance, accumulation, the free radical theory of ageing and the Deoxyribonucleic Acid (DNA) damage theory of ageing. The wear and tear theories of ageing suggest that as individual ages as a result of continued use of the body parts

and loss of regenerative power of cells leading to reduced vigour and vitality to perform specific functions. Sometimes, external and internal conditions such as environment, food, presence of disease accelerate this process of ageing. Genetic theories of ageing propose that ageing is a process determined within the individual's genetic make-up; and that each cell in the human body has pre-determined lifespan and when that has been reached, the cell dies. The theory says, the programmed cell's death, or *apoptosis* is determined by a "biological clock" via genetic information in the nucleus of the cell. While this can be explained for each cell, the decline in the vitality of the entire organism is more complicated. However, an increase in cellular apoptosis may correlate to ageing, but is not a cause of death. Environmental factors and genetic mutations can influence gene expression and accelerate ageing.

General imbalance theories of ageing suggest that body systems, such as the endocrine, nervous, and immune systems, gradually decline and ultimately fail to function. The rate of failure varies according to system by system. The biological dimension theory seems to be a combination of wear and tear and genetic theories. It suggests that ageing is bodily decline that results from an accumulation of elements. Elements can be foreign and introduced in to the body from the environment. Other elements can be the natural result of cell metabolism. An example of an accumulation theory is the Free Radical Theory of Ageing. According to this theory, by-products of regular cell metabolism called 'free radicles' interact with cellular components such as the cell membrane and DNA. Causing irreversible damage (Bengtson *et al.*, 2000).

3.7.2 Sociological Dimension

Unlike biological dimension of ageing that deals with objective anatomical measurements, sociological dimension explains ageing from the relationships of the ageing person and the socio-cultural environment and is concerned with covert or subjective attitudes and values that are only indirectly measured. To this effect ageing is defined not by physical decay but by the value system of his or her society (Howard, 1958). In sociological terms, ageing brings with it distinctive experiences and significant disadvantages. The worst hit are older people of the lower class or the poor. The poor or older people of the lower class, once they lose their economically-productive roles, are "suddenly precipitated into a situation where they lose their financial independence, their capacity to make their own decisions, and worse still,

they lose the esteem of their fellows and their own self-respect” (Howard, 1958: 571). This may not be the situation for majority of older people from the rich or upper class. Elderly people who are professionals or business-oriented who have been successful may continue to be in demand on a part-time basis or as consultants, hence prolonging their enjoyment of the ascribed statuses even when they relinquish the roles through which the status was achieved (Howard, *ibid.*). The social dimension of ageing is also being fed by social theories of ageing, namely; Activity Theory, Continuity Theory and Disengagement theory.

3.7.3 Psychological Dimension

Psychological dimension of ageing tasks itself with conditions such as depression and other emotional issues. Depression is the most common. By definition, depression is a mental disorder that manifests symptoms such as depressed mood, loss of interest and enjoyment or not having a feeling of purpose which may cause the affected person not to want to get up from bed in the morning, feelings of guilty or low self-worth, disturbed sleep or appetite and poor concentration, and increased fatigability (Marcus *et al.*, 2012).

Depression in the aged is a serious problem. In America, 6.5 million of the 35 million Americans aged 65 or older are affected by depression. Elderly people are susceptible to feelings of depression when confronted by unpleasant experiences such as reduced physical ability, illness and diseases, the loss of loved ones, lack of defining activity and lack of work National Alliance on Mental Illness (NAMI), (2006). Depression seems to be gender-biased. In this regard, NAMI (2006) explains that women are at a greater risk than men; that women are twice as likely as men to become seriously depressed. NAMI (*ibid.*) maintains that the stresses of maintaining relationships or caring for an ill-loved one and children which fall more heavily on women, tend to predispose them to depression.

Elderly people suffering from depression usually hold self-dialogue that is negative in nature and always borders on the conclusion that their life situation has been a failure. When such conditions set in, cognitive therapy is commonly used to alleviate or minimise the depressive symptoms (Cormier and Cormier, 1979). Cormier and

Cormier (*ibid.*) post that detail steps are useful in cognitive restructuring during cognatic therapy or treatment of depression that:

- Assist clients to accept that their statements and beliefs affect their emotional reactions to life's events.
- Assist clients to identify dysfunctional beliefs and patterns of thoughts that underlie their problems.
- Assist clients to identify situations that engender dysfunctional cognitions.
- Assist clients to substitute functional self-statements in place of self-defeating cognitions.
- Assist clients to reward themselves for successful coping efforts.

NAMI (2006) also confirm that depression is treatable and treatment prognosis is good. Once diagnosed, 80 per cent of clinically-depressed individuals can be effectively treated by medication, psychotherapy, electroconvulsive therapy (ECT) or any combination of the three. Having dealt with the concept of ageing, the chapter proceeds to define population ageing.

3.8 Ageing in Zambia

Zambia is home to over 336,332 elderly people (65 years and over) (CSO, 2010). Apparently, there were more females (178,701) than males (157,631). Details on the elderly population in Zambia are summarised in the Table 6.

Table 6: Population of Elderly People in Zambia

Age group	Population		
	Male	Female	Combined
65 - 69	53,695	64,887	118,582
70 - 74	41,929	48,873	90,802
75+	62,007	64,941	126,948
Total	157,631	178,701	336,332
Percent	46.9	53.1	100 per cent

Source: CSO (2010): Census of Population and Housing Report

Ageing does not take place in a vacuum (Changala, 2015). As such it is only befitting here to decipher the Zambian context in which ageing is taking place. No claim, however, is made here that this section is going to exhaust the list of what is prevailing in the Zambian context, as doing so would be a mammoth task that is not permissible

here due to limited space. Consequently, only a few aspects that directly affect the elderly, have been highlighted for the purposes of providing context for the study. The aspects have been picked in that they have a directly and immediate effect on the lives of the aged. Therefore, the review touches on policies and programmes on ageing, social security, poverty, and the HIV and AIDS pandemic.

3.8.1 Policies on Ageing

For five decades after independence, Zambia as a country did not have its own National Ageing Policy. To this effect, elderly people survived on piecemeal policies, most of which were adapted from international policies such as the 2002 Madrid Plan of Action, WHO Guidelines on Ageing and the World Assembly on Ageing, 2002 (Mapoma, 2013). The question that one would ask at his point is: did those piecemeal policies on ageing adequately respond to the needs of elderly people? To this question, Mapoma (2013) asserts in no uncertain terms that the policies did not adequately respond to the needs of the elderly people. Perhaps Mapoma (*ibid.*) is answering this question from the viewpoint that subscribes from the fact that policies that are Eurocentric in nature may not be adequately applied to African countries. Perhaps it was this realisation that prompted the country to finally develop its own National Ageing Policy. The year 2015 saw the launch of the Policy. What comes to the realisation therefore is that the National Ageing Policy is still in its infancy and may not have impacted the lives of elderly people as yet. As such it is only prudent to talk about the policies the country has been earlier utilising. The policies include:

3.8.1.1 Policies Guiding Homes for the Aged

In Zambia, homes for the aged were established in the colonial era prominently to meet the needs of white pensioners who were not willing to go back to Europe. The Zambian pensioners were excluded from accessing the homes. Instead, when indigenous elderly Zambians became incapacitated due to advanced age or disability, they were repatriated to their home villages, where they were taken care of by their relatives (Kamwengo, 2004).

After independence, though, the aged indigenous persons were allowed to access the facilities, government, however, did not see the need to expand the homes, because of the understanding that the extended family was the best organ to care for their aged

relatives. However, government financially supported the existing homes, cognisant of the fact that there were some elderly persons who had lost touch with their village relatives, and at the same time they did not have their own biological children (Kamwengo, 2004). Currently there are nine old people's homes in Zambia. Among them, two are run by government while the rest are run by churches, with financial support is in form of grants, from government (Changala, 2015).

3.8.1.2 Policies Guiding Old Age Allowance

Old age allowance like old people's homes was established during the colonial era. The allowance was established solely for retired white immigrants aged 60 years and over. The allowance totalled to 300 Pounds Sterling annually. Eligible persons were also entitled to free medical treatment including free dentures and spectacles. After independence, one expected this service to be extended to the indigenous Zambian elderly persons, but the new government abolished it altogether. The argument was the old age allowance, if extended to the indigenous elderly people of African origin, would kill the traditional extended family support system.

3.8.1.3 Establishment of the National Committee on Ageing

The National Committee on Ageing was established in 1982 by the government of the United National Independence Party (UNIP), which had a presence in all of the then eight provinces of Zambia. The Committee drew up some activities that were aimed at meeting elderly people at their point of need. Mapoma (2013: 43-44) tabulated the activities as follows:

1. Promote and assist in programmes aimed at strengthening the family as the primary unit for care of the aged, and educating families and communities to care for elderly members in order to fulfil the national philosophy of Humanism. This would in turn obviate or minimise as much as possible, pressure on institutional care;
2. Develop meaningful activities within the widest range of civic, cultural, recreational and educational programmes; promote vocational and occupational programmes for the elderly to prepare them for their future lives, so that they remain economically productive as long as possible;

3. Request and encourage voluntary agencies to include programmes for the aged in their plans in order to assist in the identification and establishment of volunteer services where the knowledge and skills of the retired elderly people could be utilised to promote efficient community services;
4. Establish an Old Age Pension Scheme covering all people above the age of 55 who have no income so as to cater for majority elderly people, especially in rural areas where income is scarce. In addition, introduce legislation to exempt elderly people above 55 years from paying for certain service;
5. Expose the elderly to primary health care services and influence the creation of pre-retirement services, such as counselling, so that people could retire in good health, in honour and dignity after years of contributing to the social and economic development of the country;
6. Conduct series of national and local seminars in all parts of the country; promote and encourage research on ageing; mount public campaigns to help understand and change certain negative attitudes towards the elderly, and through the mass media, keep all agencies and organisations serving the elderly well informed; and
7. Assist relevant voluntary organisations in supplementing government efforts to improve conditions in institutions providing accommodation and care for the aged.

What is not known however, is if all the activities were effectively implemented since documentation regarding monitoring of the same proved futile to obtain at the time of this study.

3.8.1.4 Exemption from Cost Sharing in Public Health Facilities

In the 1990s, health reforms were introduced in Zambia, which saw the introduction of user fees in health institutions. The elderly, aged 65 and over were exempted from paying user-fees when accessing medical help from public health institutions. As it were, the policy favoured elderly people, but very few elderly people benefited from its enactment. The majority could not easily access the health institutions, due to prohibitive distance to the health facilities, exhaustive waiting time due to long queues, lack of knowledge and awareness on exemptions. This, coupled with the health staff's enthusiasm to make money, caused them to demand payments from elderly people (Kamwengo, 2004).

3.8.2 Social Security and Ageing in Zambia

Social security is a programme that is designed to take care of vulnerable people in a given country. It promotes the wellbeing of people who can no longer care for themselves (Mikki, 2015). Social security takes care of the vulnerable people by providing them with an income at the time when they are not able to care for themselves. The ultimate goal of social security is to ensure “that everyone is able to enjoy a standard of living much like the rest of the community, and thus is able to feel a sense of participation in and belonging to the community” (Maurice, 1988: 54). Thus, social security enables individuals to maintain reasonable and socially-acceptable standards of livelihood. The essence of social security is therefore to avoid the experience of social exclusion by some segments of the population as a result of loss of consistent income flow (Phiri, 2004).

Social security in the Zambian context dates back to the colonial era. During the colonial era, the social security was largely a privilege for the white settler community. Thus, a pension fund, which solely catered for needs of the white settlers, was established in 1954. During that time, the indigenous populations had no permanent abode as they moved from one mine to another. Indigenous workers were regarded as migrant workers, and social security was conceived as a temporal concern for them. However, between 1954 and 1965, some schemes were established, although they were exclusive only to those in public sector and mining industry (Musonda *et al.*, 2001).

Prominent among the schemes were: the Zambia National Provident Fund (ZNPF), which provided pension cover for all formal employees; Zambia State Insurance Corporation (ZISC), which managed most of the private sector; Mukuba Pension Fund (MPF), a pension-managed fund for workers under the Zambia Consolidated Copper Mines (ZCCM); Local Authorities Superannuation Fund (LASF), which managed funds for workers under the local government, while the Civil Service Pensions Fund (CSPF) provided retirement pensions for permanently-employed civil servants (Phiri 2004).

Although the National Pension Fund was the largest scheme among all the pension schemes, it encountered a myriad of challenges. A study that was undertaken by Phiri

(*ibid.*) reported a number of challenges. The first and perhaps the biggest challenge was the impact of poor performance of the economy. The poor performance brought about high inflation rate. According to Phiri (*ibid.*), workers' earnings were not adjusted for a long time to match the inflation rate. For instance, from the Fund's inception up to 1995, the contribution rate remained at 5 per cent of gross monthly earnings. This resulted in inadequate pension allowances to pensioners. To be specific, the pension could not sustain individuals for more than ten years (*ibid.*).

Another challenge was that the Fund encountered high administrative costs in relation to investment returns. According to Gruat (1990), administrative expenses gobbled a colossal 254 per cent in 1992 and 102 per cent in 1995. Also due to overstaffing, another huge sum of money was spent on salaries for workers. The number of employees was estimated to be 1,300 in 1994. Yet another challenge was a result of low returns from investments. Government assigned 50 per cent of the funds to government, 35 per cent to parastatals and 15 per cent to the private sector. The percentage that was assigned to government was invested in form of long-term loans that had a fixed interest rate. Most of the loans were never paid back. The percentage that was assigned to the parastatals was channelled towards buying shares even when the parastatals were making a lot of losses.

Another challenge arose from the fact that in 1995, 50 per cent of the Fund was invested in real estates. The idea of the real estates was very good. Unfortunately, the real estates turned out to be residential properties, which were occupied by the employees of the Fund. So as such, very little, if any, returns were recovered. Some of the properties were in office form and most of the tenants were government offices. This too led to difficulties in collecting rentals. The Fund eventually failed to sustain itself and the change of government in 1991 led to reforms. The reform saw the enactment of the National Pension Scheme Authority (NAPSA) Act.

The National Pension Scheme Authority was enacted in 1996, not only to provide social insurance but also to spearhead the ZNPF reforms. The scheme took up all the members that belonged to ZNPF. As such the scheme covers all employed persons in Zambia. These range from agricultural workers, domestic servants, apprentices, private sector employees, and all employees who joined public service and local

authorities (Phiri, 2004). According to Phiri (*ibid.*), NAPSA also had its own weaknesses. The weaknesses reflected in the non-compliance of employers in remitting finances to NAPSA, especially among government-owned institutions; which sometimes delayed to remit finances, and in some cases, this even resulted in non-payment of pensions, inadequate pension allowance due to what came into the schemes. Inflation also affected the flow of funds.

Overall, public pension schemes in Zambia have been reported to be a source of stress for retirees. According to Hendricks *et al.* (2002), Zambian retirees, who were under the Public Service Pension Scheme, were subjected to waiting in long queues with no assurance of actually receiving payment. Hendricks *et al.* (*ibid.*) added that there were undue delays in effecting discharge of benefits after maturity, leading to majority of pensioners spending years before they were put on pension payrolls. According to Milazi (2014), some retirees waited in the queues for 2 to 4 years; and the waiting time was characterised by unbearable misery. On the same subject matter, Phiri (2004) affirms that, when the retirement benefits were finally paid, they did not last for more than 10 years. Hendricks *et al.* (2002) attributed the delay in paying retirees their pension to government's irregular remittance of workers' mandatory pension contributions to the pension's fund. Apart from the mentioned social security schemes, Zambia has also non-contributory social security schemes, which are Public Social Welfare Scheme (PSWS) and the Social Cash Transfer Programme (SCTP).

The Public Social Welfare Scheme (PSWS) is a scheme that is designed to take care of vulnerable persons in Zambia, who include the aged, disabled, chronically-ill persons, people in homes headed by single persons, orphaned-children, and disaster afflicted persons (Social Welfare Policy, 2000). In order for persons to qualify for assistance from the scheme, there should be evidence of no support from relatives, inability to work, no known assets used in production, having insufficient food and having a below-standard housing unit. Social welfare assistance in Zambia comes in many forms, they include: cash and non-cash in form of goods and services, bursary for school-age children, health care costs and food security packs through the Programme Against Malnutrition (Mapoma, 2013; Social Welfare Policy, 2000).

The PSWS like any other contributory scheme had its own share of challenges. Mapoma (2013) revealed that the scheme hardly reached its target of 200,000 vulnerable persons per year. The explanation for this could be in Kaputo (2010) 's revelations, where he asserted that government funding for social protection had been low and erratic. For instance, in 1994 and 2006, it was less than 1 per cent of the government total expenditure in most areas. In instances where government developed a reasonable budget, the releases of the actual funds had been poor, as low as 10 to 12 per cent of the budget amounts in some years.

The Social Cash Transfer Programme (SCTP) refers to non-contributory cash that is directly given to the poor and vulnerable households, on a regular basis, to help them raise and smooth incomes. The primary purpose of cash transfers is to reduce poverty and vulnerability (Department for International Development (DFID), 2012). Households headed by elderly people are among the targeted vulnerable households.

In Zambia, the Social Cash Transfer Scheme is the most recently introduced social security scheme. It was introduced in 2004 by the then Ministry of Community Development and Social Services (MCDSS) and the German Technical Corporation. Before the programme was implemented, a national household survey was carried out. The results of the survey indicated that 6.9 per cent of the population of Zambia was destitute. According to Schubert *et al.* (2004) in Mapoma (2013: 46) 'destitute' meant individuals who were unable to access livelihood without external support and who were incapable of withstanding shocks. These individuals had no assets and limited productive capacity due to their circumstances, and normally suffered from socio-political exclusion, meaning that they did not have any credibility, voice or platform in their communities due to partly low self-confidence, and were dependent on private or public handouts.

According to Mapoma (2013), the mandate of the Social Cash Transfer Scheme is threefold:

1. To reduce extreme poverty, hunger and starvation in the 10 per cent of the household that was found to be most destitute.

2. To give priority to households that were headed by elderly people who were caring for children whose bread-winners were either chronically-ill or have died from HIV and AIDS or other reasons; and
3. To strengthen community-driven social protection strategies.

The Ministry of Community Development, Mother and Child Health (MCDMCH) Ministerial Briefs (2015) reported that the programme had registered some successes in that it had uplifted the standards of living of beneficiary groups. Older people had also been helped to look after themselves and their dependants with less difficulty. The programme has since been rolled out to several districts in Zambia.

Given that the programme is relatively new in Zambia, no clearly-documented challenges have been brought to the fore yet. However, Kaputo (2011) projected that the Social Cash Transfer scheme would most likely suffer the same fate that other social protection schemes, particularly the PSWS, are facing. In relation to the above, Kaputo (2010) asserts that budgetary allocations to the schemes are mostly very low and even where the budgetary allocations are reasonable, the releases of the money come in very insignificant amounts.

3.8.3 HIV and AIDS and Ageing in Zambia

Zambia like other sub-Saharan countries, has continued to be ravaged by the Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) for about three decades. The HIV and AIDS Pandemic in Zambia Report (2004), reported that sub-Saharan Africa accounted for 25 million out of 37.8 million worldwide infections in 2003. Furthermore, out of about 2.9 deaths that occurred in 2002, the sub-Saharan Africa accounted for 2.24 million. HIV and AIDS pandemic has been known to afflict persons who are in their productive and reproductive years. The implication therefore is that elderly people faced the challenge of losing their older children and taking care of the orphaned-children as a result (Mapoma, 2013). Conversely, the extended family was left desolate of the bread-winners. The deaths of the younger adults brought about the reversing of the care-giving role from young adults to elderly people. The cared for became the care-givers. This is usually done amid extreme poverty, loneliness and poor health (WHO, 2002). Loneliness is brought about by the stigmatisation and isolation that is often associated with caring

for an AIDS-affected family member (Mapoma, 2013). The UNDP (2007) laments that caring for people living with HIV and AIDS proves to be a huge challenge given the lack of health insurance, inadequate health care facilities, as well as the inadequate individual or household finances. Knodel (2012) advances that the burden of caring for orphaned-children and people living with HIV and AIDS, which is often borne at a very high personal cost, has been found to be detrimental to older people's material, psychological and physical wellbeing. Elderly females are more affected than their male counterparts. This is because, traditionally, the responsibility for care-giving has been associated with women. At the onset of HIV and AIDS pandemic, women were left to bear the burden of taking care of family members that were afflicted by the scourge.

3.8.4 Poverty and Ageing in Zambia

Poverty is a term that is multi-dimensional in nature, a characteristic that renders it difficult to define and, therefore, ended up being defined variously by different researchers and scholars. Subsequently, the World Bank (2000) defined poverty from a poor person's perspective and likened it to a pain or a disease that attacks a person not only materially but also morally, and, eats away that person's dignity, and drives him or her to total despair. From the Zambian perspective, the Ministry of Community Development and Social Services (MCDSS) (1998) defined poverty as deprivation of a long-term healthy life, educational opportunities, access to resources for a decent standard living (e.g. income, consumption, housing, health, clean water and sanitation) and lack of freedom to exercise choice and active participation in society. This researcher believes that majority of Zambians in general and elderly people in particular, would identify themselves with two definitions, having come face-to-face with the vice at one point or another. The Central Statistical Office (CSO, 2016) echoed this assertion. The 2015 Living Conditions Monitoring Survey (LCMS) conducted by the CSO revealed that 54.4 per cent of Zambian population was poor and, with 40.2 per cent living in extreme poverty and unable to afford minimum basic food requirements (*ibid.*). Households headed by the elderly, especially female elderly people, were in a severe state of poverty. In this regard, the survey (*ibid.*) reported that 80 per cent of households headed by the elderly were likely to fall below the poverty line.

Those at the receiving end of poverty are rural dwellers in contrast to their counterparts, the urban dwellers. The World Bank (2005) affirms that Zambia's poor are concentrated in the rural areas. Consistent with the World Bank is Rasmussen (2014) who asserted that poverty in Zambia still remained predominantly geographically-defined with extreme poverty in rural areas, close to 58 per cent compared to 13 per cent in urban areas.

According to MCDSS (2015), conditions of abject poverty are to a larger extent exacerbated by the HIV and AIDS pandemic, which has brought with it, added responsibilities on elderly people of caring for the sick, orphans and vulnerable children. Households in Zambia in which the elderly people were living with children, incidence of poverty, were found to be 20 points higher than average (World Bank, 2005). This finding seemed to support the widely-held view that incidence of poverty among the elderly is exacerbated when they become care-givers to children.

Hulme and Lawson (2006: 9-10) point out five manifestations of poverty as follows:

1. Poor nutrition, which weakens and lowers the body immune system, with the implication that the body loses the capacity to fight diseases.
2. Poor shelter and living conditions that lead to deterioration in health conditions as a result of reduced resource availability which is necessary to maintain and sustain a hygienic-living environment, which also increases the outbreak of opportunistic diseases.
3. Poor working conditions with their bi-directional link with ill-health which reduces employability opportunities, thereby fuelling chronic poverty and consequent poor health implications.
4. Low income, low earning opportunities and health-care cost, leaving the poor susceptible to poverty associated health-care problems, as they are less able to purchase adequate health-care.
5. Reliance on livelihood strategies as a result of ill-health which often erodes personal investments and income opportunities, resulting in forfeiture of basic necessities of life.

Consistent with Hulme and Lawson (2006), Mapoma (2013) asserts that poverty among the elderly in Zambia is exacerbated by the presence of inadequate living

conditions, lack of access to social services, intergenerational violence and abuse, low levels of literacy, poor income, poor health and lack of awareness and access to valuable information. The Ministry of Community Development and Social Services (2015) discloses that majority of people in Zambian society have a long history of being trapped in chronic poverty that has been transmitted through generations. At the same time, the aged have been side-lined in discussions on growth and development as they are perceived to be unable to contribute positively and effectively to national development.

That said, deciphering the context in which the respondents for this study are ageing is cardinal in that it gives the reader a clear picture of the opportunities and threats the elderly people are encountered with. These when later tied to the findings of the study, provide for a better understanding and interpretation.

3.9 Studies on Ageing in Zambia

Comprehensive studies on ageing in Zambia are few. To the knowledge of this researcher, about four have prominence so far. These are Phiri in 2004, Mapoma in 2013, Finch in 2014 and Changala in 2015. The studies had various focuses; Phiri (2004) focused on gaining an understanding of the ageing phenomenon within the Zambian context with the ultimate view of providing frameworks for use by policy-makers and health professionals. The objectives were twofold; to describe the lived experiences of older persons in Zambia, and to describe the meaning older people attached to ageing or being old within the Zambian context. Phiri (*ibid.*)'s study was purely qualitative, which utilised a transcendental phenomenological design. Mapoma (2013)'s study investigated the magnitude, challenges and determinants of population ageing in Zambia. Specifically, the study investigated past and future trends of population ageing; challenges older people face, determinants of active ageing and the existence and adequacy of policies for older people.

Finch (2014) focused on assessing the knowledge, attitudes and practices of communities in Lusaka Urban District of Zambia towards the aged. The objectives were: to assess the knowledge that people in Chipata and Ng'ombe compounds had on the ageing process; to ascertain their attitudes; to determine their practices in relation to the aged; to establish factors that foster the abuse of the aged by community

members as well as family members of the aged. Changala (2015)'s focus was to examine the care provided to the aged in old people's homes in Zambia and implications for Adult Education programmes. The objectives of the study were: to establish factors that led to the aged moving to old people's homes in Zambia; assess services provided to the aged in old people's homes in Zambia; identify challenges faced by the aged in old people's homes in Zambia; ascertain challenges faced by caregivers in old people's homes in Zambia and establish the extent to which adult education programmes were provided in old people's homes in Zambia.

As already evident, the past studies on ageing in Zambia have different focuses from this study. It is, therefore, expected that the studies would yield different results from this study. In that regard, Mapoma (2013)'s study demonstrated that Zambia's population, like the rest of Africa, was also ageing. Results also demonstrated that older people were faced with several challenges, occurring at individual or micro level as well as those determined by the socio-economic and demographic environment or macro level. The researcher asserted that the most prominent of them all was low self-esteem. Factors that directly contributed to low self-esteem included health problems, functional limitations, lack of care and support, both by family and institutions, including government-constrained living arrangements and lack of opportunities for both work and income-generating activities. Additionally, Mapoma (*ibid*) also revealed that income accessibility (economic-determinant), functional limitations (health determinants), low self-esteem and loneliness (personal/behavioural determinants), low family and peer interactions (social determinants) and HIV and AIDS determine active ageing in Zambia. With regard to policies, the study established that although the draft policy on ageing was currently in place, it fell short of addressing many aspects and challenges of ageing. In view of these findings, the researcher recommended a paradigm shift where the family is strengthened and encouraged to continue playing its traditional, but significant role of looking after, caring for and supporting older generations. Additionally, Mapoma (*ibid*) recommended that the policy on ageing be structured to reflect main determinants of active ageing in the context of Zambia.

It is with no doubt that Mapoma (*ibid*)'s study made a massive contribution to the wellbeing of elderly people in that it identified determinants of active ageing which

included low self-esteem, health problems, functional limitations, lack of care and support which if attended to could promote attainment of life satisfaction among elderly people. However, the gap remained where the dynamics of life satisfaction among the elderly people were still unknown.

This gap was neither filled by Finch (2014) nor Changala (2015). But like Mapoma (2014), Finch (2014) and Changala (2015) contributed in their own ways to the wellbeing of aged persons, for instance, Finch (2015) established that although the community members were able to see some changes in a person ageing, they lacked knowledge and understanding of some behavioural changes that resulted from the ageing process. Additionally, Finch (*ibid.*) established that community members had negative attitudes due partly to suspicions, myths and negative perceptions they held towards the aged, resulting into negative practices such as abusing the aged. Further Finch (*ibid.*) brought to the fore that factors that contributed to the negative attitudes of community members towards the aged were high levels of poverty, lack of a national policy for the aged, myths and negative perceptions, and the erosion of family unity due to the influence of Western culture. To that effect, the researcher recommended that knowledge, attitudes and practices towards the aged can be improved by education programmes. In this regard, the recommendation to government was advanced to come up with educational programmes on the ageing process. According to Finch (*ibid.*), these programmes would help to dispel myths and negative perceptions held by community members that cause the aged to be abused. The Social Welfare in Zambia should register all the aged who have no means for upkeep and expand the Cash Transfer programme to cater for all the aged. Furthermore, the University of Zambia, School of Education, Department of Adult Education and Extension Studies should include the process of ageing in the gerontology course.

Changala (2015), correspondingly, immensely contributed towards the wellbeing of elderly people. He established that the major factors that contributed to the aged moving to old people's homes in Zambia included lack of family members, abandonment related to illness and old age, destitution, harassment and disability. The main services provided to the aged in old people's homes included food, shelter, health care, clothing, entertainment, religious and spiritual support and counselling. The

study revealed that from the perspective of most of the aged, the care provided in old people's homes was generally adequate. However, from the perspective of caregivers, provincial and district social welfare officers as well as observations by the researcher, the care provided was generally inadequate. Recommendations were advanced to counter these vices, a situation that, if attended to, would make life in old people's homes worth living.

However, these benefits brought out by Changala (*ibid*)'s study to a large extent benefited the elderly in old people's homes. Old people's homes only housed slightly over 165 elderly people out of a population of over 300,000 elderly people in Zambia. The point that is brought to the fore here, is that studies on ageing in Zambia are few and most importantly none of them sought to examine dynamics of life satisfaction: prospects and challenges to attainment of life satisfaction among the elderly people, implying that there was an information gap.

3.10 Chapter Summary

Attainment of life satisfaction in old age is crucial for enhancing wellbeing during the process of ageing. With an increase in the number of elderly people in the population, creating a conducive environment for attainment of life satisfaction should be a topical issue worldwide. This chapter reviewed literature related to attainment of life satisfaction by the elderly. Life satisfaction was understood to be a favourable judgment of one's entire life. Reviewed literature brought out the fact that scales that measure life satisfaction are in line with the belief that individuals are the best judges of their lives as only they, are the ones that lived that life. Additionally, the scales are based on the assumption that the judgement, of satisfaction, is primarily based on the individual respondent's own set criteria rather than on objective measures defined by experts.

Review of studies on life satisfaction revealed factors that influence attainment of life satisfaction. However, none of the studies on attainment of life satisfaction was conducted in the Zambian context. As such, dynamics of attainment of life satisfaction including challenges and prospects that impede or enhance its attainment among the elderly people in the Zambian context, before this study was undertaken, were not yet known. Nevertheless, review of literature on the context in which ageing is taking

place in Zambia provided an insight into factors that could have been adversely affecting attainment of life satisfaction among the elderly in the Zambian context.

Having reviewed the related literature in this chapter, the next chapter deals with the methodology for the study. This researcher, at this point in time, finds it critical to point out the differences between the concepts of methodology and methods, as they are, many times, mixed up. Analogically, a methodology can be seen in terms of domain or a map while a method can be seen as a set of steps to travel between two places on the map (Jonker *et al.*, 2010). On one hand, therefore, research methodology is a model to conduct research within the context of a particular paradigm. It comprises underlying sets of beliefs found in the underlying paradigm. On the other hand, research methods comprise specific procedures, tools and techniques to gather and analyse data. Having contrasted the two terms, one would, therefore, conclude that the two terms are different but closely related in such a way that, methods are a subset of methodology. A methodology chapter is very important because it can be likened to the blueprint of the study and the logic is that it describes how the study was undertaken, step by step; to the point that anyone else would be able to replicate it.

CHAPTER FOUR: METHODOLOGY

4.1 Introduction

This chapter's focus is on the methodology utilised by the study. It gives a detailed account of how the study was conducted in the quest to examine dynamics of attainment of life satisfaction, as well as prospects and challenges to its attainment, among elderly people in the municipality of Solwezi. Therefore, aspects that are highlighted herein include: study epistemology, study design, study site, target and study populations, study sample and sampling techniques. Other aspects are: data collection instruments, training of data collection assistants, piloting of the Satisfaction With Life Scale (SWLS) and Biographical Data Questions (BQS), data collection procedure, data analysis, limitations of the study, and ethical considerations, problems encountered, and, validity and reliability. The chapter ends with a summary of the chapter.

4.2 Study Epistemology

Epistemology is belief of what knowledge is and how it is verified. Subsequently, it is concerned with the nature and forms of knowledge (Cohen *et al.*, 2007) and how knowledge can be created, acquired and communicated (Scotland, 2012). Knowledge is justified truths or facts that are generated through research. This study's epistemology is based on the post-positivist paradigm, which balances the positivist and interpretivist or constructivist paradigms. Positivists and interpretivist/constructivist paradigms have opposing beliefs and claims on how valid knowledge can be generated.

Constructivist or interpretivist paradigm posits that reality is socially constructed by, and between, the persons who experience it. Constructivists further explain that reality is a consequence of the context in which the action occurs and is shaped by the culture, historical, political and social norms that operate within that context and time. As such, there is no single universal reality, each individual constructs his or her own reality, therefore, there are multiple interpretations of reality (Aliyu *et al.*, 2014). In most cases, methodologies, used by constructivist or interpretivist scholars and researchers consist of exploratory analysis, induction and qualitative analysis (Aliyu *et al.*,

2014; Ogilvy, 2006; Tugendhat, 2006). In line with this paradigm's belief, there is no universal reality and each individual constructs his or her own reality. So, in this research, each respondent was left to judge his or her own life using the Satisfaction With Life Scale (SWLS). Similarly, each respondent was asked to freely state if he or she experienced life satisfaction and to give his or her own reasons for the responses. Every respondent's response was captured because it mattered. In line with the paradigm's belief that individuals contribute to social phenomena, the study recognised the multiple responses given by the respondents because each response was based on the elderly people's individual experiences. Further exploratory analysis of the responses was done using thematic and data condensation methods. Using this underlying paradigm, the study was able to bring out prospects or challenges to attainment of life satisfaction by the elderly people.

Positivism holds a different view from that of constructivism and contends that reality is universal, objective and quantifiable. Therefore, reality is the same for everyone and, through the application of science, one can identify and see that shared reality. Positivists emphasise objectivity. Therefore, using a scientific method and language to investigate and write about human experience is supposed to keep the research free of the values, passions, politics, and ideology of the researcher. The methodologies frequently used by positivist investigators and researchers comprise confirmatory analysis, nomothetic experiments, quantitative analysis, laboratory experiments and deduction (Aliyu *et al.*, 2014; Olesen, 2004; Ryan and Julia, 2007).

The study quantitatively examined attainment of life satisfaction among elderly respondents using percentages to explain the data in line with the positivist research paradigm. The selection of the study sample and the Satisfied With Life Scale (for purposes of collecting quantitative data) were also influenced by the positivist view point.

4.3 Study Design

This study utilised a fully-integrated mixed research design. A design entails a combination of elements of qualitative and quantitative research approaches such as qualitative and quantitative viewpoints, sampling methods, data collection analysis and or inference technique, for the broad purposes of breadth and depth of

understanding and corroboration with the overall goal to expand and strengthen the study's conclusions (Johnson *et al.*, 2007).

At this point, it is noteworthy to differentiate between the terms, mixed method and fully-integrated mixed method. A mixed method research design is an umbrella term that houses various typologies of mixed research while the fully-integrated research design is one of the typologies under mixed research designs. Others are: parallel mixed design, sequential mixed design, conversion mixed design, and multi-level mixed designs. The designs have been classified in relation to how the interfacing or mixing of the qualitative and quantitative strands occur.

According to Schoonenboom and Johnson (2017), in a parallel mixed design, there are two or more parallel qualitative and quantitative strands, either with some minimal time lapse or simultaneously. The qualitative and quantitative aspects are integrated into meta-inferences after separate analyses are conducted. As regards sequential mixed design, qualitative and quantitative strands occur across chronological phases and the procedures from the latter strand emerge from the previous strand. In conversion mixed design, there are parallel strands of qualitative and quantitative nature that mix when one type of data is transformed to the other type and then analysed. The findings are then added to the results. As for multi-level mixed designs, mixing of the parallel qualitative and quantitative strands occur across multiple levels of analysis as data are analysed and integrated to answer related aspects of the same research question or questions. In a fully-integrated mixed design, mixing or integration or point of interface occurs in an interactive manner at all stages of the study, rather than including integration only at the findings or results stage or only across phases as is the case in a sequential mixed design. To that effect, mixing or indeed interface might occur at the conceptualisation stage, the methodological stage, the analysis stage and the inferential stage. More specifically, Schoonenboom and Johnson (*ibid.*) assert that one can consider mixing or interfacing at any or all of the following research components, purposes, research questions, theoretical drive, methods, methodology, paradigm, data analysis and results.

The integrated mixed research design was selected for the study because it made it possible for the researcher to develop questions that called for a qualitative enquiry as

well as questions that demanded quantitative enquiry. To be more precise, research question number 1 which sought to examine the dynamics of attainment of life satisfaction among the elderly people called for a quantitative enquiry. Accordingly, the Satisfaction With Life Scale, which is a purely quantitative tool was utilised for the purpose. Similarly, research questions numbers 2, 3 and 4 were qualitative-oriented. To that effect qualitative-oriented tools (in-depth interview guide, observation guide and document review guide) were developed. In addition to making it possible to develop qualitative and quantitative-oriented research questions and data collection instruments, the integrated mixed design also allowed for the integration or interfacing of the qualitative and quantitative approaches at the very beginning or conceptualisation stage. The design also allowed for interface at sampling stage. Accordingly, typical case and snowball sampling techniques were employed to select participants for analysis with Satisfaction With Life Scale. Further, the design provided for interface during instrument development as well as during the findings or results stage. Here the findings from the Satisfaction With Life Scale were complemented with findings from qualitative enquiries. Most importantly, the integrated mixed approach allowed the researcher to take advantage of the ontological and epistemological strengths of both qualitative and quantitative designs to describe, analyse and interpret the data (Katete, 2017). Ultimately, it facilitated for the breadth and depth of understanding the study at hand.

This researcher's choice of the mixed method design was guided by the advantages that are inherent in the design. One of the advantages of the mixed research design is that it provides strengths that offset the weaknesses of both quantitative and qualitative research. For example, quantitative research exhibits a weakness in understanding the context or physical environment in which respondents live, something that qualitative research is up for. Similarly, qualitative research is weak because of potential for biased interpretations made by the researcher, a weakness that quantitative research does not have. Therefore, by using the mixed method, the strength of each approach can make up for the weaknesses for the other.

Another advantage is that the mixed method design provides a more comprehensive understanding of the research problem than either quantitative or qualitative approach alone can provide.

Yet another advantage is that a mixed method design provides an approach for developing a better and more context specific instrument. For instance, by using qualitative research, it is possible to gather information about a certain topic or construct in order to develop an instrument with greater construct validity, i.e., that measures the construct that it intends to measure. Lastly, a mixed method is advantageous in that it helps to explain findings or how causal processes work.

Another point that needs to be highlighted here is that a mixed research design can take three forms, i.e., it can be qualitative-dominant (or qualitatively-driven), quantitative-dominant (or quantitatively-driven) or equal status. Qualitative-dominant or a qualitative-driven mixed design study is the type of mixed research whereby the researcher relies on a qualitative, constructivist-poststructuralist-critical view of the research process, while concurrently recognising that the addition of quantitative data and approaches are likely to benefit the study. The opposite of this is the quantitative-dominant or quantitatively-driven mixed method research whereby the researcher relies on a quantitative, post-positivist view of the research process, while concomitantly recognising that the addition of qualitative data and approaches are likely to benefit most research projects. Equal status-driven mixed research design refers to a study where both qualitative and quantitative elements have equal weight (Schoonenboom and Burke, 2017; Burke *et al.*, 2007). This study was qualitatively-dominant and therefore it was driven, to a larger extent, by the constructivist or subjectivist view.

4.4 Study Site

The study was conducted in the planned and unplanned settlements within Solwezi municipality. Solwezi town is located in the northwest region of Zambia and is the provincial headquarters of the North-Western province of Zambia. At the time of the study, the town shared borders with the Democratic Republic of Congo. Solwezi too, at the time of the study, hosted Kansanshi and Lumwana mining companies. The two mining companies were among the country's biggest mines, a situation that contributed to the nicknaming of North-Western province as the country's New Copperbelt province. Subsequently, mining was the main economic activity in the area.

Solwezi was selected for the study because it was almost a cosmopolitan town due to the mining activities being undertaken there. The mining activities attracted a lot of people, resulting in an influx of people from within and outside the country. Due to this state of affairs, the sample had a chance to comprise subjects with diverse backgrounds.

4.5 Target and Study Population

Every research undertaking has a target and a study population (Burns and Groove, 2003). Target population refers to the entire group of individuals or objects to which researchers are interested in generalising the conclusions. The target population which is also known as the theoretical population, usually, has varying characteristics. The target population for this study were all the elderly people who were aged 65 years and over, and were not in formal employment. The study settled for the age of 65 because it was the retirement age, in republic of Zambia, at the time of the study.

Study population, which is also referred to as the accessible population, is the population, in research, to which the researchers can apply their conclusions. This population is a subset of the target population. It is from the study population or indeed the accessible population that the researcher draws a sample. The study population for this research undertaking comprised all elderly people aged 65 years or over, living in the municipality of Solwezi, and key informants from institutions that deal with elderly people within the jurisdiction of the Solwezi municipality. According to the Central Statistical Office 2012 Census of Population Summary Report, there were 1,162 persons aged 65 years and over in Solwezi district. The elderly people in the study population included both male and female participants, who were not in formal employment, regardless of whether they retired from formal or informal employment. The elderly people were included in the study because the ultimate goal of this study was to provide an enabling environment for the attainment of life satisfaction among the elderly people. As alluded to earlier, the choice of the study population (persons in late adulthood) was grossly informed by theories of human development, namely: Erikson's Theory of Human Development, Levinson's 'Seasons of Life' and Vaillant's theories of Adult Development. According to the theorists, individuals tend to look back at how they lived their lives when they are in late adulthood stage. Specifically, Erikson (1959) asserts that persons in late adulthood are faced with the crisis of Ego

Integrity *versus* Despair. The crisis arises from the evaluation of life in terms of how it was lived (Mutjuwadi, 2013; Brown and Lewis, 2003). According to Myer (1990), this is the stage where individuals critically confront themselves as human beings. In reference to the same stage of integrity *versus* despair, Mutjuwadi (2013) asserts that the elderly evaluate and integrate their development in the previous stages, and the researcher asserts that the focus of this stage is more of the past than the future. Life satisfaction, as already defined in the first chapter, is an overall evaluation of one's life, and it is at age of 65+ when people fully evaluate their lives. To that effect, there can never be a better population for studies on life satisfaction than persons in their late adulthood.

Key informants included members of staff from government and parastatal organisations, namely: Social Welfare, NAPSA, and Ministry of Health. The staff were included as key informants because of their responsibility to implement government's social security programmes for the welfare of the vulnerable, including the elderly. The staff from Social welfare department provided information regarding the social welfare scheme while staff from NAPSA provided information in relation to the National Pensions Scheme (NAPS). The NAPS is a contributory social security scheme to which all the elderly people who were once in formal employment made monthly contributions to. The District Medical Officer for Solwezi was included as a key informant because of professional competence and relevance to provide health-related information regarding the elderly people.

4.6 Sample

A sample is a cardinal aspect in every research undertaking as it renders studies feasible in instances where time and resources are limited, given that a sample is just a segment of the total population. The same is true in this study. Once isolated from the entire population, the sample is studied to gain information about the whole population (Kombo and Trump, 2006). The total sample for this study was 104, comprising 101 elderly people, 1 key informant from the National Pension Scheme Authority, 1 key informant staff from the Social Welfare Department and the District Medical Officer (DMO) for Solwezi. A sample of 101 elderly people was sufficient for the study in that it constituted almost 10 per cent of the total population of elderly people (1,162) and, therefore, is representative of the elderly people in Solwezi

municipality. The three key informants were part of a total population of individuals who were dealing with issues to do with elderly people.

4.7 Sampling Techniques

Recruiting participants into the sample is an inevitable activity in all research undertakings that work with samples. This study is no exception. Usually this is done with the help of already available sampling techniques. This study employed three available sampling techniques, namely, typical case sampling, snowball sampling and judgemental sampling. The sampling techniques, and how they were utilised for the study, are further elaborated below.

4.7.1 Typical Case Sampling

The typical case sampling technique, which is a type of purposive sampling, where a researcher identifies typical cases, using a certain criterion, prior to choosing cases for study (Baran, 2016), after which the researcher goes to look for the cases for inclusion in the sample, was employed for the study. The sampling technique was utilised to include elderly people into the sample. In this regard, the researcher first listed the criteria that defined elderly people that were to be included in the sample. The people who were included in the sample were elderly people who were aged 65 years or above and were not in formal employment. The researcher excluded elderly people who were still in formal employment because they were still in receipt of a regular salary.

That done, the researcher and research assistants looked for elderly people that fitted the description and included them into the sample. The typical case sampling technique was ideal for this study because it enabled the researcher to spread the sample over the municipality of Solwezi. The sample of the elderly people came from both planned and unplanned settlements and market places. The sampling technique proved useful to this study because it assisted the researcher to recruit participants that fitted the description of elderly people, needed for the study.

4.7.2 Snowball Sampling

Snowball sampling, which is a technique for gathering research participants through the identification of an initial subject who is then asked to provide the names of other actors (Lewis-Beck *et al.*, 2004), was utilised in this study to recruit participants into

the sample. The snowball sampling technique complemented the typical case sampling technique. Given that elderly people are still few and many times remain at home most of the day, the snowball sampling came in handy. By first using the typical case sampling technique, the researcher and assistant data collectors identified elderly people using the snowball sampling technique. To that effect, elderly people who were identified using the typical case sampling were asked to help the researcher find other elderly people they knew of. The researchers with the help of the identified elderly people were able to follow the other elderly people in their homes. Similarly, the elderly people who were interviewed in their homes were asked if whether they knew any other elderly people around. This process went on until the sample size was reached. Combining the two sampling techniques helped recruit elderly people who were up and about and those who were at home. The combined techniques also enabled the researcher to interview the respondents in their places of residence and environments, which enabled the respondents to freely and openly express themselves. The home visits also enabled the researcher to carry out physical observations of the sanitation facilities, state of housing units and water sources owned or used by the elderly people.

Snowball sampling was specifically appropriate for this study because it facilitated for the location of elderly people, given that majority of elderly people were not expected to be found on the street. The technique also proved useful in that it helped the researcher to easily locate households where there were elderly persons given that there was no documentation regarding elderly peoples' places of residences. Additionally, there were no specific areas of residence for elderly people in the study area.

4.7.3 Judgemental Sampling

Judgemental sampling, which involves selection of participants into a sample-based on the researcher's knowledge of the population, and his or her professional judgement, were employed by this study. To this effect, judgemental sampling was used to select heads of department from the identified three institutions. The three identified institutions were; National Pensions Scheme Authority, Social Welfare and District Medical Office. The technique provided for the researcher to use her discretion in the selection of key informants for the study. Nevertheless, it should be noted here

that the discretion was far from being arbitrary as those selected to participate in the study held specific and important positions in the selected institutions, and were custodians of useful information pertaining to the elderly. The key informants from the aforementioned institutions were heads of department or units.

Judgemental sampling was ideal for this study, and at this level, because there was a limited number of departments and individuals that possessed the trait of interest in the study area at the time of commencing the study. Additionally, judgemental sampling was a better solution for the research as it did not require a large number of interviewers. Accordingly, the researcher, herself, interviewed all the selected key informants. Further, the sampling technique was particularly useful to this study as there were very few individuals who possessed the trait of interest to the study. This technique was the only viable sampling technique in obtaining information from the specific group of people.

4.8 Data Collection Instruments

The study utilised four instruments to collect data from both the elderly people and key informants. The instruments were: Satisfaction With Life Scale (SWLS), Biographical Questionnaire, Interview Guide, Document Review Guide and Observation Checklist. The instruments are elaborated below:

4.8.1 Satisfaction With Life Scale (SWLS)

The Satisfaction With Life Scale (SWLS) was developed by Diener in 1995 for the purposes of assessing satisfaction with the respondent's life as a whole. The scale does not assess satisfaction with life domains, such as health or finances but allows subjects to integrate and weigh these domains in whatever way they choose (Pavot *et al.* 1993). The scale has since been widely used by various researchers to assess satisfaction with life. The SWLS was selected to facilitate for the examination of attainment of life satisfaction among the elderly respondents. The SWLS was a perfect fit for this study because it was specifically designed to measure life satisfaction (Diener *et al.*, 1985), with the assumption that an individual is the best judge of his or her present and past life (Mutjuwadi, 2013; Diener *et al.*, 1991; Knapp, 1977; Neugarten *et al.*, 1961). Additionally, the instrument was selected for this study because it is a validated and reliable measure of life satisfaction. Evidence of the reliability and predictive validity

of the SWLS was presented and its performance was compared to other related scales (Pavot *et al.*, 1991). The findings showed that the SWLS was a valid and reliable measure of life satisfaction, suited for use with a wide range of age groups and applications, which makes it possible to save on interview time and resources compared to other tools used to measure life satisfaction (*ibid.*). Further, when normative data for the scale was presented, it showed good convergent validity with other scales and other types of assessments of subjective wellbeing (*ibid.*). Further still, the SWLS was found to be ideal for the study in that it allowed subjects to integrate and weigh life domains in whatever way they chose.

However, there was need to adapt the scale to suit this study. The need arose from the fact that the scale was originally developed for self-administration. But, in this study, self-administration was going to prove a challenge for a number of reasons: firstly, majority of the respondents (being elderly people) were not conversant with the English language; secondly in most cases old age presents with poor eyesight, implying that majority may not have been able to read during self-administration. The other challenge was that basic illiteracy or the lack of skill to read and write was a widespread problem in Zambia, at the time of the study, and the elderly were worst hit. As such, the probability that majority of the elderly people were illiterate, at the time of the study, was high. Therefore, the instrument was modified or adapted to suit the respondents for the current study. Adaptation of the SWLS is elaborated in the subsequent section.

4.8.1.1 Adaptation of the Original SWLS

The modification of the original SWLS was threefold. The first was changing of the original statements from first person to second person narrative; secondly, an item was inserted in-between statements 3 and 4; and thirdly, there was inclusion of biographical questions. The modifications are explained in the subsequent section.

4.8.1.2 Adaptation of Original Statements and Insertion of an Item

The Satisfaction With Life Scale (SWLS) was modified by changing the statement from first person to second person narrative. To that effect, modified SWLS statements read as follows: *In most ways your life is close to your ideal; the conditions of your life are excellent; you are satisfied with your life; so far you have gotten the most*

important things you want in life; if you could live your life over, you would change almost nothing. Modifying the question this way helped remove the confusion that could have arisen from the fact that it would have sounded as if the researcher was the one who was supposed to answer to the statements. This confusion was observed when data collection assistants tested the instrument on each other prior to administering it to the study population. What necessitated the modification in this regard was that the scale was researcher-administered as opposed to self-administration.

4.8.1.3 Insertion of an Extra Response Instruction

An extra response instruction was inserted between statements Number three (3) and number four (4). The item was numbered as four (4). The item was inserted in order to collect qualitative data on the prospects and challenges to attainment of life satisfaction among the elderly people. Perhaps it is important to note that statement number three (3) or indeed item number three (3) has many times been used as a single statement by researchers when they seek a direct answer to whether respondents were satisfied with their lives or not. .

Table 7: displays, side by side, the original and modified SWLS thus far.

Table 7: Original and Adapted Satisfaction With Life Scale

Original SWLS	Modified SWLS
1. In most ways, my life is close to my ideal 2. The conditions of my life are excellent 3. I am satisfied with my life 4. So far, I have gotten the important things I want in life 5. If I could live my life over, I would change almost nothing.	1. In most ways, your life is close to your ideal 2. The conditions of your life are excellent 3. You are satisfied with your life. 4. Please give reasons for your response to statement No.3..... 5. So far, you have gotten the important things you want in life 6. If you could live your life over, you would change almost nothing

Source for the original SWLS: Diener et al. (1985)

4.8.1.4 Inclusion of Biographical Questions (BQs)

Biographical questions were included to the SWLS. These were 10 questions which sought to establish information on age, gender, educational attainment, financial situation and current health status. The questions were pertinent to the experience of life satisfaction as was revealed by previous studies in the literature review section.

The questions included both open and closed ended questions. Questions on gender and age were included in order to ascertain the gender and age range distribution in the population, respectively. Gender distribution helped to compare life satisfaction levels among the males and females, and different age groups as well. Additionally, age ranges helped in the recruitment of the respondents into the sample using the typical case sampling procedure. The inclusion of questions on educational attainment helped to identify educational attainment levels among the respondents, and how life satisfaction was distributed when cross-tabulated with educational attainment. Further, questions on major sources of income and its adequacy, and, adequacy of monthly income and consistence, were included so as to understand the respondents' financial position. Inclusion of questions on health facilitated for insight into the health status of the elderly people under the study.

Most importantly, what influenced inclusion of biographical questions was because the Satisfaction With Life Scale was highly quantitative. As such, apart from allowing the respondents to make judgment of their own lives, it did not give them room to air out the causes for their satisfaction or dissatisfaction with their life. Similarly, the statements on the life satisfaction did not allow for further exploration of complex issues. In this study, the statements did not allow for unravelling of the causes for respondents' attainment of life satisfaction or lack of it. Therefore, asking the respondents to give reasons for their not experiencing life satisfaction allowed for further exploration of the issue. Consequently, the respondents were accorded an opportunity to respond to questions in their own words and to provide their own views and opinions as they judged their lives.

4.8.1.5 Scoring on SWLS

The original scoring for the SWLS was maintained. In this regard, it is stated here that the insertion of an item between the original statements Numbers three (3) and four (4) did not in any way interfere with the scoring system on the SWLS. Every response to the five statements had a score assigned to it. To that effect the responses; strongly agree attracted one (1) score, disagree attracted two (2) scores, slightly disagree attracted three (3) scores, neither agree nor disagree attracted four (4) scores, slightly agree attracted five (5) scores, agree attracted six (6) scores and strongly agree

attracted seven (7) scores. Tables 8 tabulates the responses and their corresponding scores.

Table 8: Responses and Respective Scores - Satisfaction With Life Scale

Response	Score
Strongly disagree	1
Disagree	2
Slightly disagree	3
Neither agree nor disagree	4
Slightly agree	5
Agree	6
Strongly agree	7

Source: Diener et al, (1985)

When the scores are added, the interpretation is that individuals who score between 31 and 35 are extremely satisfied. Table 9 gives the rest of the interpretations in that regard.

Table 9: Satisfaction With Life Scale Scores

Benchmarks	Explanation/interpretation
• 31 - 35	Extremely satisfied
• 26 - 30	Satisfied
• 21 - 25	Slightly satisfied
• 20	Neutral
• 15 - 19	Slightly dissatisfied
• 10 - 14	Dissatisfied
• 5 - 9	Extremely dissatisfied

4.8.1.6 Naming of the Adapted Satisfaction With Life Scale

Having adapted the SWLS, there was need to give it a name for ease of reference in this study. Therefore, this instrument is named the Satisfaction With Life Scale with Biographical Questions (SWLS with BQs).

4.8.1.7 Satisfaction With Life Scale (SWLS) with Biographical Questions (BQs)

The SWLS with BQs assumed a structure, whereby the Biographical Questions constituted section A while the Satisfaction With Life Scale statements assumed section B of the instrument. Table 10 displays the SWLS with BQs.

Table 10: The Satisfaction With Life Scale with Biographical Questions.

Section A: Biographical Questions	
1.	Sex
2.	How old are you?
3.	What is your highest formal educational attainment?
4.	What is your major source of income?
5.	Is your monthly income enough to afford your daily necessities?
6.	Kindly explain your response to question 5.
7.	Do you have dependants?
8.	If yes to question 6: how many dependants?
9.	How is your health these days?
10.	Do you suffer from one or more of the following chronic ailments: diabetes (sugar); Tuberculosis (TB); High Blood Pressure (BP); general body pains?
Section B: Satisfaction With Life Scale	
11.	In most ways, your life is close to your ideal.
12.	The conditions of your life are excellent.
13.	You are satisfied with your life.
14.	Please give reasons for your response to statement 3.....
15.	So far, you have gotten the important things you want in life
16.	If you could live your life over, you would change almost nothing

The SWLS with BQs was found suitable to use on elderly people because it was short. Therefore, respondents were not subjected to sitting and answering questions for a long period of time.

4.8.1.8 Translation Procedure

Both the SWLS and BQs were translated from English to the two commonly spoken languages (Kaonde and Lunda) in Solwezi district.

4.8.1.9 Satisfaction With Life Scale (SWLS)

The need to translate the SWLS was twofold: firstly, the SWLS was developed in a country with different culture and language from the study area. It was envisaged that

translation of the Scale would help remove any colloquial aspects that might prevail in the original instrument. Secondly, developing new scales was going to be a difficult and expensive venture, both in terms of time and finances, and required great expertise in psychology (Östlund *et al.*, 2007). Therefore, adapting the existing scales was found to be both cheaper and feasible (Mutjuwadi, 2013). The SWLS is among the scales that have been widely adapted by researchers across cultures. The Scale was first written in the English language and has since been translated into several other languages. But to the best knowledge of the researcher in this study, the SWLS has never been translated into any Zambian languages and, therefore, it was necessary that translation was done.

During translation, care was taken to ensure that the translated Scale was an equivalent measure of the original scale. To that effect, this researcher ensured that translators of the SWLS in this study did not only have the competence in the local language but were also familiar with the specific culture in order to ensure that the meaning or content remained the same, and that the test was culturally appropriate (Mutjuwadi 2013, Hambleton *et al.*, 1998, Willgerodt *et al.*, 2005).

The translation was conducted by four radio crews (two Lundas and two Kaondes) from a local radio station based in Solwezi. The same crews translated news items from English to the two local languages for broadcasting. Being Kaondes and Lundas, the translators were familiar with the culture in the study area. After the instrument was translated, it was surrendered for back translation and proof reading to two lecturers, from Solwezi College of Education, who were not only qualified in languages but also involved in the translation of books from English to local languages in the study area. Of the translators, one held a Master of Education degree (MEd) in Literacy and Language Development, the other held a Bachelor of Education degree (BAEd). Their responsibilities at the college were book and module translation (from English to local languages), writing and editing. The back translation was provided for consistency with the English language. In other words, the exercise also helped to ensure that the statements retained their meaning and were consistent with the English version of the Satisfaction With Life Scale (Mutjuwadi, 2013).

4.8.1.10 Translation of the Biographical Questions

Translation of semi-structured questions facilitated for standardisation of the wording during the administration of the instruments. The activity also helped minimise inconsistencies arising from different interpretations by data collection assistants. Further, data collection assistants did not have to struggle to translate the questionnaires during administration of the instruments. Ultimately, interview time was saved as the researcher and data collection assistants did not have to spend extra time translating the questions during interviews.

4.8.2 Document Review Guide

In this study, the document review guide was utilised for the purposes of reviewing the *Zambian National Ageing Policy* in relation to the findings of the study on prospects and challenges to attainment of life satisfaction. Primarily, the document review guide was utilised to assess the competitiveness of the *National Ageing Policy* in relation to the contextual factors that promoted (prospects) attainment of life satisfaction among the elderly respondents. It should be pointed out here that the document review guide was embarked on after analysis of data that was collected by the SWLS with the BQs, interviews and observations.

The document review guide was found valuable and effective in this study because it facilitated for the scrutiny of the *National Ageing Policy*, using a checklist that comprised prospects and challenges to attainment of life satisfaction among the elderly respondents. The prospects and challenges were listed and verified with the *National Ageing Policy*, to ascertain if indeed the policy facilitated for attainment of life satisfaction by elderly people. As such, aspects that were not covered by the *National Ageing Policy* in relation to promotion of life satisfaction among the elderly were brought to light.

It was important to determine if the *National Ageing Policy* adequately covered the contextual factors that promoted attainment of life satisfaction so that respondents in this study and perhaps majority of elderly people would also benefit from its existence. Ultimately the study outlined some guidelines that may supplement the policy to widen prospects to attainment of life satisfaction among elderly people. Additionally, recommendations were advanced to government and relevant stakeholders to design

programmes and policies that would facilitate for attainment of life satisfaction among elderly people.

4.8.3 Interview Guide

This study also utilised an interview guide. In this regard, logical conversations that bordered on pension, health status, and adequacy of social welfare assistance, were held with the three key informants who were: staff from NAPSA, staff from the District Social Welfare Office, and staff from the District Medical Office. The conversations facilitated for collecting of information which enhanced understanding of prospects and challenges to attainment of life satisfaction among elderly people in Solwezi town of Zambia. Specifically, interviews with staff from the above-mentioned departments sought to gather information regarding the pension allowance, social welfare assistance and general health status of elderly people.

4.8.4 Observation Check list

This study further took a direct observation approach. On the observation checklist were things to observe as follows; adequacy of housing units, sanitation facilities (latrines or conventional toilets), and water sources. The housing facilities were termed to be adequate if they had a roof, a window, to allow enough light inside, and had a lockable door. Sanitation like toilet facilities were rated adequate if they had a roof, were not of squatting type, had supporting accessory, had enough light inside, and offered privacy. Water sources were rated adequate if there was a borehole or a protected well. Observation of the facilities helped increase the researcher's understanding of the living conditions of the respondents and how the same could be prospects or challenges to attainment of life satisfaction.

The observation checklist, as an instrument, was especially useful in this study as the researcher did not have to rely on the respondents' willingness or ability to provide information (Evaluation Briefs, 2008). The instrument provided this researcher with an opportunity to see and record what she saw and developed ideas for inclusion during the analytical stage of data presentation and discussion. Similarly, seeing where and how the respondents lived, increased understanding of the contextual prospects and challenges to attainment of life satisfaction among the respondents. In essence, observation complemented the other instruments that were utilised in this study.

4.9 Training of Data Collection Assistants

Prior to data collection, training was conducted for five data collection assistants on how to administer the Satisfaction With Life Scale (SWLS) with biographical questions (BQs), and how to conduct observations. The research assistants were selected on the basis of their fluency in English and local languages commonly used in the study area. The languages were Lunda and Kaonde

As part of the training, the research assistants, together with this researcher, administered SWLS with BQs on each other. This exercise facilitated for standardisation of our understanding of the statements on the SWLS as well as facilitating for the standardisation of the BQs and maintenance of the original meaning of the semi-structured questions in English (Mapoma, 2013; Changala, 2015).

4.10 Piloting of the Satisfaction With Life Scale with Biographical Questions

Piloting of the SWLS with BQs was conducted in Lumwana, a town with similar characteristics with Solwezi. Like Solwezi, Lumwana town's main economic activity was mining. The mining activities saw an influx of people from all corners of the country and outside the country, a situation that was similar to that obtaining in Solwezi municipality. Similarly, the languages being spoken included Lunda, Kaonde, Luvale and some Bemba.

The SWLS with BQs was piloted on 10 respondents who were 65 years and over. Piloting was conducted so as to identify grey areas that would have otherwise led to haphazard collection of less useful and less meaningful data. In this regard, the pilot activity helped identify the need to rephrase the five statements on the original SWLS. During the piloting time, the respondents found it difficult to give a response as the statements read like it was the researcher or data collection assistants who were to respond. The challenge was brought about by the fact that the original SWLS was meant for self-administration as opposed to researcher-administration as was the case in this study. This challenge was mitigated by rephrasing the statements from first person narrative to second person narrative.

Piloting the instruments also brought afore the need to recruit a Bemba-speaking data collection assistant. Among the piloted respondents were Bemba-speaking elderly

people. This discovery brought to the realisation that Solwezi municipality was more or less like a cosmopolitan area due to the influx of people from mostly the Copper-belt province, as a result of the booming mining activities in the area. Further, this study benefited from the piloting exercise, as it was revealed during the piloting that the SWLS with BQs did not subject the respondents to long interview time. The discovery gave confidence to the researcher and data collection assistants.

4.11 Data Collection Procedure

During field work data was gathered using four instruments; SWLS with BQS, in-depth interview guide, observation checklist and document review guide. The SWLS with BQs was administered to 101 elderly participants who were 65 years and above. Since the respondents were not in one place, the researcher and research assistants spread themselves across the municipality in search of participants.

As was illuminated earlier in this chapter, participants were first identified on face value using the typical case sampling procedure. Once identified, the researcher or data collection assistant introduced themselves to elderly person and explained the situation to them. Thereafter, consent was sought to recruit the elderly person for the study, if he or she was aged 65 years or over. The age of the respondents was established by checking the details on the respondents' National Registration Card (NRC). In instances where elderly people did not have NRCs with them, appointments were made to visit them so that their age could be verified on the NRC. The understanding behind using NRCs to establish respondents' ages was that at least all Zambian nationals should be in possession of a national registration card. In instances where some respondents were not in possession of their NRCs (these were very few) their ages were established through life events, such as the First and Second World Wars, and the national Independence Day.

Once eligibility was established and consent was sought, respondents were asked to choose their language of preference for the interview among the three; English, Kaonde and Lunda. Equally, the respondents were encouraged to be honest in their responses as the study sought valuable information that would be beneficial to them. Additionally, the respondents were given the option to withdraw from participating in the study if and when they so wished. Most importantly, the respondents were assured

of confidentiality in that their names were not recorded. When that was done, the SWLS with BQs was administered to the respondents by way of reading out the statements and questions to the respondents, to which the respondents provided the responses. The researcher and research assistants recorded the responses on the appropriate spaces. Recruitment into the sample continued in this manner up until the sample of 101 elderly people was reached.

In-depth interviews were conducted with three key informants from the three public departments that worked with elderly people in various ways. In this regard, the already identified persons were contacted and the purpose of the research and interview was explained to them. Once consent was achieved, appointments were made. All of the three respondents preferred to be interviewed at their work places. The researcher interviewed all the three respondents. During interviews, the researcher employed strategies that were necessary for quality in-depth interviews. They included: listening and rephrasing what was said to ensure that the researcher understood what the respondent was intending; exercising patience, so that the respondent did not feel rushed, but guiding the conversation in order to cover important issues and gently refocussing the conversation when it wandered off track; and exercising flexibility to allow slight deviations from the topic so as to make the respondent feel at ease. All the interview sessions were audio-recorded.

Observation of the listed items on the observation checklist or guide was conducted with respondents who were interviewed within their places of residence. After consent was sought to look at the facilities, the researcher or data collection assistant proceeded with ticking on the checklist accordingly. What was observed were: whether the housing unit for the elderly person was lockable, had enough windows to allow enough light in; type of latrine and whether the latrine facility offered privacy and shelter from the rain.

4.12 Data Analysis

In research undertakings, data are analysed to obtain usable and useful information regardless of whether it is qualitative or quantitative. In this study, as already alluded to, both qualitative and quantitative data were collected. Analysis of the two sets of data are explained in the subsequent section blow:

4.12.1 Qualitative Data Analysis

The study used the meaning condensation method to analyse qualitative data from the open-ended questions on the SWLS. The method facilitated for the extraction of the meanings inherent in the participants' responses (Katete, 2017; Kvale and Brinkmann, 2009). To that effect, long statements were compressed into briefer statements in which the main sense of what was said, was rephrased in few words. According to Kvale and Brinkmann (2009), the process involves five steps: the first step involves reading and reviewing of each transcript to understand content, as doing so helps in getting a sense of the expressed viewpoints; the second step involves determining the natural meaning units of the text; the third step comprises sorting the statements found in the second step into different themes; the fourth step comprises relating the meaning units and themes to the purpose of the study and here, themes are examined and serve as answers to the research question[s]; the fifth and final step tasks itself with tying together the essential themes of the interviews and writing a descriptive statement.

In this study, using the meaning condensation method, the responses pertaining to reasons for attainment and or non-attainment of life satisfaction were reviewed to facilitate for an understanding of the elderly people's viewpoints. The meaning that was derived from there was that there were several prospects and challenges to attainment of life satisfaction among the respondents. Subsequently, the challenges and prospects (themes) were sorted into factors, and categories and shorter or briefer sentences were developed to condense the meaning derived from the participants' long and winding responses. Ultimately, the process provided answers to research questions Nos 2 and 3. This way, presentation of findings from qualitative data was made possible.

4.12.2 Quantitative Data Analysis

Quantitative data was analysed using the Statistical Package for Social Sciences (SPSS), a computer-based data analysis programme. Specifically, descriptive statistics, particularly percentages, were made use of. In this regard, the descriptive statistics were used to describe the percentages of respondents who reported to be experiencing life satisfaction and those who were reported not to be experiencing life satisfaction in relation to the study sample. Similarly, descriptive statistics facilitated

for the description of the levels of life satisfaction among elderly people who were included in the sample.

4.13 Limitations of the Study

Limitations of this study were twofold: firstly, the limitation arose from the fact that communities differ, and this study was undertaken in a mining community, therefore, generalisation to other communities, such as farming communities should be cautiously done; secondly, researcher reactivity was another limitation of the study. Researcher reactivity refers to a situation whereby interviewees are responding with uneasiness as they were torn between giving genuine answers and telling the researcher what they think he or she wants them to say (Subramanien, 2013).

4.14 Ethical Considerations

In Zambia, it is a requirement that all research undertakings be cleared by the Zambia Humanities and Social Sciences Research Ethics Committee (ZHSSREC). The ZHSSREC is mandated with the responsibility to ensure the protection of respondents' human rights. As such, prior to conducting the study, a proposal was prepared and submitted to the ZHSSREC. The proposal outlined the description of the purpose and nature of the study. The proposal also explained how the participants were selected into the sample and how confidentiality was upheld. The proposal was put under scrutiny by the ZHSSREC. Among other things, the Research Ethics Committee is a body that is tasked with the responsibility to see to it that human subjects are protected from abuse by researchers. This study ensured that the respondents were protected, by not recording their names. This gesture ensured anonymity, meaning that identification of the respondents was not available during and after the study. Thus, the respondents were coded or given numbers from 1 to 101, while the informants were coded as A1, A2 and A3. These codes or numbers were the ones that were utilised in the presentation of findings chapter. The respondents were also protected from mental exhaustion by not subjecting them to lengthy questionnaires and the SWLS.

The administration of the SWLS with BQs promoted anonymity on the side of the respondents. Further, the participants were asked for their consent to participate in the study. It was made clear during the soliciting of the consent that the respondents were welcome to withdraw if they wished to.

4.15 Problems Encountered During Data Collection

The challenges faced during data collection were twofold: firstly, some respondents looked to be torn between telling the researcher what they thought the researcher wanted to hear, and telling the researcher what they really felt or the truth about themselves; secondly; some respondents who were under the care of family members were torn between giving an answer that they thought would either please or displease the people that were taking care of them, and what they were experiencing themselves.

The problem was especially pronounced regarding the life satisfaction measurement. Responses to a more direct question such as: are you satisfied with your life, proved a little difficult to administer. To overcome this, interviews were conducted in the absence of the respondents' care takers. The care takers were explained to that they did not have to be in close range during the interview sessions. The researcher also reassured the respondents that the information they were giving was going to be treated as confidential.

Additionally, the researcher assured the respondents that they were not being tested; that the exercise was not a test to pressure them to attain a high or low score. All the data collection assistants were properly oriented on how to do pre-interview talks, in order to calm the respondents and create an enabling environment for collection of unbiased information.

Another challenge was that observations of housing units, latrine facilities and water sources for some respondents who were interviewed out of their immediate home surroundings, proved to be a challenge. However, the observed facilities for some respondents who were interviewed within their home surroundings were sufficient in that they provided enough information and understanding of the living conditions of majority of elderly people in the study area.

4.16 Validity and Reliability

Validity implies the degree or extent to which the research instrument measures what it is intended to measure. In other words, an instrument is valid if it measures what it is supposed to measure. Reliability refers to the degree to which a scale or instrument produces consistent results when repeated measures are carried out (Bashir *et al.*,

2008). Therefore, the purpose of validity in research is to make sure that researchers use instruments that really help collect intended or relevant data. Similarly, the purpose of reliability in research is to ensure that the instruments are stable and consistent even when used repeatedly. Both validity and reliability are important in ensuring appropriateness, meaningfulness and usefulness of a research result.

This study utilised the Satisfaction With Life Scale (SWLS) whose validity and reliability was already established by Diener *et al.* (1985). The SWLS was further validated by Pavot *et al.* (1991). To this effect, the SWLS is valid and reliable in every sense. The biographic data questionnaire, the interview guide, document review guide and observation cheque list were subjected to expert review to improve their quality before being administered in the field. The expert was the supervisor who was, at the time of the study, a senior lecturer and held a Doctor of Philosophy degree (PhD). As such, all noted ambiguities were removed, rendering the instrument to collect the intended information. The intended information, measured by the biographical questionnaire, was the age of the respondent, gender, educational attainment, major source of income, regularity of income and health status. All of the collected information was necessary for understanding the respondents in relation to attainment of life satisfaction. Further, piloting of the instrument improved the biographical questionnaire's reliability.

4.17 Chapter Summary

The study was premised on both constructivist and positivist paradigms although it was constructivist-dominant. Consequently, an integrated mixed research design was employed, the essence of which was to expand and strengthen the study's conclusions. The integrated mixed design allowed for interfacing or combination of the qualitative and quantitative elements at various stages. In this study, interfacing was done at conceptualisation (including populations), objective development, sampling, instruments development and results, and findings stages.

A total of 101 elderly people were sampled from a population of 1,162 elderly people residing in the municipality of Solwezi district. Sampling was done using purposive sampling techniques. Quantitative data from the elderly people was collected through the Satisfaction With Life Scale (SWLS), and data was analysed using the Statistical

Package for Social Sciences (SPSS). Qualitative data was collected through in-depth interviews (key informants) and open-ended questions (elderly people), respectively. Mitigation measures were put into place regarding problems that were encountered during data collection. Analysis for qualitative data was facilitated by the meaning condensation method. As per requirement, all ethical issues were put into consideration to safeguard the participants. Validity issues were offset by the use of a validated satisfied with life scale and by piloting of the instrument prior to data collection. The next chapter presents the findings from the analysis of data that was collected using the various methods that are highlighted in this chapter.

CHAPTER FIVE: PRESENTATION OF FINDINGS

5.1 Introduction

This chapter presents findings of the study. It starts by highlighting the biographical data of the respondents, then presents the findings following study objectives which were to: examine the dynamics of attainment of life satisfaction among the elderly people; explore the prospects to attainment of life satisfaction among elderly people; critically examine contextual challenges to attainment of life satisfaction among elderly people; and assess the adequacy of the National Ageing Policy in enhancing the attainment of life satisfaction in relation to the findings. Subsequently, the major themes under which the findings are presented emanate from the study objectives. Specifically, the major themes are: dynamics of life satisfaction among respondents; prospects to attainment of life satisfaction, challenges to attainment of life satisfaction and adequacy of the National Ageing Policy (NAP) in relation to findings.

5.2 Respondents' Biographical Data

Biographical data were collected from five variables. The variables were; age, gender, formal educational attainment, financial and health status. Each of the variables were selected based on assumption of how they were related to life satisfaction. For example, the gender variable was selected on the assumption that men and women experience life satisfaction differently. Life satisfaction for women decreases as their personal and family incomes decrease. The age variable was selected because previous research holds it that as people grow old, they are affected by age-related ailments such as chronic joint pains, loss of strength to do own chores which may negatively affect the attainment of life satisfaction.

In addition, the educational attainment variable was selected on the assumption that the higher the level of education attained, the more opportunities would be available to better one's life. As for the financial status variable, the assumption was that the higher the financial status, the higher the ability to procure goods and services necessary for maintenance of a good life. Furthermore, the health variable was selected on the assumption that wellbeing was necessary for elderly people to live independently, which could increase their level of life satisfaction. Therefore, biographical data on age, gender, health, financial status and educational attainment

are presented here for the purposes of cross-tabulation with life satisfaction. The themes under which biographical data are presented are; Age Group and Gender, Educational Attainment and Gender, Financial Status, and Health Status, respectively. The following section presents the biographical data under the afore named themes.

5.2.1 Age Group and Gender

As earlier stated in the methodology chapter, the sample comprised 101 elderly respondents. The age range of respondents was 65 to 85 years and above. The age group of 86 and above accounted for only 8 per cent of the total sample. The majority (60%) of the respondents were between the age range of 65 and 75 years of age. In terms of gender, the targeted population for the study was both male and female. However, the distribution under gender showed that there were more females (54%) than males (47%). Detailed information about the distribution in relation to age-group and gender is presented in Table 11.

Table 11: Age Group and Gender

Gender	Age group			Total
	65-75	76-85	85 and above	
Male	29	15	5	47
Female	31	18	5	54
Total	60	33	8	101

Source: Current Study

Data in Table 11 shows that the age range of 86 years and over had the least number of respondents. This indicated that older persons around the 86+ age-group were fewer in the population than the rest of the other age-groups.

5.2.2 Educational Attainment and Gender

The distribution on formal educational attainment showed that very few respondents had attained tertiary education (6%) and secondary education (18%). The popular educational attainment was primary education (44%), while a good number (33%) reported not to have attained any formal educational. In terms of gender, there were more females (18%: where n=54) who had never attained any form of formal education than males (15%: where n=47). Similarly, the data shows that there were more females (26%) at primary school levels compared to males (18%), but the number of females

reduced to only 8 per cent at secondary level and to only 2 per cent at tertiary level. The distributions are summarised in Table 12.

Table 12: Formal Educational Attainment and Gender

Gender	Educational attainment				Total
	Primary	Secondary	Tertiary	Never been to School	
male	18	10	4	15	47
female	26	8	2	18	54
Total	44	18	6	33	101

Source: Current Study

It should be mentioned that although there was a big number of respondents who attended primary education, the situation on the ground was different; respondents had long fallen back into illiteracy. Almost all of them admitted that they could no longer read and understand, let alone write in English or any other language, including their own mother language.

5.2.3 Financial Status

Under financial status, the following issues were considered; major sources of income, estimated monthly income and adequacy of housing units, latrine facilities and water sources. It was assumed that the selected variables under financial status would provide an insight in the economic or financial status of the respondents. For instance, the type of housing or sanitation facility speaks volumes about the economic status of its owner. Similarly, a person's source of income or monthly allowance can tell a story about his or her financial status. Most importantly, previous literature holds it that financial status has an effect on life satisfaction. The presentation, under financial status, starts with respondents' major sources of income, then presentation of data from cross-tabulation of sources of income by gender. Further, data are presented on respondents' estimates of their monthly income. The presentation ends with data on adequacy of latrine, housing and water sources. The presentation proceeds as follows:

5.2.3.1 Respondents Major Sources of Income

Respondents were asked to state their major sources of income, which they did without any difficulty. The distribution was such that 10 per cent of the respondents' source of

income was pension. Those that received income from family members accounted for 37 per cent of the respondents; about 9 per cent of the respondents received income from their own businesses. However, it should be clarified here that apart from one respondent, all other remaining respondents had small business such as selling vegetables, charcoal, and welding.

Respondents whose income or support came from social welfare amounted to only 7 per cent while those who received support from charity (church, non-governmental organisations and individual well-wishers) amounted to 16 per cent. Those who depended on small-scale farming amounted to 22 per cent. The pattern that arose from distribution was that majority of the respondents received their support or income from family members, followed by those who received income from farming. The number of respondents whose support or income came from charity surpassed those whose support or income was from small businesses and pension. The least number of respondents were those on social welfare support. Figure 6 depicts the major sources of income.

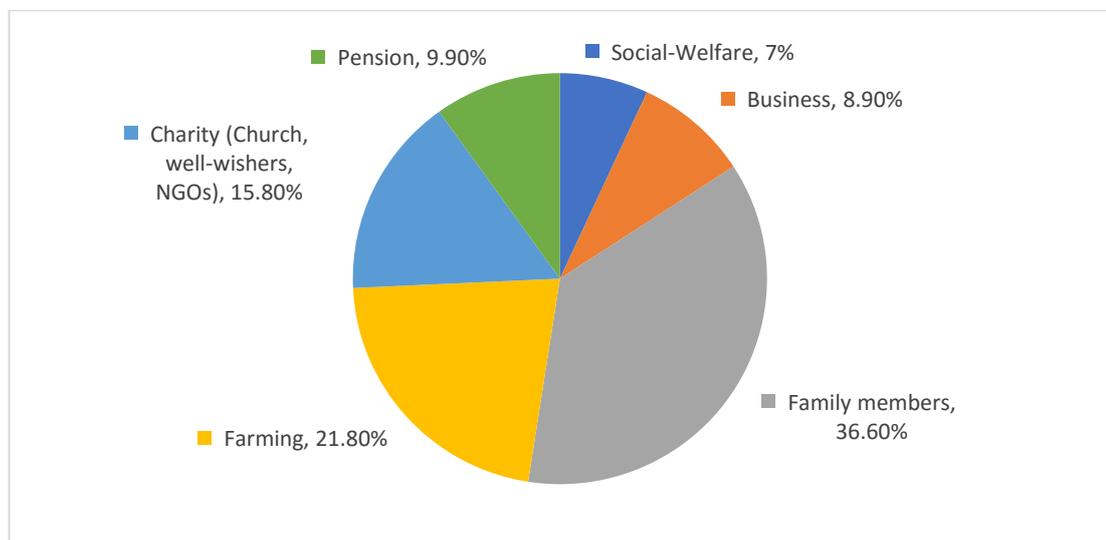


Figure 6: Major Sources of Income

Source: Current Study

Having established the sources of income, the study went further to ascertain sources of income by gender. The assumption under this undertaking was that women were more financially-dependent than their counterparts, the men. The pattern that unfolded was as follows:

5.2.3.2 Major Sources of Income by Gender

When it came to gender, the distribution was such that only one female (1%) reported to having pension as her major source of income compared to 9 per cent of her male counterparts. Further, the data revealed that more females (24%) than males (13%) depended on family members for their sustenance. In this regard, almost half of the women depended on family members. Further still, more women depended on charity (11%) as compared to only 5 per cent of their male counterparts. This state of affairs could be indicative of the vulnerability of the women folk. Figure 7 depicts the distribution of respondents' sources of income by gender.

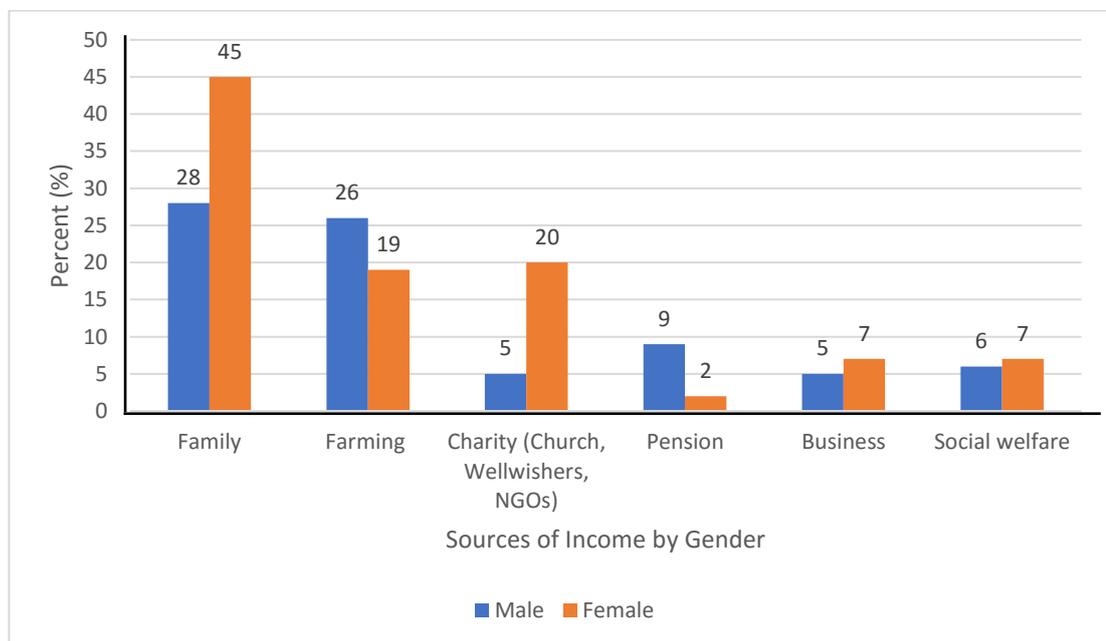


Figure 7: Source of Income by Gender

Source: Current Study

Knowing respondents' sources of income was good but an insight into their estimations of monthly income was even better. As such, respondents were also asked to disclose an estimate of their monthly income.

5.2.3.3 Estimates of Respondents' Monthly Income

Estimates of monthly income proved to be a bit difficult for majority of the respondents. For majority, the difficulty arose from the fact that the income or support was not coming on a regular basis for the majority of respondents. For instance,

respondents whose major source of income was farming, income came around on a seasonal basis. Due to these difficulties, this study only managed to get estimates from three sources; pension, family and social welfare. Income from pension was much easier to estimate as it came on a regular basis. Income from family, although difficult to estimate due to irregularity in the way it was coming through, it was also selected for estimation. The major interest was that family was the largest supporter or financier and therefore, it was interesting to know just how big this support was in terms of amounts. Thus, with the help of the researcher and research assistants, the estimations were made.

5.2.3.4 Estimates of Monthly Income from Pension

Tables 13 displays respondents' monthly income. It should be noted here that only those with sources of income from pension allowance and family members were able to disclose.

Table 13: Monthly Pension Allowance by Year of Retirement

S/N	Sex	Year of Retirement	Monthly Pension Allowance in Zambian Kwacha	Monthly Pension Allowance in United States Dollars (the kwacha was trading at K9.30 to \$1)
1	Female	1996	ZMW 57.00	\$05.83
2	Female	1998	ZMW 239.00	\$24.46
3	Male	1998	ZMW 208.00	\$21.28
4	Male	1999	ZMW 108.00	\$11.03
5	Female	1999	ZMW 168.00	\$17.15
6	Male	1999	ZMW 150.00	\$15.33
7	Male	2001	ZMW 150.00	\$15.33
8	Female	2001	ZMW 220.00	\$22.50
9	Male	2002	ZMW 2500.00	\$255.89
10	Male	2005	ZMW 100.00	\$10.22

Source: Current Study

An interview with a member of staff from National Pension Scheme Authority (NAPSA) who was coded as A1 revealed that pension allowance was not adequate for majority of pensioners in the country. The interviewee expressed this in the following way:

“Pensioners that are covered under NAPSA get 40 per cent of their last salary as a monthly allowance. Unless they have other sources of income, this amount is not enough to enable them live in the same way they used to when they were on a full salary or before they retired. They (retirees) need to adjust so that they can lead a life style that is sustainable. But in order for retirees to maintain the life style they used to have while in formal employment they should create more other sources of income like building a house, buy a farm and many other income generating ventures”.

Informant A1 also clarified that only a small percentage of those in formal employment contributed to NAPSA. He also made mention of the fact that the people in informal employment, which comprised the majority of Zambians, did not contribute to any of the pension schemes and, therefore, ended up with no social security when they could no longer work or take care of themselves. His suggestion in this regard was as follows:

“Government should device a system where even those in informal employment can contribute to a scheme. There are a lot of people out there who are doing business but do not contribute to any social security schemes” (A1).

It also transpired that a very small percentage of retired people got their pension from NAPSA. This is evident from informant A1’s response:

“NAPSA scheme only covers those in formal employment. But not all those in formal employment contributed to NAPSA. They contributed to other pension schemes” (A1).

5.2.3.5 Estimates of Monthly Income from Family

Monthly income estimations given by respondents whose major source of income was coming from family members are displayed in table 14.

Table 14: Estimated Monthly Income from Family

S/N	Monthly Income Range		Frequency	
	(ZMK)	US Dollar (\$)	Number	Percent (%)
1	100 to 900	10.22 – 92.09	14	38
2	1000 to 2000	102.35 – 204.02	8	22
3	2100 to 3000	214.50 – 306.78	1	3
4	Undisclosed		14	38
Total			37	100

5.2.3.6 Estimates of Monthly Income from Social Welfare Scheme

Monthly income from the Social Welfare Scheme came in kind. Respondents whose major sources of income came from the Social Welfare Scheme disclosed that they received a bag of mealie meal b-monthly. Informant A2 from Social Welfare confirmed the respondents’ sentiment. In an interview, informant A2 revealed that:

“Social Welfare Scheme does not give monetary assistance to the beneficiaries. The assistance that is given to beneficiaries is in terms of mealie meal. We give two bags of mealie meal per family. But this mealie meal is not given on a regular basis due to erratic funding. In 2015 we received funding only twice in the whole year. And so the beneficiaries only received mealie meal twice in the whole year. Also because of inadequate funding, not all that need assistance are covered by this scheme. An estimated percentage of the aged people among the beneficiaries is 40 per cent. But not all elderly people who need assistance are covered.”

A bag of mealie meal at the time of the study was costing ZMK 114 (11.64 UD). Therefore, in terms of income, beneficiaries were earning ZMK 228.00 (K114.00 x 2) income from Social Welfare after every two months. But as the staff from Social Welfare explained, the assistance was not given on a regular basis. It was also noted that the assistance was shared with other members of the family. Specifically, among this group of beneficiaries from social welfare assistance, two of the respondents had two dependants each.

5.2.3.7 Adequacy of Latrine Facilities, Housing Units, and Water Sources

Shelter, sanitation and water are classified under basic needs which are necessities of life and, therefore, vital to survival. Having shelter, sanitation facilities or water source is one thing but having adequate ones is another thing altogether. A housing unit (or shelter) is considered adequate if it has a lockable door, does not leak during rainy season, well ventilated and lets in enough sunlight. A latrine facility is considered

adequate if it provides shelter from the rain, provides privacy, allows in enough light, is a sitting type, has support for the elderly users, and is easy to clean with water and soap. A water source is considered safe if is protected from contamination. Protection from contamination entails liming the entire walls of the hole with concrete rings. Against these requirements, almost all the housing units and latrine facilities and some water sources for respondents who were residing in the unplanned settlements of the municipality were rated as inadequate. Figure 8 presents pictures of latrine facilities, in unplanned settlements, for majority of households where elderly people resided. The pictures were taken on 23rd October 2016.



(a)



(b)

Figure 8: Latrine Facilities Commonly found in the Unplanned Settlements in the Study Areas. The researcher viewing one of the latrine facilities (a).

Source: Current Study

As can be seen, the walls of the latrine in Figure 8 (a), were made from empty bags of mealie meal and a piece of old *chitenge* material, while the walls of the latrine in Figure 8 (b) were made from sheets of black plastic paper and empty bags of mealie meal. The materials in both latrines were secured to the poles using the rope made from tree barks. The poles that supported the latrine structures were merely thin branches of trees and were not strong enough to withstand strong winds or the test of time. The structure could be easily blown off by strong winds especially during rainy season. Conversely, the latrine facilities did not have anything for the elderly people to support themselves with during use. Adequate privacy was also an issue with the latrine

facilities as shown Figure 8. Additionally, the latrine facilities lacked protection from the rains. Nevertheless, there were some latrine facilities that could be classified as better, in that they offered privacy protection from the rains during the rainy season. Figure 9 is a picture of a better latrine commonly found in the study area. The picture was taken on 23rd October 2016, in one of the unplanned settlements in the study area.



Figure 9: A Photograph of an Improved Latrine

Source: Current Study

The walls of the better latrine facility in Figure 9 above were made from unburnt bricks made from mud. The latrine facility was roofed with iron sheets. Although the ‘better’ latrine provided privacy and shelter from rains, it still fell short from being adequate. Proper facilities were still lacking in this pit latrine and therefore users had to squat for effective use. Further, the facility had no windows, hence rendering it poorly-ventilated and too dark inside. The dark interior interfered with visibility and comfort, respectively. Such facilities posed not only a challenge but also a danger to elderly people.

Like latrine facilities, housing units commonly found in the unplanned settlements, especially where elderly people lived, left much to be desired. Figure 10 is a picture of one of such housing units, which was also home to one of the elderly respondents. Figure 10 (a) shows the researcher chatting with the respondent while Figure 10 (b) shows the respondent’s house with the open door revealing the dark interior. The majority of the elderly respondents lived in that type of housing unit displayed in Figure 10. The picture was taken on 23rd October 2016.



(a)



(b)

Figure 10: The Researcher Chatting with a Respondent (a) and (b) the Respondent's House with an Open Door

Source: Current Study

The picture in Figure 10 shows that the roof for the house was too flat, predisposing it to leaking during the rainy season. Additionally, the walls of the house were built with bricks made from raw mud (unbaked) which posed durability challenges. The house may not be able to stand several seasons of rainfall. Further, the door was not lockable. Further still, the housing unit did not have big enough windows in the bedrooms to allow for effective natural ventilation (air change or airflow). Ventilation is needed as it is the exchange of indoor air with outdoor air either naturally or artificially. Natural ventilation is necessary as it is the uncontrolled air movement into a building or a home through vents such as windows and doors while artificial ventilation makes it easy to control air movement into a building or a house using ventilation systems.

Where controlled air movement is concerned, experts recommend that a living area of a home should be ventilated at a rate of 0.035 air changes per hour. In the case of the house in Figure 10, natural ventilation applies. Natural ventilation is important for passive cooling of a building as it provides thermal comfort and improves the health of occupants through internal air renewal or change. Lack of ventilation keeps poisons and moisture in homes. Moisture leads to moulds, which can aggravate chronic respiratory conditions (WHO, 2000). The size of windows has direct influence on natural ventilation in a building or home. Sachi and Lukiantchuki (2017) advise that distribution of the air flow in the internal environment is dependent on the size of the windows. A window with a larger opening, with a width of 2.25m and height of 1.0m

and constituting 25 per cent of the area of the floor, allows the passage of air resulting in a better utilisation of the winds in the internal environment and in greater air change rates per hour. Conversely, a window with a small opening, with a width of 0.90m and a height of 1.0m and constituting 10 per cent of the area of the floor, does not facilitate for the airflow to reach the internal environment in order to allow for effective air exchange or renewal per hour (*ibid.*). Against this expert advice, the window of the house in Figure 10 falls far beyond the standard and therefore does not allow for effective natural ventilation, particularly, in bedroom spaces where the door does not open directly to the outside. As regards water sources, some water sources that were observed in the unplanned settlements in general and especially those that were used by households where elderly people lived, were deemed inadequate and unsafe. The water sources were hand-dug shallow wells. As a result, the facilities could have been exposed to contamination by surface water from the rain and pit latrines. The water facilities were also difficult to use by the elderly people as water was drawn by a bucket that was tied to a rope. Figure 11 comprises examples of inadequate water sources that were commonly found in unplanned settlements, and which were used by households where the elderly respondents resided. In the picture in Figure 11 (a), the researcher is seen drawing water from one of the water sources. The pictures were taken on 23rd of October 2016 in different locations of the unplanned settlements in the study area.



(a)



(b)

Figure 11: Water Sources Commonly Found in the Unplanned Settlements of the Study Area: and (a), the researcher drawing water from one of the water sources

Source: Current Study

Suffice to say that majority of the elderly respondents in the unplanned settlements were found to be living in inadequate housing, using inadequate latrine facilities and unsafe water sources. A point to note however is that the elderly were not the only people living in poor conditions. Other poor families lived under those poor conditions too, given the high poverty levels that characterise low income countries like Zambia. Nonetheless, the elderly were at the row end of things, given that majority had meagre resources, mobility and sight challenges. Poor living conditions under which the elderly people were subjected to posed a challenge, and this could have negatively influenced their judgment of their overall quality of life.

5.2.4 Health Status

Health refers to mental, physical and spiritual wellbeing. Health influences life satisfaction. As a result, health is one of the most researched factors on life satisfaction studies. An investigation into the health status of the respondents revealed an unhealthy elderly lot. An overwhelming 99 per cent of the respondents reported to be suffering from one or more of chronic ailments. The chronic illnesses were diabetes (sugar), high blood pressure, tuberculosis, and general body pains. An interview with informant A3 from the District Medical office for the study area, confirmed that majority of elderly people suffered from chronic ailments. The informant stated:

“Majority of elderly people do not enjoy good health. Most of them present with body pains, which are mostly a result of the presence of chronic conditions such as diabetes, high blood pressure and body pains. For majority of the respondents, the diseases remain undiagnosed for a long time. And majority of those who are diagnosed with the conditions fail to comply with treatment when they go back home, unless there is someone assisting them in that regard.”

On the question whether the country had services that were specifically for elderly people, geriatric services in public health institutions, informant A3 had this to say:

“We do not have geriatrics units in Zambia. There are also no doctors in public health institutions who have specialised in geriatrics. But when elderly people start to dement, they are referred to doctors who are specialised in psychiatry. Also, there are no skilled nursing facilities for the aged. However, elderly people are given preference when they visit health facilities.”

The analysis of biographical data revealed that there were more females than males in the study population. The data further revealed that less people attained

formal education up to tertiary level than those who did not. However, majority of the respondents only attained primary education. Further, the data showed that financial status of almost all of the respondents left much to be desired. In this regard, the majority of the respondents did not have sufficient financial and material resources to enable them live in adequate housing units, have adequate sanitation, and source of water. Having established the biographical data, the next section of this study deals with the study findings.

5.3 Dynamics of Life Satisfaction

The first objective of the study sought to examine the dynamics of life satisfaction among the respondents. The finding of this study under this objective was such that there were variations in levels of attainment of life satisfaction by gender, age-group and educational attainment. The variations were also noted among different respondents. Details of these findings are presented in the subsequent sub-themes under this section. The sub-themes are: life satisfaction attainment dynamics among the respondents` life satisfaction attainment dynamics by gender` life satisfaction attainment dynamics by age-group `and life satisfaction attainment dynamics by formal educational attainment.

5.3.1 Dynamics of Life Satisfaction among the Respondents

The distribution on dynamics of life satisfaction among the respondents in Figure 12 shows that majority (19.8%) were extremely dissatisfied with life. This is in contrast to a minority 1 per cent who were extremely satisfied. The explanation that could be advanced regarding the extremely satisfied respondent is that the respondent owned a big business which was doing very well at the time of the study. This information was revealed by the biographical data. Figure 12 also shows that more respondents (22%) were dissatisfied with life than those who were satisfied (14%). Nevertheless, there were more respondents (22%) who were slightly satisfied than those who were slightly dissatisfied (17%).

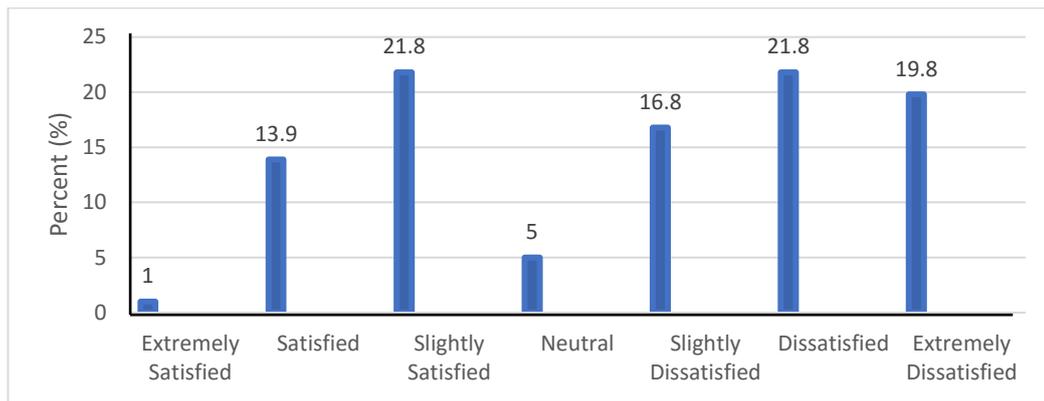


Figure 12: Dynamics of Life Satisfaction among the Respondents

Source: Current Study

The bigger picture that the findings portray, however, is that majority (58%) of respondents did not attain life satisfaction or were on the dissatisfied side of the scale, while only 36.6 per cent attained life satisfaction or were on the satisfied side of the scale. This finding is supported by biographical data which revealed various information on the poor health status of the respondents, where almost all (99.9%) of the respondents were afflicted by chronic ailments, where majority; did not reach tertiary education, did not attain any formal education; did not have adequate and reliable sources of income; and had housing and sanitary facilities that were below standard. The portrayed picture therefore should not come as a surprise. Detailed discussion regarding this finding is executed in chapter six. The following section deals with life satisfaction and gender.

5.3.2 Dynamics of Life Satisfaction by Gender

Cross-tabulation of life satisfaction with gender found that more men were satisfied with life than women. Cross-tabulation of life satisfaction with gender further revealed that the extremely satisfied respondent was a male. Biographical data revealed that the highly satisfied-with-life male respondent had a bookshop business that was doing very well. The responded reported that he was enjoying the fruits of his labour and had nothing to worry about in terms of finances. In other words, the respondent was economically sound. Table 15 presents the findings on cross-tabulation of life satisfaction with gender:

Table 15: Dynamics of Life Satisfaction by Gender

Levels of life satisfaction	Male		Female		Total Count
	Count	Percent (%)	Count	Percent (%)	
Extremely satisfied	1	2.1	0	0.0	1
Satisfied	9	19.1	5	9.3	14
slightly satisfied	10	21.3	12	22.2	22
Neutral	2	4.3	3	5.6	5
slightly dissatisfied	8	17.0	9	16.7	17
Dissatisfied	7	14.9	15	27.8	22
Extremely dissatisfied	10	21.3	10	18.5	20
Total	47	100.0	54	100.0	101

Source: Current Study

Overall, the distribution on the cross-tabulation of life-satisfaction and gender showed that men and women experience attainment to life satisfaction differently. Figure 13 graphically depicts dynamics of attainment to life satisfaction by gender.

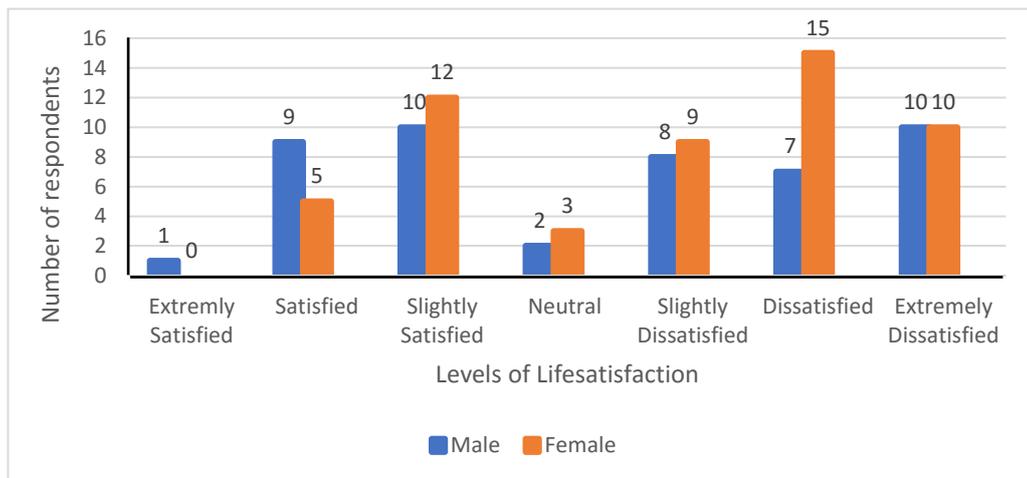


Figure 13: Dynamics of Life Satisfaction by Gender

Source: Current Study

In Figure 13, the extremely satisfied respondent was male. More males (10, representing 21.3%) were extremely dissatisfied, compared to females (10, representing 18.5%) who were extremely dissatisfied with life. Fig. 13. Further shows that only 5 (9.3%) of the females reported to be satisfied with life in comparison with 9 (19. %) of their male counterparts who reported to be satisfied with life. Similarly, more females (15, representing 27.8%) were found to be dissatisfied with life compared to only 7 (14.9%) males who were found to be dissatisfied with life. Fig. 13 also revealed that more women (3 which was 5.6%) were neither on the satisfaction

side of the scale nor on the dissatisfied side of the scale compared to only 2 (4.3%) of their male counterparts. Overall, less females (17, representing 31.5%) were on the satisfied side of the scale than males (20, representing 42.5%). Correspondingly, more females (34, representing 63% are on the dissatisfaction side of the scale in comparison to only 25 (53.2%) of the males who are on the dissatisfied side of the scale.

5.3.3 Dynamics Life Satisfaction by Age Group

Life satisfaction was cross-tabulated with age groups of respondents to establish the relationship existing between the various age groups, of the elderly people, and their satisfaction with life. It was established that majority of the elderly people were dissatisfied with life across all age groups. For instance, within the age range 65 - 75, 58.4 per cent of the elderly people were on the dissatisfied side of the scale compared to 36.7 per cent on the satisfied side of the scale, while 5 per cent were neutral (n=60). Within the age range 76 – 85 years, 54.5 per cent were found to be on the dissatisfied side of the scale, while 39.4 per cent were found to be on the satisfied side of the scale and 6.1 per cent were neutral (n=33). As for the age range 85 years and over, a massive 75 per cent were on the dissatisfied side with only 25 per cent (n=8) on the satisfied side. The overall finding was that satisfaction with life reduced with age, with the elderly aged 85 years and above having the least satisfaction levels. Figure 14 portrays the distribution of satisfaction by age group.

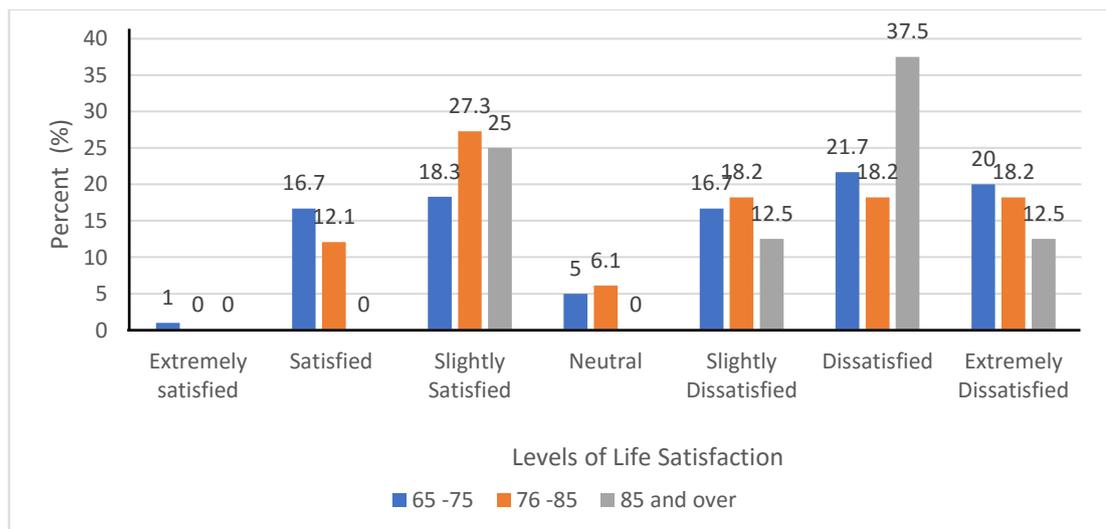


Figure 14: Dynamics of Life Satisfaction by Age Group

Source: Current Study

Whilst Figure 14 above gives all the sides of the measurements, which are extremely satisfied, satisfied, slightly satisfied, neutral, extremely dissatisfied, dissatisfied, slightly dissatisfied, Table 16 below combined the measurements giving only two sides of the scale which are, satisfied or dissatisfied. The values have been combined so as to give clear picture of the percentage of respondents on the satisfied side of the scale and those on the dissatisfied side of the scale.

Table 16: Dynamics of Life Satisfaction (with regrouped values) by Age Group

			Age Group			Total
			65-75	76-85	85 and above	
levels of life satisfaction regrouped	Satisfied	Count	22	13	2	37
		%	36.7	39.4	25.0	36.6
	Neutral	Count	3	2	0	5
		%	5.0	6.1	0.0	5.0
	Dissatisfied	Count	35	18	6	59
		%	58.3	54.5	75.0	58.4
Total		Count	60	33	8	101
		%	100.0	100.0	100.0	100.0

Source: Current Study

In Table 16, the analysis clearly shows that across all age groups, majority of respondents were dissatisfied with life. Of all the age groups, the highest percentage of dissatisfied respondents is in the age group 85 and above (75%). Additionally, the same age group (85 and above) did not have respondents who were neutral. In other words, all of the respondents within that age group felt that they were either satisfied or dissatisfied with life. Overall, several conclusions can be made from this analysis. But most prominent is the finding that dissatisfaction with life grew with age among the study respondents. That said, the following segment of the report looks at the finding on cross-tabulation of life satisfaction with formal educational attainment:

5.3.4 Dynamics of Life Satisfaction by Formal Educational Attainment

Cross-tabulation of life satisfaction with educational attainment revealed a significant relationship between the two variables, at *p*-value equal to 0.000. A massive 13 number of respondents, representing 41 per cent (where *n*=32), of the respondents who have never been to formal school, were extremely dissatisfied with life. Another 12 of

respondents, representing 38 per cent, of the same group of respondents were found to be dissatisfied with life. While majority of the respondents, who never attained formal education, were found to be either extremely dissatisfied or dissatisfied with life; none of the respondents who attained tertiary and secondary education were found to be extremely dissatisfied or dissatisfied with life. Similarly, the highest percentage of respondents who were satisfied with life came from the category of respondents who attained tertiary education, and the category of respondents who attained secondary education; which were 50 per cent and 41 per cent, respectively. In fact, an extremely satisfied with life respondent (1%) came from the category of respondents who attained tertiary education. Figure 15 graphically presents the findings.

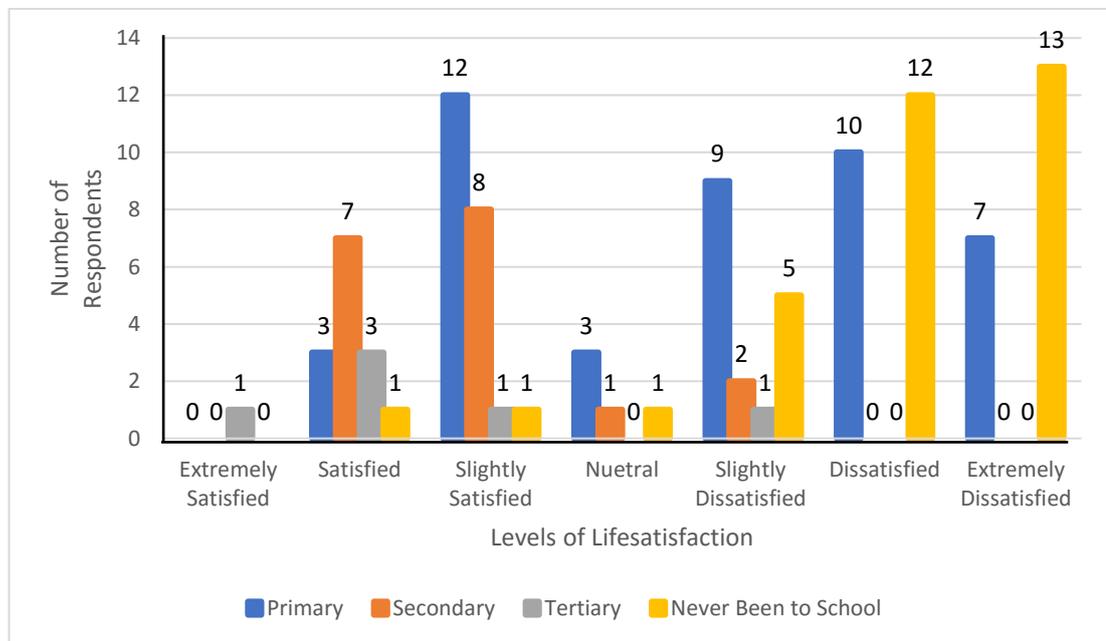


Figure 15: Dynamics of Life Satisfaction by Formal Educational Attainment
Source: Current Study

Whilst Figure 15 gives all the sides of the measurements, which are extremely satisfied, satisfied, slightly satisfied, neutral, extremely dissatisfied, dissatisfied, slightly dissatisfied, Table 17 combined the measurements, giving only two sides of the scale which are satisfied, or dissatisfied. The values have been combined so as to give a clear picture of the percentage of respondents on the satisfied side of the scale and those on the dissatisfied side of the scale.

**Table 17: Dynamics of Life Satisfaction by Educational Attainment
(combined values)**

Levels of Life Satisfaction		Primary	Secondary	Tertiary	Never been to school	Total
Satisfied	Count	15	15	5	2	37
	%	34.1	83.3	83.3	6.1	36.6
Neutral	Count	3	1	0	1	5
	%	6.8	5.6	0.0	3.0	5.0
Dissatisfied	Count	26	2	1	30	59
	%	59.1	11.1	16.7	90.9	58.4
Total	Count	44	18	6	33	101
Per cent	100.0	100	100.0	100.0	100.0	100.0

Source: Current Study

The findings summarised in Table 17 established that the levels of life satisfaction increased with formal educational attainment. Respondents who attained secondary and tertiary education constituted a larger number of those who attained life satisfaction. Those with primary and or no formal education constituted the larger number of those who were not satisfied with their life. The finding shows that almost all (90.9%) who never had formal education were dissatisfied with life. In this regard educational attainment is pivotal to attainment of life satisfaction.

Overall, more people were not satisfied with life compared to those who were. The age group 85 and above had the highest number of respondents who were not satisfied with life. With regard to educational attainment, the elderly people who attained primary and or never had formal education, were least satisfied with life compared to those who attained secondary and tertiary education. In terms of gender, women were less satisfied with life compared to men.

5.4 Prospects of Attainment of Life Satisfaction

The second objective was to explore prospects of attainment of life satisfaction among elderly people in the study area. Data, on this objective, was collected qualitatively. In this regard, the respondents were allowed to explain their sources of life satisfaction as opposed to providing them with predetermined answers. The sources of life satisfaction were termed prospects for attainment of life satisfaction. In other words, prospects of attainment of life satisfaction emanated from respondents' sources of life satisfaction.

The respondents gave responses that were sorted into themes using thematic and data condensation methods of analysis. The themes were termed prospects. The themes were further sorted into four major themes that were termed prospects categories. The four prospects categories were; achievement of minimum basic needs, self-esteem, morality of children, assured welfare, and longevity.

5.4.1 Achievement of Minimum Basic Needs

Under this category, prospects for attainment of life satisfaction were tied to ‘achievement of minimum basic needs’ prospects category. In this regard, responses fell under four themes; they were: ability to afford three meals per day, having a decent life, ability to meet life challenges, and having enough income. Basic needs are things that are vital to one’s survival. These include food, safe water, sanitation, shelter on one hand, psychological wellbeing, including public services such as education, transport, health services and self-reliance on the other hand. Respondents under this category showed vivid satisfaction as they gave answers to why they were satisfied with life. One of the respondents said:

Yes, I am, I can afford to eat three meals in a day, while my friends only eat one meal and others sleep with hunger. It’s not something that is nice. You can feel for other people. I find it a blessing (Respondent No. 30).

5.4.2 Self-esteem

The finding on the prospects to attainment of life satisfaction under this category, pointed to self-esteem prospects category. Self-esteem refers to confidence in one’s worth or abilities, self-regard, pride in one-self or one’s abilities. In this regard, responses were grouped under the themes (prospects): ability to take care of one self; ability to meet most of life challenges; and success gained from hard work. Respondents under this category had some aura of importance around them. They spoke with confidence and almost sounded like they were boasting (but in a positive way) about their achievements. A respondent in this category expressed his reason for satisfaction with life as:

Am satisfied with my life because my years of hard work are paying off and now am making a lot of money. I started by owning a small bookshop, but now my bookshop business has become big and have bookshops in strategic locations. It is very gratifying (Respondent No. 40)

5.4.3 Morality of Children

Under this category, responses bordered around morality of children prospects category. Morality, which is a system of values and principles of conduct, including honesty is a virtue any parent, both young and elderly, would wish for in their child or children. This is more so in a society where social security is assured by one's child or children. Therefore, a well-behaved child is a source of pride and even life satisfaction. Responses from respondents under this category seemed to support this assertion. Specifically, one of the respondents put it in this way:

Yes, I am satisfied with my life. God has given me well-behaved children. A lot of children these days have lost the way and do things that are very bad. They don't listen. They give their parents problems all the time (Respondent No. 80).

5.4.4 Assured Welfare

Under this category, assured welfare (which is about wellbeing, safety, protection and security) was found to be the source for attainment of life satisfaction among respondents. The themes under which respondents' responses were grouped testify to the fact that the source (prospect) of satisfaction among respondents came from assured welfare. The themes were: having educated children; being taken care of by children, being taken care of by children and extended family members; having children in employment and having successful children. All these show that there is a trickle-down effect to most parents when children are, for example, in gainful employment. These responses apart from the apparent trickle-down effect, also bring the aspect of traditional safety-net into perspective. Many old people in Zambia are not on government social security system to guarantee them assured welfare. They depend on the traditional social security system. This finding is supported by biographical data which reviewed that only 17 per cent of the respondents were on pension and social welfare scheme while family support was found to be the largest (37%) source of income for the respondents. One of the respondents under this prospect category expressed her answer in this way:

Yes, I'm satisfied with my life because all my children are working, they are providing me with everything. I don't have to do anything. I'm very happy that they are all grown up and are working (Respondent No, 45).

5.4.5 Longevity

Some respondents under this category reported to draw their satisfaction with life from longevity, which is long duration of life. The mere fact of living a long life gave the affected respondents satisfaction. In this regard one respondent said:

I'm satisfied with my life because am still alive, while a lot of my peers have left this earth. I count that as a blessing, I have great grand-children, and I thank God (Respondent No.70).

The prospects and prospect categories are summarised in Table 18. As earlier stated in the introductory paragraph, prospects for attainment of life satisfaction emanated from the respondents' sources of life satisfaction.

Table 18: Prospects of Attainment of Life Satisfaction

Prospect category	Percentage (percent) of respondents	Prospects (sources of life satisfaction)
Achievement of minimum basic needs	90	<ul style="list-style-type: none"> • Ability to afford to eat three meals in a day (to afford to feed one-self, not starving, not having to go to sleep with hunger) • Enough income (not worrying about what to eat tomorrow) • Having a decent life
Self- esteem	5	<ul style="list-style-type: none"> • Success gained from hard work • Ability to meet most of life challenges (able to take care of oneself)
Morality of children	25	<ul style="list-style-type: none"> • Having well behaved children
Assured welfare	27	<ul style="list-style-type: none"> • Having educated children • Being taken care of by children • Being taken care of by children and extended family members • Having children in employment • Successful children
Longevity	2	<ul style="list-style-type: none"> • Being still alive up to old age

Source: Current Study

In summary, analysis of the prospects to attainment of life satisfaction that emanated from the responses given by the elderly people themselves pointed to a number of factors. In this regard, some elderly people would be able to attain life satisfaction if they can afford basic needs, which include being able to put food on the table and having a decent life. Some elderly people would be able to attain life satisfaction too, if they can enjoy the fruits of their hard work and would be able to meet life challenges. Successfully raising, educating and seeing their children into gainful employment would be a source of life satisfaction for some elderly people too. Furthermore, some elderly people would draw their satisfaction from successfully reaching old age. It was, however, interesting to note that none of the respondents mentioned activities of leisure in nature such as going on holiday or going to the cinema, as their sources of life satisfaction.

5.5 Challenges to Attainment of Life Satisfaction

Critically examining challenges to attainment of life satisfaction was the third objective of the current study. Data on this objective was collected qualitatively. Challenges to attainment of life satisfaction were identified. This researcher is of the view that identifying challenges would make it easy to deal with them and put them out of harm's way. In this regard, the respondents were allowed to explain their reasons for not attaining life satisfaction. The reasons that were advanced by respondents for non-attainment of life satisfaction were termed challenges. Data analysis followed the same process that was employed when analysing data on prospects to attainment of life satisfaction. It thus follows that respondents gave answers that were sorted into themes using thematic and data condensation methods of analysis. The themes were termed challenges. The themes were further sorted into eight major themes that were termed challenge categories. The eight challenge categories were: lack of social security; inability to meet basic needs; not having met one's life goals; poor health; physiological consequences of ageing; loss of family members; dependency; and depression. The eight categories are presented below:

5.5.1 Lack of Social Security

This challenge category comprised respondents' responses that were tied to lack of social security. Social security includes social transfers in kind or cash organised by

the State, parastatal organisations or as agreed through collective bargaining. Social cash transfer is meant to take care of people who are not able to take care of themselves due to advanced age, injury and other incapacitating vices. Lack of it could lead the affected individuals to destitution, thereby negatively impacting on their attainment of life satisfaction. In this study, biographical data revealed that very few respondents were on public social security schemes. Respondents whose responses fell under 'lack of social security' category bemoaned their having got to work in order to take care of themselves. According to the respondents, having got to toil to take care of themselves and family made life difficult. The themes emanating from respondents' responses under this challenge category were, having no option but to work in old age due to difficult life. A respondent under this category gave the reason for not attaining life satisfaction as follows:

I'm an old man now but I have to wake up every day, go to the bush, cut trees and make charcoal and carry the heavy bags of charcoal to the market for sale. This job is tedious for an old man like me and I do not have so much strength. But I have no choice because I have to fend for my family (Respondent No. 73).

This finding does not come as a surprise as information from the biographical data indicates so. Biographical data of the respondents revealed that very few respondents were covered under the social security scheme (pension and social welfare). This is a clear indication that conditions in low income countries like Zambia do not enable elderly people, unaided, to provide for their old age. This is despite the fact that income security in old age was acclaimed as a fundamental human right by the Universal Declaration of Human Rights of 1948.

5.5.2 Inability to Meet Basic Needs

Basic needs are things that are vital to one's, survival such as food, safe water, sanitation, shelter on one hand, psychological wellbeing, including public services such as education, transport, health services and self-reliance. Inability to meet basic needs could lead to ill-health and poor quality of life, thereby impacting negatively on the attainment of life satisfaction. This is true in that the respondents reported issues that were bordering on inability to meet basic needs. Some respondents reported that they were not able to afford three meals in a day. This finding is supported by the information from biographical data. Specifically, majority of the respondents'

estimated monthly income could not afford them to adequately provide for basic needs such as eating three meals in a day. For some it would only accord them to have food and nothing else. This is more so for respondents whose major sources of income were charity and social welfare. Those whose source of income was farming could also be added to this group. One respondent who really looked malnourished gave the reason for her not experiencing life satisfaction as:

Hunger, food is a problem. Sometimes we only eat one meal and sometimes we sleep without eating. I have no money to buy food and I depend on well-wishers (Respondent No. 51).

5.5.3 Not Having Met One's Life Goals

For some people life becomes meaningless if they do not meet life goals, and can lead to general dissatisfaction with life. Not having met one's life goals is also one of the challenges to attainment of life satisfaction that was identified in the current study. Under this category, the responses bordered on the following themes: unsatisfied needs and wants; not having achieved things that one wanted, and not having lived the life one wanted. Respondents under the category of 'not having met one's life goals' seemed very unhappy about the course their lives took. They regretted the fact that their lives did not take the path they had hoped for. One respondent under this category expressed frustration for not having achieved her goals in this way:

The life I am leading is totally different from what I had planned to lead. And now I have no hope of achieving the life I had wanted to lead. I am old now. I am just waiting for death. There were a lot of things that I had wanted to do (Respondent No. 20).

5.5.4 Poor Health

Poor health is, to a large extent, a result of not being able to meet basic needs and being exposed to insanitary conditions. Poor health in old age can be devastating because of the already physiological degenerative conditions, which take away energy to be able to do things for oneself. In this category, the following conditions were mentioned as factors that detracted from experiencing life satisfaction; suffering from high blood pressure, weakness due to heart problems, tiredness most of the time, joint pains especially when walking, and inability to engage in desired activities. Respondents under this category lamented the fact that they had been reduced to sitting at home and having got to depend on other people for everything. The respondents also bemoaned

the fact that they had to depend on medication. Concerning this aspect, one respondent said:

I feel very weak; my health has not been good for a very long time now. I experience body pains almost every day. I cannot work and I cannot do anything for myself. I'm always taking medicines. My life is not good, what kind of life where you take medicine everyday (Respondent No. 25).

5.5.5 Physiological Consequences of Ageing

This challenge category comprises challenges such as inadequate strength, inability to engage in desired activities, inability to do what one wants to do due to lack of physical fitness, inability to walk without walking-aid and inability to prepare own meals. Under this category, respondents indicated that physiological consequence of ageing has incapacitated them. They regretted the fact that they were not able to engage in activities they desired because they were too old. They lamented the fact that they did not have the energy required to engage in the desired activities. One of the respondents whose detractor to attainment of life satisfaction was physiological consequence of ageing lamented:

I have aged. I cannot walk without walking-aid or support from someone. I have a willingness to do what my heart desires, but the body is weak (Respondent No. 23).

5.5.6 Loss of Family Members

This particular category was more than just losing a family member, but it led to a lot of things which included missing the person, loneliness and at times losing the source of welfare. The respondents reported having lost a wife, husband and children as a detractor from experiencing life satisfaction. A respondent under this category who seemed like she was going to breakdown in the middle of the narration, stated:

I have no husband, life without a man is difficult.... Am forced to do certain things that a man does which are not easy for a woman. Ever since my husband died, things have not been easy... Sometimes I still cry although he died many years ago (Respondent No. 10).

5.5.7 Dependency

Dependency happens when one cannot function without the help of another person. This means that if the other person is not around, the affected person is at a loss. Respondents whose challenges to attainment of life satisfaction was dependency, gave responses that were tied to the following themes: not having own income; having to ask for everything that one needs which takes long to come by; and inability to provide own meals. This state of affairs seemed to have negatively affected the respondents' judgment of their lives. A response from one of the respondents under this category was:

I cannot do anything on my own, I have to depend on other people. Am just being kept like a child. Whenever I ask for something it takes too long to come; it is not easy (Respondent No. 82).

5.5.8 Depression

Depression manifests itself in feelings of severe despondency and dejection which may lead to serious medical illness, which could negatively affect how one feels, the way one thinks and the way one acts. It causes persistent feelings of sadness and or loss of interest in activities once enjoyed. In line with this, a few respondents exhibited signs of depression when they attributed their lack of life satisfaction to not seeing anything worth enjoying in life. These were the actual words of one of the respondents:

Life is not interesting anymore; life is full of problems; I am just waiting for the day I will die (Respondent No. 90).

Sadly, there may be a number of elderly people in communities that may be depressed and need help but may go unnoticed. Table 19 presents a summary of the findings on challenges to attainment of life satisfaction.

Table 19: Challenges to Attainment of Life Satisfaction

Challenge category	Percentage (per cent) of respondents	Challenge(s)
Lack of social security	60	<ul style="list-style-type: none">• Having no option but to work in old age• Difficult life
Inability to meet basic needs	85	<ul style="list-style-type: none">• Limited resources• Inability to satisfy needs• Inability to afford essential commodities

Challenge category	Percentage (per cent) of respondents	Challenge(s)
		<ul style="list-style-type: none"> • Economic hardships (lack or too little money, high cost of living, increase in price of commodities, money attached to all activities) • Inability to buy good things for self and family members • Inability to meet plans due to insignificant funds • Inability to make decisions due to lack of money • Transport problem • Inability to have three meals in a day
Not having met one's life goals	30	<ul style="list-style-type: none"> • Unsatisfied needs and wants • Not having achieved things that one wanted to • Not having lived the life one wanted
Poor health	75	<ul style="list-style-type: none"> • Suffering from high blood pressure • Weakness due to heart problems • Tiredness most of the time • Joint pains especially when walking • Inability to engage in desired activities • Lack of physical fitness
Physiological consequences of ageing	70	<ul style="list-style-type: none"> • Inadequate strength • Inability to engage in desired activities • Inability to do what one wants due to age • Lack of physical fitness • Inability to walk without a walking-aid (walking aid) • Inability to prepare own meals
Loss of family members	60	<ul style="list-style-type: none"> • Loss of husband • Loss of wife • Loss of children
Dependency	65	<ul style="list-style-type: none"> • Not having own income • Having to ask for everything that one needs which takes long to come by • Inability to provide own meals
Depression	2	<ul style="list-style-type: none"> • Not seeing anything worth enjoying in life

Source: Current Study

Among the challenge categories, inability to meet basic needs had the largest number of respondents, followed by poor health. Depression had the least number of respondents. Although depression had the least number, there was a possibility that many more respondents were struggling with the vice. This is more so as there were no geriatrics centres in the study area, and indeed in all public institutions in the entire country, that would detect the scourge among the elderly people. A critical finding that needs to be mentioned here is that, like it was for prospects, none of the respondents

mentioned lack of engaging in activities of leisure in nature as a challenge to their attainment to life satisfaction. Having presented the findings on prospects and challenges to attainment of life satisfaction, the next section presents findings on the adequacy of the national ageing policy in providing an enabling environment for attainment of the same.

5.6 Adequacy of the National Ageing Policy in Relation to the Findings

The fourth objective sought to assess the adequacy of the National Ageing Policy (NAP) in enhancing attainment of life satisfaction among the elderly people in the municipality of Solwezi. The NAP was reviewed through the lens of the findings. The findings were that fewer elderly people were satisfied (36.6%) than dissatisfied (58.4%) with life. Consequently, more challenges than prospects were reported by the same elderly respondents. The National Ageing Policy was reviewed because it is a tool that government designed to guide itself in its quest to execute its mandate of delivering goods and services to elderly people with the ultimate view to improve their quality of life and therefore assist them to age with dignity. The national implementation framework itself was well articulated and touched almost on all aspects that would promote attainment of life satisfaction among the elderly people. However, some lacunae were identified and are tabulated below as follows:

- a) Lack of clarity on heterogeneity prevailing among elderly people.
- b) Passive involvement of the elderly people in the formulation and implementation of the National Ageing Policy.
- c) Non-emphasis on age-related challenges.
- d) Silence on the role and expected support for families caring for elderly people.
- e) Non-explicitness on inclusive latrine facilities for elderly people with disabilities or limited mobility.
- f) Non-inclusion of counselling services for elderly people.

The above identified gaps revealed the inadequacy of the National Ageing Policy in addressing various challenges of the elderly people, especially with regard to their attainment of life satisfaction. For example, there is still inadequate social security provisions, inadequate provision of social amenities (water, sanitation facilities and geriatric services). As a result of these gaps, the challenges to attainment of life

satisfaction may undermine prospects to its attainment. The identified lacunae, if left unchecked, could lead to general poor health, dependency, inability to meet basic needs and in some cases, depression, all of which could lead to non-attainment of life satisfaction.

5.7 Summary of Findings

The findings of the study were presented under four major themes that emanated from the study objectives, which were: dynamics of attainment of life satisfaction among the elderly; prospects to attainment of life satisfaction; challenges to attainment of life satisfaction and adequacy of the National Ageing Policy in relation to the findings.

Under dynamics of attainment of life satisfaction among the elderly people, the findings were that a greater number of elderly people did not attain life satisfaction than those who did. When life satisfaction was cross-tabulated with gender, the finding was that women were less satisfied compared to men. When life satisfaction was cross-tabulated with formal educational attainment, it was found that elderly people with low educational attainment (primary education level and those who never had formal education) were found to be less satisfied compared to those who attained secondary and tertiary education. A large number of respondents who were extremely dissatisfied belonged to the category of elderly people who never had formal educational attainment. Finally, under this theme, when life satisfaction was cross-tabulated with age, the finding was that elderly people with advanced age (85+) were less satisfied with life than those below 85 years.

Findings on prospects to attainment of life satisfaction were such that attainment to life satisfaction could be promoted by matters that were tied to achievement of minimum basic needs, self-esteem, children's morality, assured welfare and longevity. When it came to responses, achievement of minimum basic needs prospect category had more respondents than the other three categories. This was followed by assured welfare prospect category. None of the respondents mentioned activities of leisure in nature, such as going on holiday as their source of life satisfaction

Regarding challenges to attainment of life satisfaction, the findings were tied to lack of social security, inability to meet basic needs, not having met one's life goals, poor

health, physiological consequences of ageing, loss of family members, dependency and depression. Poor health emerged as the most prominent challenge category followed by dependency, loss of family members and inability to meet basic needs, respectively

Assessment of the adequacy of the National Ageing Policy revealed some lacunae. These were; lack of clarity on heterogeneity prevailing among elderly people, passive involvement of the elderly people in the formulation and implementation of the policy, non-emphasis on age-related challenges, silence on the role and expected support for families caring for elderly people, non-explicitness on inclusive latrine facilities for elderly people with disabilities or limited mobility and non-inclusion of counselling services for elderly people. To that effect, the National Ageing Policy was found to be inadequate in providing adequate policy direction in relation to the attainment of life satisfaction among elderly people. Therefore, the prospects of attainment of life satisfaction among elderly people may remain insignificant if the National Ageing Policy is left to stand as it is now. It is for this reason that guide-lines that may bridge the gaps in the National Ageing Policy were formulated, and are presented in the next immediate chapter. Discussion of the findings that are presented in this chapter are also executed in the immediate next chapter.

CHAPTER SIX: DISCUSSION OF FINDINGS

6.1 Introduction

This chapter discusses findings of the study. The findings are discussed under the following themes: Dynamics of life satisfaction among the elderly people, the Zambian context, prospects and challenges to attainment of life satisfaction, study findings and Activity Theory of Ageing, findings of the study and Ericson's Theory of Human Development, National Ageing Policy found wanting, and guidelines. The chapter ends with a summary of the discussion.

6.2 Dynamics of life satisfaction among the elderly people

Dynamics of life satisfaction among the elderly people were such that; few elderly people attaining life satisfaction, gender disparity in attainment of life satisfaction, consequences of ageing, educational attainment and life satisfaction.

6.2.1 Few Elderly People Attaining Life Satisfaction

An examination of the dynamics of life satisfaction among the elderly people revealed that fewer elderly people attained life satisfaction than those who did. The findings were consistent with those of Didino *et al.* (2017), who found that the mean life satisfaction and happiness reported by their respondents in Siberia were lower than those reported by respondents in European countries. According to Abbott and Sapsford (2006), Siberian older adults experienced a period of extensive social, political, economic depression, decline in gross domestic product (GDP) and reduced spending on social welfare. The vices produced an increase in economic inequalities, poverty, and unemployment. Abbott and Sapsford (*ibid.*) concluded that it was not surprising that the changes had a negative impact on the life satisfaction and happiness of the population. What is, also, not a surprise is the fact that Didino *et al.* (2017)'s findings are consistent with the findings of this study.

Like the Siberian population, the Zambian population has been ravaged by poverty, insignificant spending on social welfare and worse, HIV and AIDS pandemic. In the year 2015, 54.4 per cent of the Zambian population was poor, with 40.2 per cent living in extreme poverty and unable to afford minimum basic food requirements (CSO, 2016). The elderly persons were among the poorest. In households in Zambia in which

the elderly persons were living with children, incidences of poverty were found to be 20 points higher than average (World Bank, 2005). Conditions of abject poverty are to a larger extent exacerbated by the HIV/AIDS pandemic, which brought with it added responsibilities on older persons of caring for the sick, orphans and vulnerable children. Additionally, poverty among the elderly in Zambia was exacerbated by the presence of inadequate living conditions, lack of access to social services, intergenerational violence and abuse, low levels of literacy, poor income, poor health and lack of awareness and access to valuable information (Hulme and Lawson, 2006; Mapoma, 2013). The Zambian public social protection schemes could hardly perform the function they were created for. The functions were to: reduce extreme poverty, hunger and starvation in the 10 per cent of the households that were found to be most destitute; give priority to households that were headed by older persons who were caring for children whose bread-winners were either chronically-ill or had died from HIV/AIDS or other reasons; and strengthen community-driven social protection strategies. The main reason for the failure being that budgetary allocations to the schemes were mostly very low and even where the budgetary allocations were reasonable, the releases of the money come in very insignificant amounts (Kaputo, 2010). Given this scenario, it did not come as a surprise that Didino *et al.* (2006)'s findings are consistent with this study's findings on life satisfaction.

Nonetheless, the findings of this study were inconsistent with some previous research such as Kapteyn *et al.* (2009) who, too, examined the status of life satisfaction among adults using the Satisfied With Life Scale (SWLS). Unlike this study, Kapteyn *et al.* (*ibid.*) found that more people (88 percent in Netherlands and 78 percent in America) attained life satisfaction. This is in comparison to only 37 per cent in this study. Perhaps this disparity may not come as a surprise given that Kapteyn *et al.* (*ibid.*)'s study was conducted in the Netherlands and America. One would argue that the socio-economic contexts in the Netherlands and America are so vastly different so as to nullify any comparisons with the context in which this study was carried out. The Netherlands and America are rated as high-income countries. According to Prasad and Gerecke (2010), high income countries spend more (about 14 percent) on social security as compared to low income countries (about 1.4 percent) in general and African countries in particular. Inadequate spending on social security could largely explain the low levels of attainment of life satisfaction among elderly people.

Additionally, examination of the dynamics of life satisfaction among elderly people in this study showed that the majority of the satisfied persons were only slightly satisfied. According to Diener (2006), people who score in this range (slightly satisfied) usually have small but significant problems in several areas of their lives or have many areas that are doing fine, but have one area that represents a substantial problem for them. However, Diener (*ibid.*) explains that sometimes people temporarily move into this level of life satisfaction (slightly satisfied) because of some recent event. Such people tend to move back up when things improve. In the same vein, Diener (*ibid.*) warns that temporal dissatisfaction is common and normal but a chronic level of dissatisfaction across a number of areas of life calls for reflection.

The point that one picks from Diener (*ibid.*)'s interpretation of this level (slightly satisfied) of life satisfaction is that people in this category are still at the lowest level of life satisfaction. It is not a desirable level because the risk of them falling into the dissatisfied level is high. Equally, the risk of them falling into chronic dissatisfaction is very high. Similarly, given the conditions prevailing in low-income countries in general and Zambia in particular, for the elderly people who are trapped in this level of life satisfaction, the chances of moving up may be very slim. This may be so because low income countries are characterised by a myriad of problems, such as high incidences of communicable diseases, low social security coverage, inadequate food, and lack of shelter, among other deprivations, with the elderly being the worst hit (Veenhoven, 2006). All of these vices put together make it difficult for people who are at the level of 'slightly satisfied' to move up into the 'satisfied' level. Instead such people are likely to drop into the 'dissatisfied' level.

Along the same line of thought, Veenhoven (*ibid.*) asserts that people who live in miserable conditions are typically dissatisfied with life. The researcher reveals that dissatisfaction with life is a common occurrence even in high income countries, where adverse conditions accumulate such as in persons who are poor, lonely and ill. In a country like Zambia where, 54.4 per cent of citizens are poor among which 40.8 per cent live in extreme poverty and cannot afford minimum basic requirements (LCMS, 2016), one can just imagine how adverse conditions have accumulated. The LCMS (*ibid.*) further revealed that 80 per cent of households headed by elderly people were likely to fall below the poverty datum line. Poverty-stricken persons are likely to be

trapped under chronic dissatisfaction. The main reason being that poverty is likened to a pain or a disease that attacks a person not only materially but also morally, eats away that person's dignity, and drives him into total despair (World Bank, 2000). Poverty, too, deprives affected persons of a long-term healthy life, educational opportunities, access to resources for decent standard living (e.g., income, consumption, housing, health, clean water and sanitation) and lack of freedom to exercise choice and active participation in society (MCDSS, 1998).

It was not surprising, therefore, that majority of respondents in this study fell below the desired level of life satisfaction. According to Diener (2006), majority of elderly people, including those who were 'slightly satisfied', were at risk of being trapped under chronic dissatisfaction. Diener (*ibid.*) explains that people who score in the range of dissatisfaction are substantially dissatisfied with their lives because they may have a number of domains that may not be going well, or one or two that may be going very badly. He further explains that where life dissatisfaction is a response to a recent event, such as bereavement, divorce, or a significant problem at work, the person will probably return over time to his or her former level of higher satisfaction. Low levels of life satisfaction in this range, if they persist, can indicate that things are not going well and life alterations may be needed. Furthermore, a person with low life satisfaction in this range is sometimes not functioning well because their unhappiness serves as a distraction. Talking to a friend, member of the clergy, counsellor, or other specialist can often help the person get moving in the right direction, although positive change will be up to the person. For those who scored in the range of Extremely Dissatisfied, Diener (*ibid.*) articulates that the affected individuals are extremely unhappy with their current life. The extreme dissatisfaction usually comes from multiple areas of life. Such individuals may need help from others, a friend or family member, counselling with a member of the clergy, or help from a psychologist or other counsellors.

Diener (*ibid.*)'s interpretation of the scores regarding 'dissatisfaction' and 'extreme dissatisfaction' with life indicates that the situation is grave and needs attention. Individuals in this level as Diener (*ibid.*) explains, cannot function effectively in society. Consequently, they may not be as productive as they should be and contribute to the development of the country.

A point to note here is that the status of life satisfaction among elderly people is worrying. Clearly, it was an indication of the poor quality of life prevailing among majority of the respondents and maybe even among majority of elderly people countrywide. What was even more worrying was the fact that low life satisfaction scores are indicators of a serious deficit in physical and mental health, and in social relations. As such, therefore, focus should not only be on prolonging life but should also care for its quality and meaning. The degree of satisfaction the elderly get from life should be considered alongside the core issue of prolonging their lives. As such, interventions need to be instituted and should revolve around reducing the challenges and enhancing the prospects to attainment of life satisfaction, that were reported by the respondents themselves. A point to note, however is that as attempts are made towards improving prospects to attainment of life satisfaction, attention should be given to gender disparities in attainment of life satisfaction. The immediate section below discusses gender disparities in attainment of life satisfaction.

6.2.2 Gender Disparity in Attainment of Life Satisfaction

Further examination of the dynamics of life satisfaction among the elderly revealed that there was gender disparity in attainment of life satisfaction. The disparity was that less women attained life satisfaction than their male counterparts. Consistent with the finding, is Easterlin (2000) who postulates that life satisfaction in men and women changes differently as they age. In this regard, the scholar argues that differences in their life cycle patterns of work and marital status account for this state of affairs. For older men, retirement boosts their happiness, while widowhood lowers older women's happiness. Although in a low-income country like Zambia, for majority of ordinary Zambians, retirement is not expected to boost happiness given the many challenges that the social security system in the country faces.

Consistent, too, with the finding, is Prasoon (2009) who asserts that overall life satisfaction in women decreases with age. The researcher further asserts that decrease in personal and family income, too, pose a challenge to attainment of life satisfaction by women. Also consistent with the finding is Jayachandran (2015) who attributed the state of affairs to gender gaps favouring males in education, health, personal autonomy and more which are systematically larger in poor countries than in rich countries. Jayachandran (*ibid.*) further attributes this state of affairs to the labour force,

which according to him, is marred with negativity towards female executives. Further still, the researcher asserts that men are three times more likely to be working than women; men are justified for beating their wives for many reasons; women have less decision-making power as compared to their male counterparts; and women have less control of their own lives.

In tandem with the finding too, is Giusta *et al.* (2011), who emphasised that childcare (for children aged 3 to 4 years) and caring for adults affected women's life satisfaction negatively but were statistically insignificant for men. True to this assertion is that in many low-income countries, women juggle several roles, from attending to the sick, taking care of grandchildren, striving to hold the family together or maintaining relationships. Caregiving for the sick, especially patients with HIV and AIDS, is a demanding task which often occurs at the expense of the caregiver's own financial resources, social life and even own health. Ultimately, the diverse roles may lead to stress and therefore detract women from experiencing their life satisfaction.

The implications of gender disparities in attainment of life satisfaction is that women have poor quality of life compared to men. This also implies that women may not be able to live useful life in old age as senior citizens. That means not being over dependent on others for daily chores, but being available to offer advice to members of the community and being happy. Overall, in this study, life satisfaction was biased towards the menfolk, the major determinant being inability to meet minimum basic needs. This revelation needs due attention. Gender disparities in the homes should be addressed by society to enable equal educational opportunities for the girl-children so that when they grow up and become women they can adequately prepare for old age. Women should be given equal opportunities on the labour markets in terms of access to job opportunities and loan opportunities to uplift their economic statuses. More comprehensively, government should advance policies that uplift the status of women. More women should be appointed to positions of influence. Similarly, women should be reserved places in the legislature. The benefits of empowering women in this way could arise from the fact that female leaders implement policies that are better applicable to female-related challenges (Jayachandran, 2015). Consequently, programmes for women empowerment should be cross-cutting and should aim at ending occupational segregation and feminisation of poverty. More importantly, the

programmes should aim to change paternalistic institutions and ending women's economic dependence on men (Campbell, 1999).

Adult educators should devise programmes of entrepreneurial in nature aimed at improving women's economic status. Improved economic status may in turn increase women's decision-making power. Adult educators too, should embark on awareness-raising programmes that bring to the fore the fact that women are as good as men are, and therefore should not be condemned to inferior roles only. In this regard, there is need to bring to people's awareness the need to share stressful roles, such as taking care of the sick and children among both male and female family members. A point to note here too, is that besides improving prospects to attainment of life satisfaction by giving special attention to gender disparities, the consequence of age on attainment of life satisfaction should be another area of concern. Therefore, the consequence of age on life satisfaction is discussed in the section below.

6.2.3 Consequences of Ageing on Life Satisfaction

Further examination of dynamics of life satisfaction among the elderly people showed that ageing impacted negatively on attainment of life satisfaction. The finding is consistent with Baltes and Smith (2003) who assert that there is a rapid decline in life satisfaction among individuals above the age of 85 years. The researchers explained that the accumulation of debilitating health conditions, functional impairment, personal losses during old age contribute to the decline in life satisfaction. Thus, increased risk of fragility, loss of functional capacity, and poor health during the period of very old age may place constraints on life satisfaction and overwhelm individuals to such a degree that they moderate their expression of wellbeing (Smith *et al.*, 2002, 7). However, the finding contradicts findings by a large body of previous gerontological researchers who asserted that there was no age-related decline in life satisfaction (Larson, 1978; Herzog and Rodgers, 1981; Horley and Lavery, 1995; Smith *et al.*, 1999). Nonetheless, this study found that respondents in the age range of 85 and above experienced less levels of satisfaction compared to their counterparts who were below age 85. Consequently, some respondents expressed sadness at the fact that they were afflicted by advanced age and therefore, they were not able to engage in activities they desired, some which were survival in nature.

In as much as ageing is an unstoppable natural occurrence, appropriate support can lessen its impact. Impact of ageing could be cushioned by providing services and support such as home healthcare, well-established geriatric services, provision of walking aids, and provision of advanced-age-friendly facilities including age-friendly sanitation facilities, and provision of adequate monthly income. Old age coupled with insignificant social security can be devastating. Therefore, the government should promote and support the development of programmes aimed at enhancing the quality of life for the elderly people through provision of services and facilities suitable for them.

In this regard, designs of facilities should be 'old-age friendly'. One such facility of great importance is the latrine. Elderly people need adequate-age friendly sanitation facilities (provided with a toilet pan, seat and hand-rails) and not the usual squatting type of latrines. Squatting becomes extremely painful in old age due to muscle-skeletal challenges such as hardening of the tendons, which bring about stiffness. Answering the call of nature is an inevitable act at all ages and becomes more frequent as people age due to loss of muscle elasticity. Using a sanitation facility that is not responsive to these physical changes and needs can be likened to some punishment of some sort. Additionally, strengthening institutions such as family (including extended family) and old people's homes would go a long way in alleviating the difficulty imposed by advanced age on affected individuals. In the midst of alleviating the difficulty imposed by advanced age on affected individuals, access to formal educational attainment by all citizens would widen the prospects to attainment of life satisfaction in old age. The findings of previous research and this study testify to this assertion.

6.2.4 Educational Attainment and Life Satisfaction

Examination of the dynamics of life satisfaction among the elderly revealed a significant relationship between education and attainment of life satisfaction. The finding is consistent with that of Addabbo *et al.* (2014), who, too, found that being highly educated increases by 12.3 per cent the probability of being sufficiently satisfied. Addabbo *et al.* (*ibid.*)'s explanation could be applied to this study. On the same, Veenhoven (1996) and Worell (2000) asserted that the correlation between life satisfaction and education was more significant in low-income countries than in high income countries. The researchers explained that residents of low-income countries

attached more value to educational attainment due to challenges associated with success (Frijns, 2010). Educational attainment elicited feelings of great achievement. The assertion could be true, especially, for this cohort of respondents because during their time, access to school was a big challenge due to fewer school places available, particularly, in rural areas. Specifically, access to education at secondary and tertiary education levels was extremely difficult.

Apart from eliciting feelings of achievement, education is one of the key determinants of individual income. Education has substantial impacts on labour market outcomes such as earnings and employment (Oreopoulos and Salvanes, 2011). In other words, education places individuals at a point of vantage and broadens their chances of finding employment. Schooling and training are the variables that exert the strongest influence on the occupational hierarchy. Consequently, people with low educational attainment have a lower chance of obtaining jobs of sufficient quality to avoid poverty. However, the point that is being made here is that low levels of formal educational attainment could largely explain the low levels of life satisfaction prevailing among the respondents. Along the same line of thought, previous studies have shown that countries with a high number of educated citizens generally experience higher levels of life satisfaction, and tend to experience more favourable responses and satisfaction from the citizens than those with less educated citizens. Therefore, education is a factor that contributes to satisfaction with life (Jimenez *et al.*, 2011).

Clearly, there is a positive relationship between educational attainment and life satisfaction. Thus, the higher one goes in formal educational attainment the more likely he or she will experience life satisfaction. Similarly, low levels of life satisfaction indicate high illiteracy levels. The ills associated with illiteracy cannot be over-emphasised. Among them, is functional disability. As WHO (2002) asserts, low levels of education and illiteracy are associated with high risk of functional disability. Still, there is more to illiteracy: Illiteracy is a vice that has multiple tentacles that stifle the socio-economic, health, functional and education aspects of people's lives. For instance, illiterate parents may have low expectations and participate little in the schooling of their children. The likely consequence is that the children are more likely to perform poorly, have low grades and may even drop out of formal education (United

Nations, 2010). Over time, the affected individuals may lose their ability to read and write.

Additionally, illiterate adults, more often than not, struggle to find gainful employment due to their low levels of knowledge and expertise. For survival's sake, they are forced to accept low paying jobs which predispose them to low income throughout their working life. This, coupled with illiterate persons' little or lack of awareness of their rights, further causes them to accept precarious low-quality employment contracts. At the end of the day, the likelihood of an illiterate person, remaining in poverty is very high (*ibid.*).

Besides affecting income and awareness of rights, the long tentacles of illiteracy also lead to poor nutrition and health, which is a consequence of lack of knowledge regarding health and hygiene issues. Malnutrition may exacerbate the prevalence of opportunistic illnesses such as tuberculosis, diarrhoea, and even HIV and AIDS (United Nations, 2010). A partial explanation is that illiterate people with only rudimentary reading and writing skills find it a challenge to effectively understand and to put into effect preventive practices or messages designed to promote healthy behaviour or to enlighten them (Dexter *et al.*, 1998).

The effect of illiteracy on the social aspect of people is annoying. Illiterate people lack informed independent decision-making ability, are inactive and only left to move as 'passengers' in local, national and global social life (Stromquist, 2005). Illiterate people suffer from low self-esteem and are less autonomous and have little ability to critical reflection (UNESCO, 2006). Illiterates have only limited knowledge of and access to, the rights to which they are entitled to by law (United Nations, 2010). Given these truths, one wonders how the majority of the elderly people are going to exercise their right to claim for the promises enshrined in the National Ageing Policy due to the fact that majority are afflicted by illiteracy.

This being the case, adult educators, therefore, need to 'step up their game' to curb illiteracy among senior citizens, given that they are the ones tasked with the responsibility to instruct, counsel, develop and administer adult education programmes. As such, they should go head-on assessing learner needs, setting objectives, selecting learning objectives and activities, making and executing decisions

necessary for learning activities to take place and monitor, and evaluate the outcomes (Mbozi, 2006; Changala, 2015). Adult educators should lobby government and relevant stakeholders to fund and give priority to adult education activities that are age-inclusive. Adult learners, including those in late adulthood, should be given opportunity to advance themselves just as it is for their counterparts, the young generation. They could, for instance, be given tuition fee exemption to encourage them to participate in formal educational activities at tertiary level. Overall, Adult Educators should devise programmes that would give opportunity for life-long learning to elderly people so that they can develop skills and confidence they need to adapt, stay current and independent in this modern world.

6.3 Prospects and Challenges to Attainment of Life Satisfaction

As stipulated earlier in the presentation of findings chapter, prospects and challenges to attainment of life satisfaction, which were linked to achievement of minimum basic needs and inability to meet basic needs prospect or challenge categories, respectively, are unique to this study and, therefore, reflect the specificity of the Zambian context and the vulnerability of the elderly people. The prospects to attainment of life satisfaction, include among others; ability to afford to eat three meals in a day, not starving, not having to sleep with hunger, having well-behaved children, having children in employment. The challenges include; having no option but to work in old age, inability to have three meals in a day, and not seeing anything worth enjoying in life.

The challenges were commensurate with the findings from the biographical data. The biographical data revealed that, at the time of the study in 2016, the average monthly pension for respondents could hardly buy two 25kg bags of mealie meal, which is the staple food in Zambia. One partial explanation for this could be that at the time of the study, the government pension system was insensitive to inflation correction. In fact, Milazi (2014) confirms that benefits of retirees remained unadjusted for years. Meanwhile the cost of living was ever on the increase. The money was totally inadequate to cover the cost of other necessities such as relish, medicines, or and charcoal for cooking. This finding was consistent with Subramanien (2013)'s work in Mauritius, who reported, among other findings, that the pension that elderly people received from the government was barely enough to purchase the medicines they

needed. This state of affairs is central to the fact that pension by its nature is supposed to provide a source of income for people who could no longer support themselves economically due to advanced age.

Besides being inflation-insensitive, the State pension and social welfare scheme covered very few elderly Zambians (Mukuka *et al.*, 2002). In the current study, only a small percentage of elderly Zambians received pension. Specifically, only 10 per cent of respondents received pension allowance and just 7 per cent received social welfare support. The fact of the matter was because very few were ever formally employed. Regarding the insignificant number of respondents receiving support from social welfare, Mukuka *et al.* (*ibid.*), confirms that the social security coverage in Zambia was insignificant, echoing the finding of the ILO (2001), which estimated that only 5 to 10 per cent of the working population in sub-Saharan Africa had access to social security. The ILO (*ibid.*)'s study noted that majority of African countries spent, on average, 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 100 per cent (*ibid.*). Between 1994 and 2006, Zambia allocated as little as 1 per cent of budget funding to social welfare (Kaputo, 2010).

Besides insignificant pension and social welfare support, almost all respondents (93%) in the current study revealed that the income they received from family members was neither sufficient nor consistent. The implication is that many elderly people experience periods in which they had no access to income at all. The situation posed many challenges to their survival, and completely undermined their ability to make and carry out plans. Reasons for insignificant and inconsistent support from family members has been a subject of debate among researchers. Kamwengo (2004) 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) blamed the weakening of the extended family on westernisation which heavily encourages the values of individualism and nuclear families.

While these factors are certainly applicable, the poverty experienced by family members themselves could largely account for this state of affairs. As Mapoma (2013)

argued, families are unable to financially-support their aged relatives fully due to their own poor economic status. Mapoma (*ibid.*) 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 2015 Living Conditions Monitory Summary also testified to the fact that poverty levels were high, with over half (54.4%) of the Zambian population living below the poverty datum line and over 40 per cent of the population considered to be extremely poor (CSO, 2016). The majority (58%) of these extremely poor people lived in the rural areas (Rasmussen *et al.*, 2014), and as noted, this study was conducted in a rural area. This study's observations are consistent with the Census Report (CSO, 2012) and Rasmussen *et al.* (2014)'s findings. In this study, extreme poverty was evident in the inadequacy of majority of respondents' housing and latrine facilities, particularly in the informal or unplanned settlements.

Although prospects to attainment of life satisfaction such as: having a decent life, ability to afford to eat three meals in a day, success gained from hard work and enough income, are unique to this study, they imply adequate finances. Therefore, from the perspective of adequate finances, the findings are consistent with previous research. In this regard, several researchers have consistently pointed to the fact that adequate finances in old age promote attainment of the experience of life satisfaction (Donaldson *et al.*, 2010; Pieit-Flores *et al.*, 2012, Wang and Hesketh, 2012; Fisher, 1992; Mutjuwadi, 2013; Subramanien 2013). However, Veenhoven (1996), Gelman *et al.* (2009) and Frijns (2013) stated that personal income was more important to individuals in economically-deprived regions than in economically-prosperous ones. The researchers' argument can be related to the post-materialism theory which postulates that life satisfaction in economically-deprived societies is related to materialistic issues while life satisfaction in economically- prosperous societies is increasingly related to non-materialistic issues (Deaton, 2006).

Perhaps, the post-materialism theory could provide an explanation to the nature of prospects and challenges cited by the respondents in this study, given that Zambia is classified as a low-income country. The nature of reported prospects emanating from the respondents' responses testify to the fact that good economic status, in general, and income in particular, are a necessity for attainment of life satisfaction. For instance,

having got to afford three meals, ability to feed oneself, not having got to worry about what to eat tomorrow, are considered to be immense achievements and therefore, are celebrated in this part of the world. This state of affairs, may testify to the fact that affordability of basic needs is a hustle. One is compelled to believe Bradley and Corwyn (2004), who defined life satisfaction from persons in low income countries' perspective. The researchers defined life satisfaction as the satisfaction of basic needs, and reflects the extent to which basic needs are met.

One of the challenges to attainment of life satisfaction was inability to meet basic needs by majority of respondents in this study. Consistent with this finding is the JCTR (2017), who confirmed that apart from a few affluent people, majority of Zambians found it more and more difficult to meet their basic needs, mainly because food costs had continued rising while wages remained static, too far below the food costs. The finding is also consistent with the World Bank (2005), which reported that over half of Zambians were unable to have consumption levels that were sufficient to meet their basic needs, and more than a third had consumption levels that would be inadequate to meet basic food needs alone. This state of affairs may not only be true to Zambia but also to majority of African countries.

The finding regarding poor health as a challenge to attainment of life satisfaction is consistent with findings from previous research. For instance, Wang and Hesketh (2012) reported that physical health positively affected the physical, psychological and fiscal wellbeing of retired or elderly people while a decline in physical health had a negative impact on all aspects of life. Bosang and van Soest (2012) found that people with fewer health problems enjoyed higher levels of life satisfaction than those with many health problems. In this study, respondents were asked to indicate if they suffered from any four chronic diseases, namely; high blood pressure, tuberculosis, diabetes, and general body pains. A massive 99 per cent of respondents reported that they suffered from one or more of the four ailments and this was applicable to both male and female respondents, irrespective of age.

As Nwaiwu (2012) explained, poor health causes a psychological or physiological state of body imbalance and impairs the ability of a person to perform normal activities. In other words, poor health diminishes the ability to work and earn a

reasonable income. The consequence of this is diminishing economic power, which could culminate into extreme poverty (Farrell *et al.*, 2008). In old age, poor health can be appalling. As it were, old age itself brings with it, frailty. Fragility brought about by age, combined with ill-health can yield devastating results, which to a larger extent can negatively influence a person's evaluation of his or her life experience (Mutjuwadi, 2013). According to Farrell *et al.* (2008), health is negatively influenced by the existence of other factors such as poor housing, lower incomes, poor education, and poor access to health services. Respondents in this study were exposed to all of the vices that Farrell *et al.* (*ibid.*) mentioned. As earlier shown in the presentation of the findings chapter, biographical data revealed that majority of respondents living in unplanned settlements, lived in houses that were far below adequate, and used sanitary facilities that were appalling. Inadequate housing facilities were especially devastating to elderly people who had to relocate to their home villages in rural areas or to unplanned settlements upon retirement from formal employment. In Zambia, the trend was that people in formal employment were living in institutional houses. Upon retirement, at the age of 55 for men and 50 for women, the retirees vacated the institutional-owned houses and were repatriated to their home villages in the rural communities or they relocated to unplanned settlements where they could afford the rent charges. Either way, majority of retirees found themselves in houses without running water and electricity. Diakonia (2013) affirms that rural communities were characterised by poverty, and that 78 per cent of households were living in poverty, with limited access to educational opportunities, adequate housing and health facilities, clean water and sanitation. The disparity between the quality of houses that affected elderly people occupied when in formal employment and the current poor-quality homes they occupied after retirement, caused a lot of stress, discomfort, and predisposed them to ill-health. Specifically, inadequate housing facilities that are prone to rainy water leaks and poor ventilation can lead to an increase in mold and other allergens that can exacerbate or lead to respiratory diseases among occupants.

Regarding dependency, which may be due to functional dependency and functional disability, findings by numerous researchers are consistent with outcomes from research undertakings, such as Good *et al.* (2011) in New Zealand and Subramanien (2013) in Mauritius. In that regard, respondents (65%) in Subramanien (2013)'s study reported that functional problems spoiled elderly people's happiness. More likely than

not, functional disability in old age may limit affected persons from participating in community life, a situation which may lead to acute forms of marginalisation and socio-economic exclusion. Consequently, this may lead to lower incomes which in turn may result in poverty (Farrell *et al.*, 2008). Farrell *et al.* (*ibid.*) disclosed that poverty rates were high among persons with disability. Gannon and Nolan (2007), in their study of disability and social inclusion, found that people with disability were twice as likely to be in poverty as their counterparts without disability. The WHO (2002) disclosed that low levels of education and literacy predispose affected individuals to increased risk of disability and death among people as they aged. The WHO (*ibid.*) further disclosed that low literacy skills were responsible for the employment problems that older workers faced. In order to counter this problem, there is need for continuous training in the workplace and outside the workplace and offering people lifelong opportunities in the community. Due to these vices associated with disability one, therefore, confirms that the respondents in this study were clearly victims of poverty and suffered from low levels of life satisfaction. Therefore, they could not have evaluated their life any better than they did.

The finding regarding physiological consequence of ageing as a challenge to attainment of life satisfaction, is consistent with Gretchen *et al.* (2011) who show that the diminishing reserves of energy that ageing adults undergo 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 people can do and what they might desire creates dissatisfaction. Consistent too, with the finding are Chen (2001) and Schilling (2005) who found, among other things, that age had an impact on life satisfaction. However, this finding was interestingly inconsistent with other previous researchers, especially those between the 70s and 90s, who concluded that there was no age-related decline in life satisfaction (Larson, 1978; Herzog and Rodgers, 1981; Horley and Lavery, 1995; Diener and Shi, 1997; Smith *et al.*, 1999).

Here, Deaton (2007) clears the air when he asserts that inconsistency in the relationship between age and life satisfaction was internationally specific. The researcher further points out that the U-shape relationship between age and happiness was only found in rich English-speaking countries. This researcher supports this line of thought. In this regard, a partial explanation to this inconsistency could be the differences in the

contexts in which the studies were conducted. Perhaps in high income countries, the impact of age is cushioned by access to age-related support such as geriatric services (that enhance good health), old-age friendly sanitary facilities (that are easy to use), old-age residences (which may not be very different from the residences that the elderly people used to occupy while in active employment), adequate pension allowance (which is inflation-sensitive), walking- aids (which may be affordable to majority). Unfortunately, in majority of low-income countries like Zambia, these amenities may be a preserve of the minority rich.

As for depression-related challenge category, the finding echoed the work of Dhara and Jogsan (2013), who assert that the many challenges faced by people as they enter old age may contribute to their risk of suffering from depression. As Spitzer *et al.* (1994) affirm, depression can be triggered by intense stress and anxiety emanating from death of a spouse, loss of sense of self-worth, relinquishment of cherished possessions, and or loss of one's physical fitness. Similarly, high prevalence of diseases such as HIV and AIDS, tuberculosis and malaria, loss of adult children, grandchildren and other young relatives, could trigger depression among respondents of the current study. Adult children and extended family members often provide material and financial support to ageing parents or relatives. To that effect, the loss of adult children represents loss of social security for the elderly people. The occurrence could be true in the study area, the whole of Zambia and perhaps most of other African countries. The bottom line is that elderly people encounter these vices with greater frequency than at earlier times in their lives. The good news, however, is that depression is treatable. Sadly, in communities like this study are, where geriatric support services are non-existent, depression in elderly people may often go unnoticed (Dhara and Jogsan, 2013).

The finding on 'Not having what one wants in life' in the challenge category was also consistent with Yirmibesoglu and Berkoz (2014)'s findings in Turkey. The researchers found that individuals who did not have what they wanted most in life, experienced low levels of life satisfaction. Specifically, the researchers found that not having children contributed negatively to attainment of life satisfaction among individuals. The only difference here was that what respondents in Yirmibesoglu and Berkoz (*ibid.*) study wanted, differ from what respondents in this study wanted. Respondents' needs

and wants in this study were tied to basic needs fulfilment while respondents in Yirmibesoglu and Berkoz (2014)'s study's needs and wants were above basic needs fulfilment.

Lastly, loss of family members was found to be a challenge to attainment of life satisfaction. The finding was in line with Diener (2006) who states that loss of a loved one is a big challenge to attainment of life satisfaction. The researcher explains that a drop in the life satisfaction levels due to bereavement is temporal. However, in a low-income country like Zambia, with high prevalence of diseases such as HIV and AIDS, tuberculosis and malaria, a drop in life satisfaction levels due to bereavement is hardly temporal. Loss of adult children, grandchildren and other young relatives entails loss of social security and protection. Adult children and extended family members often provide material and financial support to ageing parents or relatives (Kamwengo, 2004). Therefore, a drop in life satisfaction levels resulting from bereavement can hardly be temporal, in this part of the world, given that bereavements are a frequent occurrence in low income countries like Zambia.

6.4 Study Findings and the Activity Theory of Ageing

The Activity Theory of Ageing postulates that a person is thought to have aged successfully if he or she was found to have attained life satisfaction. According to the theory, life satisfaction is the best criterion for measuring social psychological adjustment. In the current study, majority of the respondents had not attained life satisfaction and, therefore, were not ageing successfully.

The findings on prospects and challenges to attainment of life satisfaction such as; achievement of minimum basic needs and assured welfare; dependency, physiological consequences of ageing, poor health, inability to meet basic needs supported the Activity Theory of Ageing from the perspective of the concept of equilibrium. Activity Theory of Ageing made the assumption of equilibrium from the functionalist perspective and postulated that the equilibrium that a person achieved in mid-life should be maintained into the older age. The Theory expounded that activity patterns arose to meet needs; and that social needs in middle age were not different from those in old age (Davies, 1994; Dunn, 2006). Needs in middle age are similar to those in older age because humans do not change both psychologically and socially

(Havighurst, 1968). According to Knapp (1977), dissatisfaction occurs due to the discrepancy between the past and the current or desired state of affairs.

In the light of the Activity Theory of Ageing having got to work in old age, arose due to lack of social security and the need to feed oneself and family, as well as the need to provide for the essential necessities of life. Inability to meet basic needs caused dissatisfaction due to the fact that there was a discrepancy between the past (middle age) and the current state (old age) or desired state. The explanation could be that in middle age, the affected elderly people had enough energy reserves to work and, therefore, were able to meet most basic needs and also, in some cases, higher needs as well. This explanation is consistent with the finding that achieving minimum basic needs was found to promote attainment of life satisfaction as reported by the respondents themselves. The fact of the matter is that there was no discrepancy between middle age then, and old age now, regarding fulfilment of needs. In other words, the basic needs were being fulfilled then as they are being fulfilled now.

As regards dependency, the dissatisfaction arose out of the fact that in middle age, the affected elderly people were up and about and were able to do things on their own with very little help from other people. Elderly people, during middle age got what they wanted at the right time they wanted it, because they, themselves, were making the effort to get what they wanted done. Having to depend on other people meant delays and maybe even not getting what one wanted at all. This could have caused them so much grief that it negatively affected their judgment of life satisfaction. Poor health and physiological consequences of ageing are among factors which may incapacitate elderly people and sooner or later render them dependent on other people.

Loss of family members and depression as challenges to attainment of life satisfaction, too, support the Activity Theory of Ageing but only from the perspective of the concept of adaptation to role loss. The Activity Theory of Ageing postulates that people give up many roles as they age. For instance, they are forced to retire from work, they cease to be husbands or wives due to death of spouses, they drop out of professional groupings and other organisations and they leave clubs and unions. Loss of a husband in the Zambian context, and maybe in most African communities, means much more than just the loss of a dear partner as a wife or mother. It means loss of a

helper and a friend and, therefore, replacing the lost role as Activity Theory of Ageing advises, may not be as easy as it seems. These happenings challenge the ideas that people hold about themselves and they may end up developing a reduced sense of identity and loss of zest for life (Hampton and Charles, 2005). Loss of zest for life could lead to depression, especially if the affected individuals fail to accept the loss and therefore fail to adjust. For such situations, the Activity Theory of Ageing advises that lost roles should be replaced with new or equivalent ones.

The Activity Theory of Ageing, however, could not explain why morality of children and longevity were sources of life satisfaction among the respondents for the current study. Additionally, none of the respondents mentioned activities of leisure in nature as their sources of life satisfaction. The finding is unlike findings from majority of previous research on life satisfaction. Majority of previous researchers on life satisfaction reported that activities of leisure in nature were a source of life satisfaction for majority of elderly people. Perhaps the contrast in the finding could arise from the fact that majority of previous researches on life satisfaction were conducted in high income countries, including the United States, where the Activity Theory of Ageing originated from. Elderly people in high income countries may be past the basic needs fulfilment level in comparison to their counterparts in low income countries, who are still at basic needs fulfilment level. The contributing factor to this disparity could be that Zambia, like many other low-income countries, is socially, culturally and economically vastly different from the United States where the Activity Theory of Ageing originated from. Majority of Zambians, whether they retired from formal employment or not, are struggling to fulfil their basic needs for food and shelter.

In terms of satisfaction, majority of elderly people in the Western or high-income countries may draw satisfaction from activities such as cycling or walking for leisure while elderly people in the study area drew satisfaction from being able to eat three meals per day or having educated children. For the elderly people in the study area, walking or cycling would not be done as part of leisure but would be done as part of everyday struggle for survival. Similarly, while an elderly person in the Afrocentric context draws satisfaction from living with dependants, an elderly person in a high-income country may not draw satisfaction from a situation of that nature. Differences in the socio-economic contexts could best explain this contrast. As such, there has been

a debate regarding the application of theories that were developed and based on assumptions and context from the advanced or developed countries, to underdeveloped non-Western countries. African scholars such as Chakulimba (1985), Ndhlovu (2012) and Mutjuwadi (2013) subscribe to the view that theories that are Eurocentric in nature may fail to adequately explain certain issues in contexts that are vastly different from Western countries. The view could hold to a larger extent, given failed attempts to apply theories of Western origin to non-Western contexts. A good example in this regard, is how the Modernisation Theory of Development, failed to yield desired results when it was applied to non-Western countries, in general, and African countries in particular. Instead, the Modernisation Theory is blamed for present day deplorable poverty situation in majority of African countries (Garrity, 2007; Mutunhu, 2011). Yet another very good example is how the feminist theories worked for women in the West but were sadly lacking when applied to non-Western societies (Crowley, 1991). For instance, while the first world liberal feminist would clamour for equal access to education or higher salaries for women corresponding to that of men in the same position, majority of Third World women would worry about obtaining basic needs like food and shelter and accessibility of schools to children. Brooks (1991) made a related observation. Brooks (*ibid.*) gave an example of how the American child welfare services were rendered inadequate when applied to American black children. It seemed possible that racism seemed to have affected the organisation's distribution and delivery of services to black children. The unfortunate state of affairs was attributed to the fact that the underlying philosophy of child welfare system seemed to have ignored the life experience of black children that is unique as a result of poverty, discrimination and distinctive history (Billingsley and Giovannoni, 1972).

Perhaps an even more practical example that can be cited here is how Brooks (1991) discovered that Western classical social work, on which the Zambian social work practice was based, had a Western bias. It was due to this bias, according to Brooks (*ibid.*), that "Despite the unconscious attempts by Zambian social workers to render their services which were more relevant to the Zambian social context, large areas of discrepancy were shown to remain, and the frustrating failure of Zambian social works was attributed to this discrepancy" (*ibid.*, vii). Brooks (*ibid.*) then concluded that "the imported social welfare systems operative in these countries were developed in social contexts so vastly different from those pertaining in developing countries as to nullify

their possible relevance in these new situations” (*ibid.* vii). The researcher’s major finding in this regard, was that that the indigenous problem-solving process was more successful than the Zambian social work problem process that was modelled after the Western or European processes.

What comes out clearly here is that social policies that are based on theories or processes that have a Western bias may not fully benefit majority of people in low income countries. A practical illustration is how leisure centres that were established during the Kaunda (UNIP) regime (Kamwengo, 2004), with the understanding that leisure activities brought about life satisfaction but failed to yield desired outcomes as majority of ordinary elderly people in Zambia were not frequenting the centres. To-date, the leisure centres are ‘white elephants’ in the country. This policy during the Kaunda era was undoubtedly modelled after the policies on ageing from the Western countries that may have been highly informed by studies on Activity Theory of Ageing, which found that leisure activities were the largest contributors to the experience of life satisfaction. While it is true that leisure activities bring about life satisfaction (as The Activity Theory of Ageing propounds), a hungry person may not find pleasure in them. Instead hungry people are more likely to find pleasure in satisfaction in basic needs such as having food on the table, adequate housing and good health to mention but a few, than in leisure activities.

However, no claim is being made here that the Activity Theory of Ageing has been rendered useless and, therefore, should not be applied in low income countries. The Activity Theory of Ageing can still explain ageing in low income countries to some extent, especially for the minority affluent who may not need to worry about where the next meal will come from. The implication, therefore, is that there is need to develop Afrocentric theories that will reflect the cultural, physical, political and economic environments in which ageing is taking place. This argument is consistent with Robert (1984), who asserts that no universal theory of ageing can explain the meaning of growing old for all historical eras, nor can any theory apply to all cultures and political economic formations. Sadly, most of the practices and even policies being utilised in Zambia, and perhaps in developing countries at large, are based on foreign theory frameworks. The main reason being that, as Brooks (1980) postulated, it is easier to import theories, frameworks and practices than to develop them from the

scratch. However, where application of imported theories is done, practices or policies that are based on such theories need to be adapted in order to be relevant to the new environment. Nonetheless, the best-case scenario would be to develop practices and policies that are based on theories that are not imported. Zambia and perhaps Africa at large, are mature enough to develop theories of ageing that may, to a larger extent, adequately explain ageing in Africa. Collaborating with fellow scholars from high income countries in terms of research and funding could make the task manageable.

6.5 Study Findings and Ericson's Theory of Human Development

Ericson's Theory of Human Development postulates that at age 50 years and above, adults tend to look back and evaluate their lives in relation to the quality of life. In line with the theory elderly respondents were able to evaluate their lives either positively or negatively. Those who attained life satisfaction evaluated their lives positively while those who did not attain life satisfaction evaluated their lives negatively. Ericson's Theory Human Development also provided an understanding regarding the respondents' emotional disposition. The theory explains that despair and or disgust which encompasses ejective, denial or sour grapes feeling of what life might have been, represent feelings of wasted opportunities, regrets, wishing to be able to turn back the clock and have a second chance. These feelings could be detected in the responses from respondents who did not attain life satisfaction. Such responses as: *"Life is not interesting anymore, life is full of problems"*; *"My life is not good, what kind of life where you take medicine everyday"*, and; *"The life I am leading is totally different from what I had planned to lead. And now I have no hope of achieving the life I had wanted to lead. I am old now."* are a reflexion of despair. According to Ericson, individuals who perceive that their lives are a series of failures, missed opportunities and unfulfilled goals, will experience despair, reject their lives and will live with fear of death.

For those who experienced life satisfaction, the responses they gave were such as: *"Am satisfied with my life because my years of hard work are paying off and now am making a lot of money. I started by owning a small bookshop, but now my bookshop business has become big and have bookshops in strategic locations. It is very gratifying"*; and or *"I can afford to eat three meals in a day, while my friends only eat one meal and others sleep with hunger. It's not something that is nice. You can feel for other people."*

I find it a blessing,”, support Ericson’s Theory of Human Development’s concept of integrity. According to the theory, integrity means feeling at peace with oneself and the world. No regrets or recriminations. In this stage, people are more likely to look back on their lives positively and happily if they have left the world a better place than they found it in whatever way, to whatever extent. In the light of Ericson’s integrity concept, elderly persons who are satisfied with their lives will feel peaceful and satisfied with their efforts. They also tend to accept the inevitable end of life at some point, death (Mutjuwadi, 2013).

The implications of this finding are that successful passage through these stages should be facilitated. Individuals should be supported from an early stage of development so that they can strike a balance between the conflicting extremes rather than entirely focusing on the ideal or preferable extreme in each crisis. Also preparing for old age should be done much earlier before individuals enter their integrity *versus* despair stage. Provision of an enabling environment in which individuals can lead quality lives much early in life is important. This way a situation where majority of individuals who are in despair can be avoided. Elderly people who are experiencing despair are not expected to contribute positively towards the development of the country. Having said that, provision of an enabling environment for attainment of life satisfaction should be government’s first priority and can be executed through a well-designed and inclusive national ageing policy. It is for this reason, that the Zambian National Ageing Policy was put under scrutiny through the lens of the findings. Consequently, the fourth objective of the study was to assess the National Ageing Policy’s adequacy in enhancing prospects of attainment of life satisfaction among the elderly people. The following section discusses the outcome of the assessment.

6.6 National Ageing Policy Found Wanting

The National Ageing Policy was found wanting in terms of enhancing prospects of attainment of life satisfaction among the elderly. As it turned out, the National Ageing Implementation Framework itself is well articulated and touches almost on all aspects that would promote the likelihood of attainment of life satisfaction among the elderly people. However, some lacunae or omissions were identified in the implementation plan. The identified omissions were: non-emphasis on physiological consequences of ageing, non-recognition of the heterogeneity prevailing among the elderly people,

silence on the role and expected support for families caring for elderly people, non-explicitness on old age-friendly latrine facilities and passive involvement of the elderly people in the development and implementation of the National Ageing Policy. The omissions are discussed below.

6.6.1 Non-Emphasis on Physiological Consequences of Age

This study found that some of the challenges to attainment of life satisfaction were related to physiological consequences of age. A review of the policy implementation plan revealed that a proportion of the elderly people whose challenges to attainment of life satisfaction were physiological consequences of ageing would not be adequately catered for. An explanation for this state of affairs is that the National Ageing Policy implementation plan seems to be skewed towards providing for the healthy energetic elderly people much to the exclusion of the frail aged elderly people with advanced age. It is for this reason that the plan has included activities such as giving loans to elderly people, those training in skills, and providing farming inputs. The rationale behind such activities tends to overshadow the fact that as people grow old, they lose energy, and may not be able to engage in many physically-oriented activities such as getting loans to start a business, getting farming inputs so as to engage in farming, let alone, training in physically-oriented skills. If anything, such activities could detract from the experience of life satisfaction and could ultimately be detrimental to their health. Supportive of this argument is the response from one of the respondents who lamented having got to work in old age. The argument, too, finds support from the WHO (2017), which explains that muscle mass tends to decline with increasing age, a situation that is associated with declining strength and musculoskeletal function. The WHO (*ibid. vii*) further asserts that:

Numerous underlying physiological changes occur with increasing age, and for older people the risks of developing chronic diseases and care dependency increase. By the age of 60 years, the major burden of disability and death arises from age-related losses in hearing, seeing and moving, and conditions such as dementia, heart diseases, stroke, chronic respiratory disorder, diabetes and musculoskeletal conditions such as osteoarthritis and back pain.

Ageing as earlier learnt in the literature review is progressive and an unstoppable process, meaning that at some point, affected individuals need to be cared for. In other

words, as people get older, there is a deterioration of or in the way the body functions. These changes make older people more vulnerable to infections, making them lose some of their energy, physical strength and resilience. Therefore, the implementation plan needs to take this aspect into account, and plan for a more sustainable support mechanism for elderly people that are frail due to advanced age. It may be argued that old people's homes could be the answer but as it is, old people's homes only cater for a very small percentage of elderly people. The majority of them are taken care of by family and community members. As such, what could be logical in this regard is for government to provide support to the affected elderly people and family members who take care of elderly people in their advanced age. A detailed activity that can be advanced in order to mitigate physiological consequences of ageing are provided in the guidelines plan of action.

6.6.2 Non-Recognition of Heterogeneity Prevailing Among the Elderly People

As earlier stipulated in the presentation of the findings chapter, the prime prospect of attainment of life satisfaction was achievement of minimum basic needs, a deficiency of which posed a challenge to attainment of life satisfaction among the elderly people. The underlying cause for non-achievement of minimum basic needs was found to be the poor economic status prevailing among the elderly people. Impressively, the National Ageing Policy articulated well on how elderly people's economic status is to be strengthened by reducing poverty and providing employment and adequate income security (National Ageing Policy, 2015). In this regard, several strategies and activities were put in place. Under poverty reduction programmes, the strategies were as follows: strengthening interventions and developing new programmes aimed at alleviating poverty among elderly people; developing and implementing skills training programmes targeting elderly people and the ageing population to enable them engage in income generating activities; and promoting Small and Medium Enterprises (SMEs) among elderly people. Whereas the strategies that were put in place under employment and income security were as follows: strengthening and promoting pre- and post-retirement training, guidance and counselling for old age; implementing public education and awareness programmes on individuals' responsibilities to plan for old age; reviewing, strengthening and extending the social security systems to include the informal sectors; developing and strengthening existing laws on separation packages

for employees to prevent destitution and no or late payment of separation packages to deserving employees; provision of finance and other resources to elderly people to ensure that they maintain their livelihoods; reviewing of the Employment Act and ensuring that there is positive discrimination to incorporate ageing issues.

A quick glance at the strategies would render them adequate. However, in-depth scrutiny exposed lack of clarity on heterogeneity prevailing under the umbrella of elderly people. This omission was further evidenced by the activities that were listed under the strategies. This study discovered several categories of elderly people. Among them were; the frailty due to age and chronic illness and those with mobility challenges. But heterogeneity prevailing among the elderly could be even more. Heterogeneity among elderly persons emanates from the fact that people age at different rates. In other words, some people age at a faster rate than others. Similarly, some people may still be physically fit at the age of 65, while other people of the same age may be very frail. Further, the physical environments in which people age vary. It is a known fact that physical environment has an effect on how an individual may age. Furthermore, people have different opportunities in life and these opportunities determine their socio-economic statuses and ultimately influence the rate at which they age.

As such, non-cognisant of this heterogeneity could lead to exclusion of majority of elderly people from benefiting from the National Ageing Policy that was solely devised for them. While skills training, training in Small and Medium Enterprises, giving out loans, giving out farm inputs, are robust activities in assurance of adequate income, in actual sense, they could only benefit a small number of elderly people. Majority of elderly people who are advanced in age and or are afflicted with one or more chronic ailments, may not benefit fully from the activities. For even distribution of the resources to all of the intended beneficiaries, it is imperative that the various categories prevailing among the elderly people be identified and met at their points of need. To illustrate, heterogeneity prevailing among elderly people could be organised in three broad categories as follows:

Category number one (1) could comprise elderly people who have cognitive and physical ability and are willing to continue working in retirement or old age.

‘Willingness to work’ is the key word here as having got to work in old age posed a challenge to attainment of life satisfaction for some respondents. Category number two (2) could be for elderly people with ill-health and are frail due to advanced age, and prefer to retire from all forms of work. This category was informed by some respondents who reported to have been experiencing a depletion in their energy reserves due to advanced age. Finally, category number three (3) could include elderly people whose major survival is begging or charity. Suffice to say here that all the three categories were informed by respondents’ biographical data.

Organising the elderly people into three broad categories is good, but further breaking down the broad groups into sub-categories may yield even better results, where equitable allocation of resources is concerned. The best categories that could need further break-down are broad categories numbers one (1) and two (2). Therefore, category number one (1) could be broken down into two sub-categories namely; sub-category one point one (1.1) and sub-category one point two (1.2), while category number two (2) could be broken down into sub-category 2.1, and sub-category 2.2.

Sub-category 1.1 could comprise elderly persons who retired from the formal employment, have cognitive and physical ability and are willing to continue working in retirement or old age. Assurance of income for this category of elderly people could be done through giving them opportunities to work on contract in their field of expertise. They could also be trained in skills and SMEs and can be given loans to facilitate for the activities.

Sub-category 1.2 could include elderly people from the informal sector, who have cognitive and physical ability and are willing to continue working in retirement or old age. Assurance of income for this sub-category could be done by identifying the elderly people’s areas of expertise and support them accordingly. Those who did not have any specific areas of expertise could be trained in skills and SMEs that is if they are willing. Those who do not have any form of capital could be given grants to support their income-generating activities.

Sub-category 2.1 could house elderly people with ill-health, advanced in age and who are frail and desire to retire from all forms of work. Assurance of income could be done differently from sub-categories 1.1 and 1.2. For this sub-category, the focus could

be on identifying a dependable and responsible family member. The identification could be carried out together with the affected elderly person himself or herself. The identified person could then be trained in skills and SMEs and could be given loans to support them. Where the affected elderly already has a caregiver or a reliable dependant who is an adult, the same could be trained in SMEs and given loans to boost their income-generating activities.

For sub-category 2.2, this might comprise elderly people who were not in formal employment, have ill-health, are advanced in age and are frail and desire to retire from all forms of work. The elderly people in sub-category 2.2 could be in dire need of fulfilment of basic needs. Assistance to the elderly people in this category may perhaps be rendered in terms of training an identified family member or their dependants and, or caregivers, in skills and SMEs and support them with loans. Grants can be given to extreme cases. At the same time, these elderly people could be put on the social welfare scheme and or social cash transfer scheme until such a time when their skills or SMEs can sustain them.

Broad category number three (3) need not be broken down into sub-categories. Instead, elderly persons in broad category number three (3) could be screened for mental or cognitive and physical capability. Those with mental incapability could be put on appropriate treatment and included on the social welfare scheme, while those with physical and mental ability could be included on the social cash transfer scheme, and could be trained in skills and SMEs. They could also be given grants to support their SMEs. Additionally, persons in this category may, also need psychosocial counselling to build their self-esteem. Once their economic statuses have improved, they would slowly be detached from the social cash-transfer scheme. At this point, it is noteworthy to stress that for all the sub-groups, a monitoring process should be put in place in order to ensure that majority of elderly people benefit fully from the outlined stipulated endeavours. If majority of elderly people benefit from the National Ageing Policy, the government of the Republic of Zambia may be nearer to fulfilling its mandate of ensuring that elderly people "...age with dignity and security by 2030" (MCDMCH, 2015: 10). However, in order to ensure that people enter old age with dignity beyond 2030, a more proactive approach should be embraced such as skills training and SMEs training, targeting middle-aged adults and those who missed out on the two-tier

education system. Special focus could be on adults from the informal sector interested in skills training and SMEs. There should be increased funding towards social security (in form of social cash transfer), social welfare and pension for the benefit of more affected persons. The pension would benefit retirees from formal employment, while the social cash transfer and social welfare support would target persons who retire from other forms of employment, such as farming, own business and many others. Most importantly, all citizens should be sensitised and trained to develop a culture of saving in preparation for old age. Lastly, having these diversities of elderly people in mind during planning for implementation may render the National Ageing Policy more inclusive and responsive to the needs of the elderly in society.

6.6.3 Silence on the Expected Support for Families Caring for Elderly people

The family was found to be the biggest provider of financial support to elderly people. This practice could be common to most African countries. As Kamwengo (2002) asserts, adult children and members of the extended family are the main source of financial support for elderly people in Southern Africa. Actually, statistics in Zambia show that out of the total of 336,332 elderly population in the country (CSO, 2012), only a few (slightly over 165) were in old people's homes (Changala, 2015). Given this scenario, one would not agree more with Mapoma (2013) who asserts that respect for one's elders is an indelible aspect of Zambian culture, and where resources are available, families endeavour to take care of their elderly relatives.

Suffice to conclude that the proportion of elderly people who end up in old people's homes in Zambia is very small. The majority are being cared for by their own families and the community. Therefore, government should support this through implementing programmes aimed at strengthening family ties. Besides economically empowering family and community members to take care of elderly people, this intervention may motivate the same to provide for their aged relatives. The National Ageing Policy's recognition of the role of the family in the care and protection of elderly people is indisputable. Thus, item 10.8 of the policy implementation plan was made in recognition of the role of the family. Consequently, strategies, activities and output indicators to execute this role were framed. The strategies were: to develop and promote programmes that recognise, strengthen and support the diverse role of the family and community in the care of elderly people; to encourage elderly people to

impart acceptable family and societal values onto the young generation; to sensitise the young members of society to recognise, respect and appreciate elderly people as a key component of the intergenerational structure; and to encourage elderly people to be involved in various activities as they are a reservoir of knowledge, wisdom and experience. The corresponding activities with the estimated costs were: commemorate International Day of Family - K1,000,000; commemorate International Day of Elderly People (IDEPO) K1,000,000); conduct intergenerational meetings in schools and institutions - K2,500,000); commemorate World Elder Abuse Awareness Day (WEAAD) - K1, 000,000): conduct awareness raising on the rights of elderly people both to elderly people and the ageing population - K1,500,000; and conduct community conversations with traditional leaders where elderly people would be full participants - K3,000,000.

Although the stipulated strategies and their corresponding activities would go a long way in the recognition of the elderly people, they lack practicality in alleviating the burden that is incurred by family members caring for elderly people. Caring for the elderly people goes with resources, especially financial resources. As the findings of the study revealed, family was found to be the largest financial supporter. Further, the study found that poor economic status detracted elderly people from attainment of life satisfaction. In the light of these findings, the strategies along with the respective activities are misdirected in that they are mainly bordering on awareness creation much to the neglect of the real issues such as financial support to poverty-stricken family members and taking care of elderly people.

The strategies are misplaced in that in Zambia and in most African countries, people do not need to be taught about caring for their ageing parents and relatives. This is a practice that is embedded in the Zambian culture and almost all African cultures. Taking care of one's parents is a value that has been deeply engrained in the minds of many African people. It is for this reason that Mapoma (2013) asserts that family members still support their aged relatives in spite of their poor socio-economic situations, HIV and AIDS pandemic, urbanisation and the influence of Western culture, which has an emphasis on the nuclear family and individualism. In this regard, what would really help would be to financially support poverty-stricken families who care for their aged parents or relatives. Financial support can come in many ways.

These could be in the form of farming inputs, skills training, SMEs training, loans and even grants. The main point, however, is that government and stakeholders' energies and monies should be channelled towards economic empowering of families taking care of elderly people. This way the trickle-down effect may prove beneficial to the elderly people.

What should not go without a comment here, too, is that government and other relevant stakeholders, seem to be biased towards old people's homes, which is an imported practice, at the expense of the traditional social support system. In this regard, both family and old people's homes take care of vulnerable elderly people, but only the latter has been receiving and continues to receive financial support from government and other stakeholders. Similarly, there are explicit guidelines for old people's homes but guidelines on what the families could do in caring for the elderly people and what support mechanisms they could access from government are non-existent in the National Ageing Policy. In view of the foregoing, there is need for guidelines on what the families could do in caring for the elderly people and what support mechanisms they could access from government. As Mapoma (2013) asserts, the family should be recognised, encouraged and empowered to continue playing its traditional role of caring for the vulnerable community members including the elderly.

6.6.4 Non-explicitness on Old Age Friendly Sanitation Facilities

The National Ageing Policy, in general, and the implementation plan, in particular, has not explicitly given attention to this important matter. Neither specific objective No. 3 (MCDMCH, 2015: 29), which is about health, food and nutrition, nor specific objective No. 4, which is on housing, transport and living environments (MCDMCH, 2015: 31), explicitly pay particular attention to the sanitation facilities of elderly people. This omission is serious given that access to improved and user-friendly latrines for old people is a need. This is mainly because answering the call of nature is done on a daily basis, an unavoidable and an unstoppable activity. Answering the call of nature occurs at all ages and becomes more frequent as people age due to loss of muscle elasticity and weakened immunity.

This study found, through biographical data, that the sanitation facilities (latrines) of the majority of elderly people were not suitable for use by the elderly people in general,

and those with mobility challenges in particular. Majority of the latrine facilities for elderly people in the unplanned settlements of the study area, were, mostly of squatting type, with bare floor, rendering them not easy to clean with water. Some did not even have enough lighting inside, while others did not have a roof for shelter from adverse weather (rains, cold, excessive dust), yet some did not even offer enough privacy.

As earlier stated, majority of the latrines for elderly people in the unplanned settlement of the study area, were mostly of squatting type and had no hand-rails for support. Latrine facilities of squatting type and with no rails for support prove difficult to use by elderly people, especially those with mobility challenges. In all this, the worst hit are elderly people, who are afflicted by muscle-skeletal problems such as body pains, which prohibit smooth movements, such as bending and squatting. As a result, effective disposing of excreta in the intended hole may not be executed well; an act that may result in littering of the latrine floor with excreta. Given that the latrine facilities did not have floors that could be cleaned with water and soap, the facilities would be rendered a health hazard in terms of communicable diseases such as diarrhoeal diseases.

Lack of hand-rails for support meant that users in general and elderly people in particular, used the floor to support themselves. Touching the floor with bare hands, as they support themselves, predisposes the elderly users to contracting faecal-oral transmitted diseases such as diarrhoea. The situation could be aggravated by the fact that there were no hand-washing facilities observed anywhere near the latrine facilities. Worse still, elderly people are susceptible to communicable diseases due to immune senescence, which is a progressive deterioration of immune function as a result of ageing (WHO, 2002). In addition, chronic illnesses predispose elderly people to additional infectious diseases. Meanwhile research holds it that apart from contaminated water, poor sanitation conditions contributed to high burden of communicable diseases, especially, diarrhoeal diseases, and a significantly large number of deaths occur every year (Curtis *et al.*, 2003). In view of the above, it is imperative that latrine facilities should have provision for support, such as hand-rails. Besides having provision for support, latrine facilities should offer enough privacy to users in general and elderly people in particular. Latrines facilities that do not provide enough privacy can be demeaning to elderly people in that they take away their dignity.

It is for this reason that to avoid this shame, elderly people may shun the use of the latrines during day time and may opt for an easier way, to use a better convenient alternative. A better alternative in this regard would be open ground under, cover of the night, an act that would prove harmful in terms of communicable diseases transmission (Sitali, 2011). This does not only endanger the lives of the elderly people but also puts strain on surrounding individual households' budgets, as well as the government budget in the procurement of curative medicines to treat the sanitation-related diseases (GRZ, 2007). Given the ills associated with the elderly people's prevailing latrine facilities, the government of the Republic of Zambia and relevant organisations should give priority to the promotion, designing, construction and or improving old age friendly latrine facilities in communities.

Improved elderly friendly latrine facilities can be modified using locally-available material resources. For instance, the commonly-prevailing squatting type of latrine could be modified by adding a pole, handle or rope to hold onto for ease of sitting and coming out of the sitting position. A raised seat or pan made from locally-available materials like burnt bricks plastered with cement could be constructed on top of the pit. The seat or pan will facilitate for sitting as opposed to squatting. The pole will provide support both when seating and coming out of the sitting position. Plastering the seat or pan with cement will facilitate for easy cleaning with soap and water. Below as shown in Figure 16 is a drawing of an example of an improved latrine with a raised seat suitable for use by elderly people:

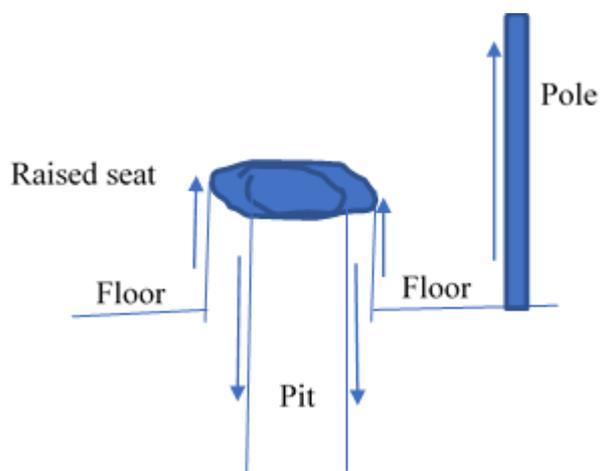


Figure 16: A Latrine with a Raised Seat and a Pole
Source: Adapted from Deverill et al. (2002)

To sum up, latrine facilities that are elderly-friendly and safe should be given the attention and space they deserve in the National Ageing Policy implementation plan.

6.6.5 Passive Involvement of the Elderly People

Passive involvement of the elderly people in the planning and implementation of the National Ageing Policy (NAP) is a flaw that should not be left unchecked. Although this issue did not come out from the findings, it deserves attention here as it touches on issues of life satisfaction which is at the core of human rights and dignity. The National Ageing Policy in recognition of the graveness of this matter, rightly adopted the principle on human rights, from the United Nations (2002) Madrid Plan of Action on Ageing. The principle as, articulated in the National Ageing Policy, reads:

The elderly people have the right and duty to actively participate in the economic, social, cultural and political affairs of the nation as well as in the formulation of policies affecting them. They have the responsibility of sharing knowledge with younger generations and are free to form associations that further their interests. They should also be valued for their socio-economic contributions (MCDMCH, 14).

The key phrase in this principle in this context is ‘Active participation’. Active participation entails involving the affected people in a dialogue; defining problems and creating solutions. In other words, active involvement of the beneficiaries should run through development, implementation, monitoring and evaluation. Active involvement of beneficiaries helps to ensure formulation of appropriate strategies and policies that guarantee the satisfaction of the beneficiaries. Subscribing to this view is the World Health Organisation (WHO, 2002), which states that elderly people should be included in the planning, implementation and evaluation of the social development initiatives and efforts to reduce poverty. In is no doubt that the National Ageing Policy, is among social development initiatives whose core purpose is to reduce poverty among the elderly. Active involvement of elderly people in the formulation of the National Ageing Policy is cardinal, if not mandatory, in that elderly people themselves would be the best resource to provide the checks and balances since they are the end beneficiaries. Providing checks and balances would help maximise the benefits they would get from the policy that was designed for them.

A question may be asked as to how the elderly people can be actively involved in the implementation of the NAP? The answer is that active involvement of the elderly people can be done in various ways. For instance, active involvement of the target group can take the form of engaging them in management of activities. Participation in monitoring and evaluation can be through involving the target group in the appraisal of the work done, recognising improvement that can be made and redefining the needs. These tasks can be done qualitatively as well as quantitatively. The former can be best suited to the elderly people who may not be conversant with statistical appraisals. In as much as not all of the elderly people can be actively engaged, engagement can be done through elderly people's representatives. Establishing a national coordinating body could facilitate for active involvement of elderly people. The national coordinating body would be able to identify and work with elderly people's representatives in various parts of the country. Involving the elderly people in this way is consistent with Bamberger (1986: 7) who posts "Community participation refers to an active process whereby beneficiaries influence the direction of development projects rather than merely receive a share of project benefits". What Bamberger (*ibid.*)'s definition implies is that participation should not be limited to beneficiary consultations only. To the contrary, the developers of the National Ageing Policy framework and the implementation plan violated this principle as well as the rights of the elderly people by only involving them passively through consultation. Involving beneficiaries only through consultation is the lowest level of participation and actually defines what passive involvement is. According to the theory of community participation called 'ladder of citizen participation,' consultation is called tokenism, where people are permitted to participate only to the extent of voicing their views but have no real say on issues that matter (Mwiru, 2015).

In conclusion, in order for the National Ageing Policy to adequately cater for the needs of the elderly people, the developers of the National Ageing Policy should have actively involved the target group, both during the development, implementation, monitoring and evaluation stages of various programmes. Given that the National Ageing Policy has already been formulated, efforts can still be made to improve its implementation. In this regard, insights on the elderly people's needs, can still be sought from studies like this one. Since implementation is still ongoing, efforts should be made to actively involve the elderly people.

Finally, on this section on the National Ageing Policy and the identified lacunae, the National Ageing Policy in its current form is most likely going to benefit a smaller proportion of the target population or elderly people. In other words, its prospect for providing an enabling environment for attainment of life satisfaction among the elderly people may be limited. Additionally, the National Ageing Policy's prospects of providing an enabling environment for attainment of life satisfaction may be limited in that the National Ageing Policy was informed by the United Nations Principles (1991), and the WHO Active Ageing Framework (2002). Clearly, some aspects that were borrowed from the mother policies have not been operationalised in the Zambian context, in line with the requirement of the World Assembly on Ageing. It is for all these reasons that this study proposed guidelines that could go a long way in supplementing the implementation of the National Ageing Policy so as to broaden its prospects of providing an enabling environment for attainment of life satisfaction among the elderly people.

6.7 Guidelines

The proposed guidelines have been tailored to cater for current elderly people as well as for the future elderly people. Besides having the current elderly people in mind, the guidelines include an aspect of pro-activeness as well. At this point, it is noteworthy to make mention here that the guidelines have been presented in table form to make it easy for the readers to comprehend the plan of action.

The proposed guidelines are in four sections. The first section proposes the establishment of a coherent national programme on ageing. The second section deals with improved economic status, cognisant of heterogeneity prevailing among elderly people. The third section concerns itself with issues that border on improving health. The fourth segment, covers issues related to inclusive lifelong learning. The fifth section touches on strengthening family ties and care for the elderly. The sixth part deals with issues related to housing and inclusive sanitation facilities. The seventh section encompasses the aspects of coordination, resource mobilisation, monitoring and evaluation. The section concludes with a summary regarding the guidelines.

6.7.1 Establishment of a National Coordinating Body on Ageing

Although the National Ageing Policy proposed that the Ministry of Community Development, Mother and Child Health (MCDMCH) spearheads the implementation of the policy, there is need to establish a clear national coordinating body on ageing. The Ministry responsible for the implementation of this policy may be pre-occupied with other responsibilities and may not adequately attend to issues on ageing. The coordination body will be mandated to coordinate all aspects associated with population ageing in general and elderly people in particular. The plan of action that need to be carried out in order to execute this mandate are presented in table 20:

Table 20: Plan of Action for Establishing a National Coordinating Body on Ageing

S/N	Plan of action	Targets	Initiation date	Review date
1.	<ul style="list-style-type: none"> • Coordinating issues pertaining to ageing • Understanding of issues and implications of ageing 	<ul style="list-style-type: none"> • Set up a national coordinating body on ageing • Establish a national programme of study, research, and public education on ageing in general and life satisfaction in particular. <ul style="list-style-type: none"> (i) Develop information and research instruments on life satisfaction and ageing (ii) Conduct baseline surveys and analysis (iii) Establish public education programmes for dissemination of research findings 	2019 2020	2020 2022
2.	Designing of a proactive programme on ageing	<ul style="list-style-type: none"> • Establish a national programme that prepares people for old age <ul style="list-style-type: none"> (i) Assist preparations for ageing and retirement through workshops (ii) Conduct public education programmes on determinants of active ageing such as physical exercise at an 	2022	2025

		early age, good nutrition, less alcohol and cigarettes, saving for old age, conducive physical environment, good social relationships, positive approach to life, etc.		
		(iii) Conduct skills and SMEs training targeting youths, middle age adults, and the elderly people who are willing to be trained	2022	2025

Source: Adapted from the United Nations Guidelines on the Implementation of Macao Plan of Action on Ageing for Asia and the Pacific

6.7.2 Improved Economic Status

The study established that many of the challenges to attainment of life satisfaction were economic-related. In this regard, inadequate income was found to be at the centre of the dissatisfaction experienced by majority of the respondents. Therefore, increasing income may mitigate some of the challenges to some extent. In the quest to improve income levels among the elderly, divergent groups prevailing among the elderly people should be taken into account. Outlined in table 21, are the proposed guidelines in this regard:

Table 21: Plan of Action for Improved Economic Status

S/N	Plan of action	Targets	Initiation date	Review date
1.	Strengthen economic status of elderly people, cognisant of the diversity obtaining among elderly people	<ul style="list-style-type: none"> Identify diverse groups among elderly people Provide equal opportunity to allow elderly people to remain engaged in as many social, economic, and community activities Establish a programme to promote life-long preparation for productive ageing with positive and continued contributions in the social, religious, 	2022	2023

S/N	Plan of action	Targets	Initiation date	Review date
		political and economic arenas		
1.1	Government should ensure that elderly people who retired from formal sector and have cognitive and physical ability, and are willing to continue working, should be given opportunity to work on contract in their field of expertise	<ul style="list-style-type: none"> • Identify and assess the size of this group • Create contract opportunities for the groups • Explore their willingness to be trained in SMEs 	2022	2023
1.2	Government should ensure that elderly people who are in the informal sector and have cognitive and physical ability, and are willing to continue working, are supported along their areas of expertise	<ul style="list-style-type: none"> • Identify and assess the size of the group • Determine the extent of loan assistance • Provide financial assistance in terms of loans • Train them in SMEs to sharpen their skills 	2022	2023
1.3	Government should ensure that vulnerable and frail elderly people due to chronic ailments, advanced age, disability, who retired from formal sector and are unable to engage in any form of work, are given special attention	<ul style="list-style-type: none"> • Asses the income levels • Assess the size of the group • Train a family member on how to manage the retirement funds • Train a family member in income generation activities and support them with loans • Establish a monitoring system to ensure that the affected elderly people are benefiting adequately 	2022	2023
1.4	Government should ensure that vulnerable and frail elderly people due to chronic ailments, advanced age, disability, who retired from informal sector and are unable to engage in any form of work, are given special attention	<ul style="list-style-type: none"> • Screen the group for extreme cases of low income • Train a family member in income generation activities and support them with loans or grants in extreme cases of low income • Meet their nutrition needs through some special programmes • Consider putting them on programmes such as social 	2022	2023

S/N	Plan of action	Targets	Initiation date	Review date
		welfare and or social cash transfer until such a time when the trained family member generates enough income.		
1.5	Government should ensure that vulnerable elderly people who solely depend on charity are given special attention	<ul style="list-style-type: none"> • Screen for ability to be trained in income generating activities • Include those who are not trainable on social cash transfer or social welfare 	2022	2023
1.6	Government to ensure that elderly people with mental challenges are taken into perspective	<ul style="list-style-type: none"> • Assess the size of the group • Include them on special food and shelter programmes • Identify family members who can be trained in income generating activities so as to support them 	2022	2023
1.7	Government should encourage different sectors of the population to save for old age	<ul style="list-style-type: none"> • Make saving for old age during a person's economically active years, including people in the informal sector, women and long-term unemployment, mandatory. 	2022	2023
1.8	Government should constantly review the adequacy of benefits i.e. social welfare, social cash transfer and pension, to ensure a reasonable standard of living	<ul style="list-style-type: none"> • Increase spending to the schemes to improve coverage and level of benefits • Fund studies to examine the implications and evolve new instruments of income security • Ensure that the pension is inflation-sensitive 	2022	2023

Source: Adapted from the United Nations (2000): Guidelines on the Implementation of Macao Plan of Action on Ageing for Asia and the Pacific.

For all these groups, close monitoring process should be put in place in order to ensure that the elderly people benefit fully from these endeavours. By following this recommendation, the guidelines may complement the National Ageing Policy and government may be able to fulfil its mandate of ensuring that old people "...age with dignity and security by 2030" (MCDMCH, 2015: 10).

6.7.3 Improved Health Status

In this study, a good number of challenges to life satisfaction were found to be related to poor health. Good health can be restored and or maintained through proper nutrition, early diagnostics, preventive and healthy life styles (United Nations, 2000). The proposed plan of action for improved health status is presented in Table 22.

Table 22: Plan of Action for Improved Health Status

S/N	Plan of action	Targets	Initiation date	Review date
1.	Government should prepare for a healthy ageing population	<ul style="list-style-type: none"> • Establish a programme for disease prevention promotion <ul style="list-style-type: none"> (i) Intensify promotion of good nutrition (ii) Intensify promotion of routine medical check-ups (iii) Intensify sensitisation of people on ills of excessive use of alcohol and cigarettes (iv) Stiffen penalties on smoking in public (v) Sensitise people on safe disposal of garbage and faecal matter (vi) Elderly people to be included in preventive health education activities on HIV and AIDS and other sexually transmitted diseases, diarrhoeal diseases etc 	2022	2023
2.	Government should cater for medical needs of elderly people	<ul style="list-style-type: none"> • Expedite the establishment of geriatrics centres of excellence in all provinces of the country • Offer quality geriatric services to elderly people <ul style="list-style-type: none"> (i) Early detection and treatment of chronic illnesses to prevent development of disabilities (ii) Provide accessories to elderly people with mobility challenges (iii) Provide for home visitation by physiotherapists and medical personnel to elderly people who have mobility problems 	2022	2025

S/N	Plan of action	Targets	Initiation date	Review date
3.	Government and relevant stakeholders to cater for psychological needs of elderly people	<ul style="list-style-type: none"> • Establish psychosocial counselling centres of excellence for elderly people <ul style="list-style-type: none"> (i) Offer psychosocial counselling services to elderly people traumatised by loss of loved ones and other traumatising experiences (ii) Detect early signs of mental illnesses such as depression and dementia 		

Source: Adapted from the United Nations (2000): Guidelines on the Implementation of Macao Plan of Action on Ageing for Asia and the Pacific

6.7.4 Assurance of Inclusive Lifelong Learning

Lifelong learning is a process that starts from birth up until death. It does not confine itself to specific time periods, years or certain institutions. It neither confines itself to childhood nor classroom but takes place thorough out life and in a variety of situations. lifelong learning is the life wide, voluntary and self-motivated pursuit of knowledge for not only personal but professional reasons as well. It does not only enhance social inclusion, active citizenship and individual development, but also increases competitiveness and employability. Lifelong learning is vital especially now where there is an increase in life expectance. It enhances quality of life and good physical and mental condition of human beings (Ates and Alsa (2012).

Lack of tertiary education, for some of the respondents, did not give them the needed skills to enable them function adequately in their environment, therefore, widening prospects for lifelong learning could mitigate for this deficit. This assertion is consistent with the fact that higher levels of education are associated with high levels of life satisfaction.

As already articulated in the previous chapter (chapter three), higher levels of education were associated with higher levels of life satisfaction in the economic domain (Addabbo *et al.* (2014). The researchers (Addabbo *et al.* (2014) stated that being highly educated increased the probability of being sufficiently satisfied by the economic conditions by 12.3 per cent (12.3%) with a predicted probability of 52.5 per cent (52.5%). Nonetheless, being medium educated increases the probability of

sufficient satisfaction, in that dimension, by only 8.3 per cent, while the predicted probability of being sufficiently-satisfied stands at 47.9 per cent. As regards individuals with low levels of education, the predicted probability of being-sufficiently satisfied with the economic conditions is only 38.8 per cent. Education, therefore, plays a pivotal role in attainment of life satisfaction and this is true for majority of people, in general, and elderly people in particular. To that effect, Table 23 displays suggested guidelines that could enhance educational opportunities and lifelong learning for both the elderly people and the citizenry at large:

Table 23: Plan of Action for Assurance of Lifelong Learning/Education

Plan of action	Targets	Initiation date	Review date
<p>Preparing for an educated ageing population</p>	<ul style="list-style-type: none"> • Establish a programme to promote lifelong learning <ul style="list-style-type: none"> (i) Establish Adult Education centres of excellence all around the country • Train personnel in institutions that deal with all forms of educating adults in adult education skills. • Establish an education system that is inclusive and accessible. <ul style="list-style-type: none"> (i) Expedite the loan system to enable majority of people gain access to tertiary education (ii) Roll out the two-tire education system to the entire country (iii) Roll out early childhood education centres to all schools in the country (iv) Construct more schools especially in rural area in order to improve on access. 	2021	2024

Source: Adapted from the United Nations (2000): Guidelines on the Implementation of Macao Plan of Action on Ageing for Asia and the Pacific.

6.7.5 Strengthening Family Ties and Care for the Elderly

Biographical data informed this study that family has an upper hand where caring for the elderly, is concerned. The finding is evidenced from the fact that out of 336,332 elderly people in the whole country (CSO, 2012), only about 165 are in old people’s homes (Changala, 2014). The rest of the elderly, therefore, are in the community. Taking care of aged parents is a practice that is entrenched in majority of indigenous

African people. Majority of indigenous African people would take care of their aged parents in good health, poor health and in poverty. Zambian people are no exception. Mapoma (2013) affirms that filial loyalty, towards the elderly, especially close relatives like mothers and fathers is actively present in Zambia. Although financial support rendered to older people by family members is minimal or insignificant, the motive behind the act is what counts. The motive, therefore, suggests or indicates that family is willing to support and care for aged relatives. It is with this view that the following guidelines are advanced in table 24:

Table 24: Plan of Action for Strengthening Family Ties and care

S/N	Plan of action	Targets	Initiation date	Review date
1.	Government to enhance and reinforce the care-giving capabilities of the family	<ul style="list-style-type: none"> • Identify and assess the size of households caring for elderly relatives • Provide policies and financial incentives to households living with elderly persons; for instance, giving tax exemption to families that look after older parents and relatives (Kamwengo, 2002) • Establishing a revolving fund for families caring for fragile elderly and fragile relatives • Strengthen the traditional support system through designing poverty reduction programmes that economically empower community members (Kamwengo, 2002) 	2021	2024
2.	Government to strengthen the traditional extended family relations	<ul style="list-style-type: none"> • Provide programmes to sensitise the younger generation on the importance of extended family • Strengthen the intergenerational relationships; create a national intergenerational day where oldest family members are celebrated 	2021	2024

Source: Adapted from the United Nations (2000): Guidelines on the Implementation of Macao Plan of Action on Ageing for Asia and the Pacific

Family has been the safety net for the elderly people from time immemorial among Zambian people and maybe majority of African communities. Given the necessary

support, therefore, family would be government's best ally in providing care for the aged.

6.7.6 Housing, Sanitation and Transportation

Biographical data, in this study, revealed that Housing units and sanitation facilities for majority of elderly people especially in unplanned settlements were inadequate or unfriendly to the aged. Subsequently an assessment of the NAP (2015) exposed the NAP's non-explicitness regarding age friendly sanitation or latrine facilities and transportation for elderly persons. To that effect table 25 articulates on the issues:

Table 25: Plan of Action for Improved Housing, Sanitation and Transport for Elderly People

S/N	Plan of action	Targets	Initiation date	Review date
1.	Government should ensure that elderly people have decent housing units	<ul style="list-style-type: none"> • Assess the extent of housing units that need to be upgraded • Provide resources to facilitate upgrading of improvements to housing units of elderly people in communities; <ul style="list-style-type: none"> (i) Lockable house (ii) Well ventilated (iii) Enough light (iv) Roof that does not leak during rainy season 	2019	2020
2.	Government to ensure there are age-inclusive and adequate sanitary facilities in communities	<ul style="list-style-type: none"> • Give incentives to facilitate construction of age-friendly latrine facilities • Provide technical assistance in the construction of age-friendly latrines 	2019	2020
3.	Government should make special arrangement to meet the transportation needs of elderly people	<ul style="list-style-type: none"> • Give concessions in public transport level fares 	2018	2019

Source: Adapted from the United Nations (2000): Guidelines on the Implementation of Macao Plan of Action on Ageing for Asia and the Pacific.

6.7.7 Coordination, Resource Mobilisation, Monitoring and Evaluation

In order to achieve their intended purpose, the guidelines need proper implementation, coordination, monitoring and evaluation. It should also be borne in mind that all the activities need resources. Therefore, resource mobilisation is an important aspect. To assist in this regard, proposals are advanced in table 26:

Table 26: Plan of Action for Coordination, Resource Mobilisation and Monitoring and Evaluation

S/N	Plan of action	Targets	Initiation date	Review date
1.	Government to coordinate implementation of the life satisfaction guidelines	The established national coordinating agency should: <ul style="list-style-type: none"> (i) Provide overall policy direction in the formulation of national programmes (ii) Monitor and evaluate the implantation process on a regular basis (iii) Provide feedback on the evaluations to all stakeholders (iv) Ensure that elderly people's needs are adequately met (v) Ensure that there is gender equality (vi) Minimise urban-rural imbalance 	2020	2021
2.	Government to work closely with NGOs and the private sector	<ul style="list-style-type: none"> • Encourage the development of a strong non-governmental sector by providing a legal frame-work for establishment and registration, provision of budgetary subvention and assistance • Promote open competition by the private sector in service delivery 	2020	2021

S/N	Plan of action	Targets	Initiation date	Review date
		<ul style="list-style-type: none"> • Consider privatisation of the services where private sector is able to bring better services 		
3.	Government should show commitment to review national priorities and where necessary, revise them to ensure the availability of sufficient resources for implementation of the activities	<ul style="list-style-type: none"> • Explore new ways of financing, including establishing a dedicated fund to provide for additional resources • Give assistance to NGOs' fund-raising activities • Facilitate community resource mobilisation through capital grants, tax exemptions or other fiscal incentives • Provide appropriate training, guidance and recognition for volunteerism 	2020	2021
4.	Government to show commitment to uplifting the wellbeing of elderly people as stipulated in the SDGs, through exchange of information and research, with the assistance of the United Nations and international NGOs	<ul style="list-style-type: none"> • The United Nations could: <ol style="list-style-type: none"> (i) Provide technical assistance in policy and programme development and advisory services (ii) Initiate resource mobilisation from multilateral donor institutions (iii) Providing financial support for major capacity building (iv) Conduct and provide advice on seminars, workshops and training courses (v) Disseminate educational materials • International NGOs could: <ol style="list-style-type: none"> (i) Provide technical assistance to enhance national information, training, and capacity building in research (ii) Provide networking and cooperation among NGOs within and between local 	2020	2022

S/N	Plan of action	Targets	Initiation date	Review date
		NGOs and international NGOs.		
5.	Government, in liaison with the National Ageing Coordinating body, to ensure that donor aid to social security is used for intended purpose	<ul style="list-style-type: none"> • Conduct monitoring and evaluation of the activities funded by donors on a regular basis • Conduct periodic audits of donor funds so as to check on embezzlements • Beneficiaries to be kept in loop as how the donor's funds are being utilised, what selection criterion is being used, how many elderly people are benefiting 		

Source: Adapted from the United Nations (2000): Guidelines on the Implementation of Macao Plan of Action on Ageing for Asia and the Pacific

6.7.8 Summary on Guidelines

The proposed guidelines, if taken on board and implemented well, could complement the National Ageing Policy, not only in its quest to ensure that people “enter old age with dignity” by and beyond 2030 but also to provide an enabling environment for attainment of life satisfaction among elderly people. Consequently, the elderly people’s wellbeing would be bettered and their quality of life could be enhanced. Ultimately, the elderly people would be able to actively participate in developmental programmes and, therefore contribute to national development.

6.8 Summary on Discussion

The main task for this chapter was to discuss the findings of the study. Prominent among the discussed aspects was the dynamics of attainment of life satisfaction, which was found to be undesirable compared to findings of previous researchers elsewhere. Majority of respondents were on the dissatisfied side of the SWLS, a situation that, as Diener (2006) explains, renders the affected individuals to be dysfunctional in society. The worst affected were women aged 85 years and above, those with less formal educational attainment, and those with insignificant income.

Conspicuous among discussed aspects, too, was the nature of prospects and challenges reported by the elderly person that were found to be unique to this study. However, the prospects and challenge categories were consistent with findings from previous research. In the same vein, the discussion highlighted the fact that what brought about attainment of life satisfaction to the respondents in this study were at variance with what the Activity Theory of Ageing prescribed. The main perceived reason that may account for this discrepancy was the difference in socio-economic context in which the active theory was developed and the context in which the respondents resided. The discussion also touched on the respondents' monthly income, which, largely, was a reflection of the economic status challenge category. In other words, respondents' responses itemised under the challenges indicated how insignificant their income was. The discussion also highlighted the importance of the family in providing care and support to the elderly people, though income that might be received from family was perceived as inadequate.

Finally, the discussion included aspects bordering on the inadequacy of the National Ageing Policy in terms of facilitating prospects to attainment of life satisfaction. The Inadequacy mainly lay in the policy's failure to recognise individual differences. To that effect, the policy (NAP) presents policies which mainly accommodate for the needs of the physically fit individuals to the neglect of the frail, physically and mentally challenged elderly people. In this regard the individuals who drafted the NAP were not cognisant of the diversity prevailing under the umbrella of elderly people. Cognisant of this diversity would enable the National Ageing Policy to achieve equity in resources and service provision to the elderly people.

CHAPTER SEVEN: CONCLUSION AND RECOMMENDATIONS

7.1 Introduction

Zambia's population is ageing at a faster rate, along with the world, than before. Projections have it that 30 years from now (2050), persons aged 60 and above will constitute a larger portion of the world's population than people aged less than 14 years (United Nations, 2017). This state of affairs has massive economic and social implications. Therefore, a pro-active approach to this impending economic and social shift is a necessity. Providing an enabling environment for attainment of life satisfaction among elderly people could be one of the numerous ways governments could prepare for this boom in the population of elderly people. As already highlighted in the first chapter, attainment of life satisfaction promotes wellbeing, the result of which majority of elderly people would be fit to work and contribute effectively to the development of the country. Ultimately, there would be reduced costs on social welfare, medical and social care. Cognisant of all these, this study sought to examine the dynamics of life satisfaction among elderly people. Consequently, prospects and challenges to attainment of life satisfaction were explored and examined respectively. Subsequently, the National Ageing Policy was assessed for adequacy in terms of enhancing prospects to attainment of life satisfaction through the lens of the findings of this study.

As was already presented in chapter five, the findings were that: a greater number of elderly people in the study did not attain life satisfaction than those who did; prospects to attainment of life satisfaction were found to belong to five categories and the most prominent one was achievement of minimum basic needs; challenges to attainment of life satisfaction were found to belong to eight categories, the most prominent being the inability to meet basic needs, and; the National Ageing Policy was in its current state, found wanting in terms of facilitating for attainment of life satisfaction among elderly people.

Furthermore, respondents' biographical data revealed that: family was the largest financial supporter of the elderly people although the rendered support was reported to be insufficient; there was an insignificant number of respondents receiving pension allowance and social welfare support and the inadequacy of the received support for

decent living; and there was inadequate housing units and sanitation facilities for elderly people in unplanned settlements. Consequently, the findings led to the development of guidelines to supplement the NAP's implementation. Furthermore, a conclusion and recommendations in line with the findings were made.

7.2 Conclusion

Having a greater number of elderly people who did not attain life satisfaction is an indicator of poor quality of life prevailing among the elderly people in the study area, and, perhaps in the rest of the country. The worst hit being women, the frail due to either advanced age and/or poor health, and the less educated. This conclusion is made in the light of Mutjuwadi (2013) and Subramanien (2012), who avowed that life satisfaction was a sure indicator of quality of life. Vaanhoven (1996) wrote and explained that quality of life denoted the presence of essential conditions, such as sufficient food, housing, and health care, the absence of which the country was not liveable for its inhabitants. Worse still, a chronic state of dissatisfaction with life, as Diener (2006) explained, renders the affected individuals dysfunctional. This spells out one thing; an unhealthy elderly populace. An unhealthy elderly populace can exert pressure on government's health spending as well as the affected individual's (both the elderly people and their financial supporters, who mostly are family members) meagre financial resources. The ultimate result is appalling poverty on the affected individuals, which may undermine socio-economic progress of the country. Observation of respondents' immediate physical environment revealed appalling poverty which manifested in form of inadequate housing, poor water sources and unimproved sanitation facilities, especially in unplanned settlements in Solwezi.

The implication of this state of affairs, among other things, is that majority of elderly people that participated in this study, and perhaps elderly people countrywide, are disfranchised from actively participating in development programmes, and therefore would not contribute in a sensible way, to the development of the country. This would be a sad reality for a country which is in a hurry to develop. The prevailing situation is antagonistic to the desires of the Sustainable Development Goals (SDGs), and other development targets including the Vision 2030, and short to medium term policies and plans set out by the Zambian government and its local and international development partners. Therefore, addressing the plight of the elderly people could render the

country liveable for them. Correspondingly, this would propel Zambia as a country towards achieving the SDGs set to be achieved by 2030, specifically SDG, Goal No. 3, which requires governments and other stakeholders to put in place interventions that promote the wellbeing of people of all ages.

Regarding challenges to attainment of life satisfaction, elderly people's experiences linked to challenges to attainment of life satisfaction reflect the specificity of the Zambian context, and as the study suggests, might highlight the vulnerability of elderly populations in other African and low-income countries. Challenges 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. Clearly, these experiences are an indication of poor economic status among the elderly people. The state of affairs has greatly influenced the elderly people's way of life and attainment of life satisfaction. The attainment of life satisfaction is to a larger extent tied to financial and material things. Findings in this study attest to the fact that majority of the respondents were still struggling to fulfil their basic needs. In as much as it has been argued that money does not buy happiness, inability to meet basic needs due to lack of financial resources brings about anxiety and despair.

As for prospects to attainment of life satisfaction, what respondents mentioned as drivers of life satisfaction are similarly revealing about the fragility of their support systems. Accordingly, the sources of income, both public and private, were not sufficient to enable the elderly people to meet their basic needs. For those who were on monthly pension, besides being inadequate, the allowances were irregular and were inflation-insensitive. Nevertheless, the family was found to be a major supporter of the country's elderly population and supported the ageing relatives in sickness, health and helped to provide a sense of wellbeing. The same could be true in many African countries. The family, therefore, provides the largest social security system for elderly people and should be well-recognised and strengthened as such. While the government does provide support to a few Old People's Homes' dotted around the country, better ageing can only be among one's own relations, in line with Zambia's cultural values.

Some considerations should be made to support families which also take care of their elderly citizens.

Regarding the National Ageing Policy, the study concluded that as far as providing policy direction in the care of elderly people in Zambia, the policy is inadequate. Even though strategies have been set forth, they however, are so general and lack budgetary support for effective implementation. Furthermore, the policy tends to view elderly people as a homogenous group. In reality, this group is very heterogeneous. Not recognising the diversity within the elderly population and treating them as a homogenous group, has the potential to socially and economically exclude majority of the elderly people. Different sub-groups that form this segment of society should be identified and attended to accordingly. In other words, the National Ageing Policy should be inclusive in its allocation of resources to elderly people. Therefore, aspects of old-age friendly latrine facilities, active involvement of elderly people in the planning, implementation and evaluation of the policy, should be given priority.

The policy has identified tasks for various government line ministries. It is important that this activity be translated into practical terms in the manner of resource allocation. The policy has not clearly stipulated how implementation of activities would be funded. Lack of an independent coordinating body to work in consultation with the Ministry of Community Development and Social Services is another serious omission as the ministry is already overburdened by many other responsibilities.

Concerning the theories that formed the theoretical framework for the study, none of the respondents mentioned activities of leisure in nature as their source of life satisfaction. This finding was inconsistent with previous research that supported the Activity Theory of Ageing. In contrast, the current study found that ability to meet minimum basic necessities of life, morality of children and good family relations, as the source of life satisfaction for majority of elderly persons. Thus, it seems possible that developers of the Activity Theory of Ageing did not have elderly people in low income countries such as Zambia, in mind. Zambia, like many other countries, is socially, culturally and economically vastly different from the United States of America, where the Activity Theory of Ageing originated from. Literature has revealed that majority of elderly Zambians, whether they have retired from formal

employment or not, are struggling to fulfil their basic needs such as food, shelter, and clean water. In view of this, this researcher proposes that a theory of ageing is required, that will take into account the differing social, cultural and economic status of elderly people in different contexts.

Finally, through the lens of the Activity Theory of Ageing, the study concluded that majority of respondents were not ageing successfully because they were not attaining life satisfaction. Correspondingly, the study also concluded, in the light of Ericson's Theory of Human Development, that majority of the elderly respondents were in despair. These conclusions have serious implications that need to be addressed.

7.3 Recommendations

In view of the findings, the following were the recommendations:

1. Government and stakeholders should promote, support and develop programmes aimed at reducing challenges to attainment of life satisfaction among elderly people, to enable them meet basic needs and improve their wellbeing, through increased access to social security, establishment of geriatric centers of excellence, and provision of walking-aids.
2. People, especially those in the informal sector, should be encouraged to embrace the culture of saving for old age through the use of existing saving institutions, such as the National Pensions Scheme Authority (NAPSA) and National Savings and Credit Scheme (NATSAVE) and investments in general.
3. Government through the Ministry of Education, in collaboration with other line ministries and development partners should promote, support and develop programmes such as skills training, literacy and support groups aimed at providing opportunities for lifelong learning to enable elderly people keep abreast with technology, reduce on their dependency and increase their leisure.
4. Government ought to develop programmes that would support traditional safety-nets by strengthening family ties through events such as national family days. This will encourage families to continue providing care and support to elderly people and to assure them continued social security and welfare.
5. Government should recognise the existence of elderly people by establishing a National Senior Citizen's Day and to ensure that it is commemorated in

appreciation of their contribution to the country, and the fact that they have lived up to old age as a motivation to young people.

6. Government should address the inadequacies of the National Ageing Policy by incorporating the recommendations in the guidelines, which include establishing a national coordinating body on ageing focused on coordination, resource mobilisation, monitoring and evaluation of activities for the welfare of elderly people.

7.4 Suggestions for Future Research

The following are suggested themes for future research:

- Development of an Afrocentric Theory of Ageing.
- Examination of Status of Attainment of Life Satisfaction among Elderly People Countrywide.
- Examination of the Relationship between Educational Status and Life Satisfaction among Elderly People.

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APPENDICES

Appendix 1: Satisfaction With Life Scale with Biographical Questions (English)

Dear respondent,

Greetings to you.

I am a Postgraduate Student at the University of Zambia, in the School of Education, Department of Adult Education and Extension Studies, carrying out a research study on dynamics of life satisfaction among elderly people. You are humbly requested to take part in this research as a participant. The information you will provide may help to form policy on the wellbeing of the aged people in Zambia. Your response will be treated with maximum confidentiality. Kindly note that you are free to withdraw from the study as a participant whenever you wish.

Section A:

Instructions: You are, kindly, required to give responses to the questions that I will read to you. Consequently, I will acknowledge your response by ticking in the appropriate box provided below:

1. Sex:

Male Female

2. Age group:

65 to 75

76 to 85

86 and over

3. What is your highest formal educational attainment? Please tick in the appropriate box:

Primary

Secondary

Tertiary

Never been to school

4. What is your major source of income/support? kindly tick in the appropriate box below

Pension:

Social welfare:

Business:

Family members:

Farming:

Social cash transfer:

Charity (Church, well-wishers, NGOs):

Other:

.....

5. Does the income/support come on a regular basis? Yes No

6. Kindly provide an estimation of your monthly income in the provided space bellow:

.....

.....

7. Is your monthly income adequate enough to enable you afford the necessary basics that go with your daily needs? Yes No

8. Do you have dependants? Yes No

9. If your answer to question 8 is yes, kindly indicate the number of dependants you have in the provided space.....

10. How is your health these days?

.....

.....

11. Kindly indicate if you suffer from any of these ailments by ticking in the appropriate box:

Diabetes TB High Blood Pressure General body pains

Section B:

Instructions

Below are five statements that you may strongly agree, agree, slightly agree, neither agree nor disagree, slightly disagree, disagree, strongly disagree. Using the 1 - 7 scale below, I will indicate your agreement or disagreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding.

- 1. 7 - Strongly agree
- 2. 6 - Agree
- 3. 5 - Slightly agree
- 4. 4 - Neither agree nor disagree
- 5. 3 - Slightly disagree
- 6. 2 - Disagree
- 7. 1 - Strongly disagree

- 1. ____ In most ways, your life is close to your ideal.
- 2. ____ The conditions of your life are excellent.
- 3. ____ you are satisfied with your life.
- 4. Please give reasons for your response to statement 3
above.....
.....
.....
.....
- 5. ____ So far, you have got the important things you want in life.
- 6. ____ If you could live your life over, you would change almost nothing.

Thank you for your time!

Appendix 2: Satisfaction With Life Scale with Biographical Questions (Lunda)

CHILUNJI II MALWIHU ANATUNEWI

Kudi mukakwakula,

Kwimusha mwani kunanda.

Nidi mwani mukashikola hashikola ya University ya Zambia, mushikola yatana nsona kumutayi wakutana chawakulumpi chatandunuka chakutwalekahu. Ninakwihujola nakukena kudi antu chihosha chakukena kwiluka Yuma yaletsha antu akula dehi nakushika kuyaka makumi atanu nadimu nayaka yitanu (65) nakubadihaku, kwikala nawuswa wakuwunda nakwiteja yaaka yahu. Munalombewi kulonda mwakuli malwihu wenawa. Nsanu yeniyi mukushimuna yinatweshi kuleji akashimbi kuwana mwakwililila hakuhanda chawatushinakaji hela akulumpi mwituna da Zambia. Kwakula kwenu kukuswekewa, nakulemeshewa nakavumbi. Manatweshi kuleka kwakula malwihu wenawa neyi himunakeniku mwani.

Chibalu Chatachi A: Malwihu

Kuleja: Ananyilombi mwani kufundamu ilowa mubokisi kweseka
nachimwekala

1. Yeyinyi? yala mubanda
2. Wudi nayakanyi? 65- 75
76- 85

Wakula dehi nakutwala kwiwulu 86

3. Watana shikolanyi? Shaku ilowa mubokisi

Prayimari

Sekondari

Waya kukozi

Hiwatanaku

4. Mwahandilana hadihi? Lowenu mubokisi mwishina.

Peshini

Anyikana wukwashi wawakulupi

Wasekashanana

Chisaka chakukwashana

Muwundumi

Anyikana wana wamadi

Anyikana wukwashi kufuma

Kuchipompelu hela akaluwi

5. Wukwashi anyikanawi mpinji yejima ena

nehi

6. Shimunenu madi mwawanama hakakweji. Sonekaku mwishina.

7. Madi mwawanana hakakweji anatweshi kunyikwasha mukuhanda kwahefuku hefuku? Ena

Nehi

8. Mwalelana antu hela nyana? Ena

nehi

9. Neyi mwahembana antu hela nyana. Anahi, sonekaku mwishina.

10. Munakutiyani nahi kumujimba mafukwawa?

11. Mwakatanahu kuniyi yikatu? Lowenu

mubokisi.

Musonu washuga

12. Kuhanda kwenu mudi chachiwahi tandi nehi? Ena

nehi

13. Shimunenu chimunakuhanda kweseka nalwihu 7 hewulu.

Chibalu Chatachi B:

Chilunji iii kwiteja kuiteja kuhanda chachiwahi nachipimu chawumi (swls)

Nshimbi.

Mwishina mudi nyikuku yamazuru yitanu yiwukwiteja hela kukana. Kusatisha chipimu chakufuma ha 1-7 mwishina. Ami nukusha kwiteja hela kukana kweyi kweseka nansona yinadisumbuli nakwakuka kweyi. Nanyilombi mwani kwakula muwalala.

1. 7 – neteji nankashi
2. 6 – neteji
3. 5 – neteji chantesha
4. 4 – neteji hela hinetejiku
5. 3 – netejiku chantesha
6. 2 – hinetejiku
7. 1 – hinetejiku nankashi

1 – Mujila jajivulu, wumi weyi wekala neyi ochu watonokana?

2 – Kwikala kwawumi weyi kwakuwahi nankashi?

3 – Wuneteji kuhanda kwawumi weyi?

- 4 – Hela chochu, wunawani Yuma yalema yiwakena muwumi weyi?
5 – Neyi wukuhanda cheni, niyuma yiwukuhimpa kwosi?
Nanyisakiliku mwani hama hampinji yenu mwanyinka!

Nasakili mwani

Appendix 3: Satisfaction With Life Scale with Biographical Questions (Kaonde)

Kwiba kumbula,

Muteende mwaane.

Amiwa mbeena kufuunda pa sukuulu mukatampe wa mu Zambia (University of Zambia) mu kipamo kya sukuulu wa mafunjisho (Education) kitala pa mafunjisho aba kulumpe ne kutwaajijila mu mafunjisho, (Department of Adult Education and Extension Studies), nji na mukweekwele wakukeba bishiinka pa bileengela bakulumpe bakila pa myaaka makumi ataami na fumo ne ataanu (65) kubuka kufika pa kipimo kya kusekelamo mu buumi bwaabo.

Mwaane na mushiingi yeense, twaayayi twiingile pamo mukukebakeba bishiinka mikuumbo yeenu ikakwaasha kyaalo kyeetu kya Zambia kuleenga mizhilo yafikalaamo mu kwaasha bakoma. Yukayi kino amba mikumbo yeenu ya bufyaamfya. Mwaane muji na luusa lwa kuswa kutanamo tubaji naangwa ku kaana.

Kibese A:

Meepuzho a kukeba bishiinka

Byakulondela: kyoongayi mu kibokoshi

1. Byomuji

Wamulume Wamukazhi

2. Myaaka ya kusemwa

Pakachi ka 65 ne 75

Pakachi ka 76 ne 85

Myaaka yakila pa 86

3. Mwaafika peepi mukufuunda kweenu?

Kyoongai mu kibokoshi kyaelelwa.

Kupulaimali

Kusekondale

Masukulu akwaabo

A bumamya

4. Mashinda ka mo mu mweena maali/bukwaasho?

Kyoongai mu kibokoshi kyaelelwa.

Mu peshoonyi
Kukipamo kya
Bukwaasho mukijiji

Busulu

Maali afuma ku
Kafulumende

Mu ku kwaasha
Kijiji.

Kubipamo bya bukwaasho
(kipwiilo, balusaatu, Bipamo
Bi imeena)

5. Kana ano maali/bukwaasho bwiiya pa kimye kyafwaainwa nyi?

E-e Ine

6. Mwaane betupeepo kipimo kya maali batambula panoondo panoondo

7. Kana ano maali afikilamo mukupwiisha lukaji lweenu lwa pa juuba pa juuba nyi?

E-e Ine

8. Muji nabo musuunga nyi?

E-e Ine

9. Inge mwaji kuswa (E-e) Kujipuzho 8, mwaane neembai nambala yabo musunga mu luno ki peeze.

.....
.....

10. Butuntulu bwa mubiji weenu buji byeepa ano mooba?

.....
.....

11. Mweshaayi mu ku kyoonga mu bino bikokashi inge mubeela bino bikola byaaneembwa muunshi.

Kikola kyashuuka kikola kya TB
Kikola kya kukaanjila mashi

Kikola kwa mubiji yeense

12. Kana mwaatoondwa na bwiikalo bweenu nyi?

E-e

Ine

13. Lumbululaayi pa mu kumbo weenu mu jipuzho 7 peulu.

.....
.....
.....
.....

Kabese B: Satisfaction With Life Scale

Bya kuloondela

Paanshi paji bipelu naangwa bibese bya bipelu bya kuseiisha naangwa kukaana. Mukwiingijisha kipimo kufuma pa 1 kufika ku 7 (1-7) Nsa kuneemba kuswa naangwa kukaana kweesakana na nambala yalamankana kufukula kweenu. Kasulukaayi ne kwikala ba kishiinka mu ku kumbula kweenu.

1. 7 – Naaitaba kya kune kiine kiine
 2. 6 – Naaitaba
 3. 5 – Naaitaba pacheeche
 4. 4 – Kechi naaitaba naangwa kukaanane
 5. 3 – Nakaana pacheeche
 6. 2 – Nakaana
 7. 1- Naakaanyishaatu
-
1. ----- Bimye byaavujisha bwiikalo bweenu buji peepi namo mulaangulukila.
 2. ----- Bwiikalo bweenu bwawaamisha.
 3. ----- Mwaatoondwa na bwiikalo bweenu.
 4. ----- Naangwa byookabyo muji naabyo abya biintu byo mukeba mu mweo weenu.
 5. ----- Inge mwaajikalako tumooba, kafwaako byo mwaafwaamwa kupimpula.

Sankyo, pakupaana kimyi kyeenu

Lumbululaayi eene mambo omwa ambila bino mu kipelu kya busalu (3)

.....
.....
.....
.....
.....

Twasantamwane!

Appendix 4: Unstructured Interview Guide

1. For staff from NAPSA

Interview questions touched on:

- Adequacy of monthly pension allowance.
- If NAPSA Scheme is inclusive of retirees from informal sector.
- How can more elderly people access monthly pension allowance?

2. Staff from Social Welfare

Interview questions touched on:

- Whether social welfare gave monetary assistance to beneficiaries.
- Whether assistance came on a regular basis.
- Whether funding to social welfare scheme was adequate.
- What percentage of elderly people in one of the social welfare areas was covered?

3. District Medical Officer

Interview questions touched on:

- Whether elderly people enjoyed good health in the study area of Solwezi district.
- Whether there were geriatric services in public health institutions in Solwezi district and Zambia as a whole.
- Whether there were specialised medical personnel in geriatrics services.

Appendix 5: Unstructured Observation Guide

Observe the general immediate physical environment of the respondents.
Specifically:

Housing units, observe for:

- presence of windows
- lockable doors
- shelter from rains

Sources of water that are:

- easy to use
- safe for drinking.

Adequate latrine facilities, observe for:

- floor that is easy to clean
- easy to use (should have a supporting accessory or should be for sitting in nature as opposed to squatting)
- privacy
- shelter from rains