SOCIAL CONNECTEDNESS AND PSYCHOLOGICAL ADAPTIVENESS AS PREDICTORS OF EMOTIONAL WELL-BEING OF THE ELDERLY IN IBADAN, NIGERIA

BY

Olufunke Olayemi HASSAN
Matric. No.: 38856
B. Ed. Religious Studies, M. Ed. Social Welfare (Ib.), M.Sc. Social Work (Ogbomoso)

A Thesis in the Department of Adult Education,
Faculty of Education,
In partial fulfillment of the requirements for the Degree of
DOCTOR OF PHILOSOPHY
of the
UNIVERSITY OF IBADAN

OCTOBER, 2023

CERTIFICATION

I certify that this work was carried out by Mrs Olufunke Olayemi Hassan in the Department of Adult Education, Faculty of Education, University of Ibadan.

……

Supervisor

M. O. Akintayo

B.Sc, M.Ed, Ph.D (Ibadan)

Professor, Department of Adult Education

University of Ibadan, Nigeria.

……..

Co-Supervisor

Abiola A. O. Omokhabi

B.Ed, M.Ed., Ph.D (Ibadan)

Senior Lecturer, Department of Adult Education University of Ibadan, Nigeria.

DEDICATION

This work is dedicated to the loving memory of my parents, Deacon Titus and Mrs Deborah Ogundare.

ACKNOWLEDGMENTS

I like to record my gratitude to my supervisor Professor M. O. Akintayo, for his selflessness, drive for excellence, encouragement, fatherly role and intellectual contributions to the success of this work. It has been a very long journey, but I thank God it ended in praise. I am indeed grateful to my Co-Supervisor, Dr Abiola A. Omokhabi, for her guidiance and contributions in ensuring the work is completed successfully.

To the indefatigable Head of Department, Professor K. O. Kester, your exemplary leadership and notable contributions from the beginning to the end of this work over the years is unquantifiable. The Lord bless and reward your labour of love, sir. I also remember the support and encouragement from all the department Professors and Doctors. You are all known to treat your students like family members. I do not take it for granted, I thank you all.

Professor P.O. Olapegba, my internal/external Supervisor, thank you so very much, sir, for giving me listening ears at various crossroads and for your contributions in giving the work a facelift. Also, to all the nonacademic staff in the Department of Adult Education, you are well appreciated.

To my darling husband, Pastor Gbolahan and my lovely children, Oluwatomiwo, Itoro and Temiloluwa Nehemiah with Oluwatoni, I thank God for bringing you my way and for your persistence in ensuring that the programme is completed. To all my siblings, friends and well-wishers, I thank you all for your support.

Lastly, glory and honour to the faithful Father, full of loving-kindness, the one who is able to do all things, to him who nothing is impossible, the giver of all good and perfect gifts, who sustained me to the end of this long journey. You led me through thick and thin to successfully complete this program, indeed the Holy Bible in the book of Ecclesiastes 7:8 says “better is the end of a thing than the beginning thereof”. Lord, I will forever be grateful. To him alone be all majesty, power and praise.

ABSTRACT

Emotional well-being, an individual's subjective feelings of happiness, satisfied social relationships and self-contentment, is necessary for successful ageing. However, reports have shown that the emotional well-being (EWb) among many elderly people is poor in Ibadan, Nigeria. Previous studies focused more on psychological intervention to improve EWb of adults than on prediction of EWb of the elderly people. This study, therefore, was designed to examine Social Connectedness SC (Social Integration- SI, Social Networking-SN and Social Supports- SS) and Psychological Adaptiveness (PA: Copping Efficacy-CE, self-esteem, religiosity and Quality of Life- QoL) as predictors of EWb of the elderly in Ibadan metropolis, Nigeria.

The Havighurst, Fredrickson and Namaba Ageing theories served as the framework, while the mixed methods design was adopted. The five Local Government Areas (LGAs) in Ibadan were enumerated and 35 wards (7 per Local Government) were randomly selected. The WHO 30 by 7 cluster sampling technique was adopted to select 30 elderly persons aged (60 years and above) in each selected ward (but a total of 987 elders finally participated). The Instruments used were EWb (α=0.89), SI (α=0.89), SN (α=0.87), SS (α=0.76), CE (α=0.89), Self-esteem (α=0.82), QoL (α=0.92) and Religiosity (α=0.84) scales. Indepth interviews were held with 10 elderly persons (2 per local government). Quantitative data were analysed using t-test, Pearson product moment correlation and Multiple regression at 0.05 level of significance, while qualitative data were content-analysed.

Majority of the participants (54.8%) were female; 61.3% were married; those with perceived good health status were 57.8% while 93.8% were of high religiosity. Their EWb ($\bar{x}$ = 2.6) was positive against the threshold of 2.5. The SS (r =0.39), QoL (r=0.36), SN (r=0.30), SI (r=0.26), self-esteem (r=0.25), CE (r=0.21) and religiosity (r=0.19) had significant correlations with EWb of the elderly. There was a significant joint contribution of SC and PA on EWb ($F_{(7;\ 979)}$=37.21; Adj. R^2=.021), accounting for 20.1% of its variance. The QoL (β=0.33), SS (β=0.29), SN (β=0.19) and SI (β=0.08) had relative contributions to the EWb of the elderly, while CE, self-esteem and religiosity had none. Most of the elderly relied more on their children and relatives for rendering supports and survival. Financial, health status, delayed pension, lack of social security, over reliance on children and emotional challenges were reported the major risk factors of low EWb among the elderly.

Emotional well-being of the elderly in Ibadan metropolis was influenced by quality of life, social supports, social networking and social integration. These factors should be considered to improve emotional well-being of the elderly.

Keywords: Elderly in Ibadan metropolis, Emotional well-being, Quality of life, social supports

Word count: 429

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

.

LIST OF ABBREVIATIONS

EWB	–	Emotional Well Being
SC	–	Social Connectedness
SI	–	Social Integration
SN	–	Social Networking
SS	–	Social Supports
PA	–	Psychological Adaptiveness
CE	–	Copping Efficacy
QoL	–	Quality of Life
LGAs	–	Local Government Areas
WHO	–	World Health Organisation
UN	–	United Nations
NPC	–	National Population Commission
HIV	–	Human Immunodeficiency Virus
AIDS	–	Acquired Immunodeficiency Syndrome
PA	–	Positive/Pleasant Affect
NA	–	Negative/Unpleasant Affect
SES	–	Socio-Economic Status
APA	–	American Psychological Association
UNECE	–	United Nations Economic Commission for Europe
CE	–	Coping Efficacy
SWB	–	Subjective Well-Being
CLS	–	Community Life Survey
ANOVA	–	Analysis of Variance
BABT	–	Broaden-and-Build Emotion Theory
EWBS	–	Emotional Well-Being Scale
SCMQ	–	Social Connectedness Measures Questionnaire
PAMQ	–	Psychological Adaptiveness Measure Questionnaire
SEM	–	Structural Equation Modelling
FGD	–	Focus Group Discussion
CBT	–	Cognitive Behavioral Therapy

SEM	–	Structural Equation Modelling
IDI	–	In-Depth Interview
WHOQOL	–	World Health Organisation Quality of Life

CAHPTER ONE

INTRODUCTION

1.1 Background to the Study

Ageing is a developmental process that is critical in the life of the individual elderly, it is accompanied by new opportunities and major changes that establish either success or failure of early life. Ordinarily, transition from adulthood to old age could be challenging, due to physio-psychological and environmental alteration that characterised this stage of life with body image deformation, reduced social events and loss of physical strength (Lawrence & Falaye, 2019). These changes are exacerbated by diminished emotional well-being, such as losses of occupational attachments and social networking, which are the major anchor of self-identities (Sharma, Chitra & Karunanidhi, 2015). This often times leads the elderly to have a sense of abandonment or neglect, loneliness and depression.

An elderly person is someone who is 60 years and above (United Nations, 2009). Globally, the number of people aged 60 years and above is projected to increase from 901 million in 2015 to 1.4 billion by 2030 (UNDP, 2015). In Sub-Sahara Africa in 2015, 46 million people are aged 60 years and above while 161 million elderlies are projected to live in the region by 2050 years (UNDP, 2015). In Nigeria, the number of the elderly in 2019 was 1 billion, this number will increase to 1.4 billion by 2030 and 2.1 billion by 2050 (Ugbe, 2021).

Central to successful ageing is emotional well-being (EWB), literature (Misheva, 2016; Delle Fave, Bassi, Boccaletti, Roncaglione, Bernardelli & Mari, 2018) have shown that early life experiences pose significant threat to the EWB in later life. That is childhood or early adulthood disadvantages or displeasures often lead to impaired EWB (Lee, 2006). Halaweh, Willén, Svantesson and Dahlin-Ivanoff (2018), aver that the way the population of the elderly is increasing worldwide, promoting health and EWB of the elderly have become necessary for successful ageing in both developed and developing nations. According to Li, Ji and Chen (2014), the EWB of the elderly could be perceived as the quality of emotion of an individual's daily experience, (that is, the intensity and

frequency of experiences) of either positive affectivity (joy, happiness, enthusiasm, cheerfulness and energy) or negative affectivity (anger, sadness, anxiety or worries, disgust and fatigue) that would make life pleasant or unpleasant. Therefore, as an individual is advancing in age, the EWB becomes a major concern in terms of attaining good physical health, cognitive and social functioning as well as achieving economic or financial independence (Sharma, Chitra & Karunanidhi, 2015).

In a typical African society, high premium is placed on social respect for the elderly regardless of socio-economic status, educational status, political or religious positions. The culture is such that once an individual reaches 'the old age', much respect is accorded him/her. More so, the mutual obligations of members of both the nuclear and extended families for caring for the elderly are critical. Thus, respect and care for the elderly are considered as virtues, which in a way create a condition of comfort with feeling of being loved, valued, respected, recognised and relevant (Oluwabamide & Eghafona, 2012). The presence or absence of these virtues can positively or negatively affect the overall well-being of the elderly due to the fact that they have higher tendencies to suffer from any psychological or emotional challenges associated with old age such as loneliness or physical and social isolation. Unfortunately, these virtues are gradually eroding away in most African societies due to westernization, and this is leading to heightened emotional, physical and social problems for the elderly.

. To this effect, diminished EWB of the elderly brings about a wide gap between the younger generation and the elderly; such that the information needed for sustenance of various indigenous cultures, moral values and traditions that defined African identities are missing or pressurised due to westernization (Makhonza, Lawrence & Nkoane, 2019). In fact, in a situation where the elderly feels unhappy, physically and socially isolated, disrespected and uncared for, their perception of ageing is negatively affected and this undermine their efforts to ensure family and social cohesions. However, when the elderly is faced with the challenges of improved EWB, evidence abounds in literature that what is required is how to enhance their social connectedness and psychological adaptiveness (Holt-Lunstad, Robles & Sbarra, 2017; Suragarn, Hain & Pfaff, 2021).

Social connectedness is a critical part of human life, the elderly like any other human being are relational being therefore, social connections give the elderly a real sense

of belonging as they connect and interact with people around them. For the purpose of this study, social connectedness is an umbrella construct that covers social integration, social networking and social supports. Social connectedness affords individual the opportunity for physical and social interactions by active involvement in social activities towards emotional fulfilment. According to Bloch (2018), social connectedness is a developmental experience that grows from childhood through parent-child attachment, good peer relationships and group affiliation, with positive experiences leading to a greater sense of social cohesion. Thus, an individual who is high in social connectedness is likely to be more socially dynamic, feel very close with other people, form new relationships easily, perceive others as approachable and friendly and participate in social happenings within the environment (Lee, Draper & Lee, 2001).

In addition, an elderly who is able to build a strong sense of social connectedness in early life is not likely to feel isolated in later life. Hence, social connectedness is associated with good emotional well-being. In other words, individual would be happy and be emotionally fulfilled basically because of greater sense of social connectedness, while those who view the world as a threatening or dangerous place may not easily socialize (Bloch, 2018). Therefore, in this study, social connectedness is measured by the elderly social networking, social integration and social supports.

Social networking as a component of social connectedness is a subjective sense of being valued by other members of the society (Bahramnezhad, Navab, Taherpour, Bastani and Chalik, 2017). Social networking depends on the individual's personal character and how such character is acceptable to those around the person. Family members and friends tend to be the best network where care, comfort and peace is ensured, particularly for the elderly. This is gradually becoming a thing of the past especially in contemporary times with emphasis on nuclear family autonomy and independence (that is; a man, his wife or wives and their children) gaining popularity (Oluwabamide & Eghafona, 2012). Social networking then means an environment where care, love, acceptance and respect are being secured especially in trying times for the elderly. This refers to those who are available for the elderly in the event of challenges such as bereavement, illness, emotional and financial problems. The elderly are likely to be strengthened emotionally by good social networking that serves as possible solution to the problem of loneliness. Hence, reduced social

networking heightens a sense of isolation, despair and loneliness causing poor EWB for the elderly (Giordano, Björk & Lindström, 2012).

On the other hand, social integration involves frequency of neighborhood contact vis-a-vis social roles, community involvement and social participation. Research evidence has shown that as people get older, their level of integration tends to reduce (Rajbhandari, 2014). Thus, EWB would become weak by less sense of social integration, while strong social integration promotes health and EWB at later life.

Further, social supports is another component of social connectedness that would strengthen EWB at old age. Social support is the tangible needs of the elderly that is met through social welfare services, grants, homecare services and transportation systems, which in turn reduces stress associated with old age and strengthens adaptive behaviour (Lciaszczyk, 2016). According to Akosile, Banjo, Okoye, Ibikunle and Odole (2018), social support received is the resources that helps reduce the strains of being old. That is, the assistance received from government, society, family, or friends to buffer the negative effects of ageing. In Nigeria, it is very unfortunate that government has failed to effectively implement the social security scheme that provides for old age care in terms of financial support or benefit as stated in the 1999 Nigerian Constitution; Section 14, sub-section 2(b) as amended (Tanyi, André & Mbah, 2018). This failure has made some elderly people to resort to "street begging business" for livelihood. Hence, social support is being recognised as a major determinant of EWB, if not received, it would reduce the EWB of the elderly.

Crucial to this study also is psychological adaptiveness of the elderly in relation to EWB. There is no doubt that the elderly has been adapting or adjusting to old age amidst its associated challenges which have been mentioned earlier; the adjustment strategies adopted by the individual elderly is referred to as psychological adaptiveness. Thus, the EWB of an individual, either positive or negative, is determined by psychological adaptiveness, as adequate adaptiveness upholds positive affect and vice-versa. In this study, psychological adaptiveness is categorised into coping efficacy, self-esteem, quality of life and religiosity.

Coping efficacy is a mechanism that enhances EWB, as it explains the belief that an individual is capable of finding solution to emotional challenges occasioned by ageing.

Essentially, coping efficacy is having confidence in personal ability, getting support from friends and family and stopping unpleasant emotions or thoughts (Midkiff, Lindsey & Meadows, 2018). It is a distinctive element of coping skills that centers on the individual's awareness of being capable of engaging in various psychological adaptive events. At old age, coping efficacy is not just a belief, but also, a personal ability to cause positive affectivity such as happiness, enthusiasm, cheerfulness, contentment and satisfaction with life. Resources available to an individual sometimes aid coping ability, while individual with little or no resources is exposed to negative affectivity like anger, sadness, worries, disgust, unpleasant feelings, distress and feelings of failure. Hence, coping inefficacy is the inability to deal with stress and situational demands of old age, which threatens EWB.

Also, self-esteem as a component of psychological adaptiveness performs a role that cannot be undermined in enhancing the elderly's EWB. Though, not a new construct, self-esteem is an indication of how an individual evaluates him/herself; an emotional measure as compared to ideal self. Since it is a form of defense mechanism, self-esteem helps to protect the elderly against negative emotions during trying moments by maintaining positive self-perception thereby having better psychological well-being (Asli, Azad, Shariat, Farhadi & Shahidi, 2018). Thus, the elderly persons with high self-esteem stand the chance of having a better EWB thereby guarding against negative affectivity. High socio-economic status, success, achievement, marital satisfaction, position, reputations, among others are adjudged to increase individuals' self-esteem. Therefore, while individuals with high self-esteem are respected and accepted as useful members of their society, low self-esteem causes an individual to be disrespected and consequently isolated at old age leading to loneliness (Wagner, Gerstorf, Hoppmann & Ram, 2015). As an individual is ageing, there is the likelihood that self-esteem could either decline or become static depending on early achievements. Over and above this assumption, self-esteem is highly linked with the EWB of the elderly.

Quality of life (QoL) is another parameter of psychological adaptiveness that is likely to predict EWB of the elderly. As a multidimensional construct, QoL is perceived as individuals' subjective and objective opinion that makes life pleasant and valuable. A broader view of QoL is presented by the World Health Organisation (WHO, 1993), as the perception of individual's position in life, within the cultural context and value system in

relation to goals, social relations and expectations. Specifically, it is a person's level of independence, psychological state, physical health, social affiliations and their association to salient features of one's environment.

In line with this, the subjective dimension of QoL explains an adequate capacity to adapt to, recognise, and accept the environment, in order to have a better awareness of physical and psychological health. Morgan, Etukumana and Abasiubong (2017), maintain that good QoL is an indicator of successful ageing which enables individuals to adapt well in later life. Unfortunately, QoL of the elderly is often challenged by widespread poverty or economic deprivation and poor health care services in Nigeria and this results into negative EWB for most elderly. Thus, individual with high QoL would likely adapt well and could experience positive EWB at old age, while EWB of individual with low QoL is likely to be constantly under threat.

Another psychological adaptiveness factor considered in this study is religiosity. Religiosity is an important part of Nigerian culture that represents commitment to divinity (God) and belief system. It also signifies a protective factor employed by individuals to build more resistance to evil or negative experiences such as loneliness, loss, failure, sorrow and the likes. At every stage of human development, religiosity has a strong influence on perception and attitudes towards any phenomenon inclusive of EWB of the elderly. To Zenevicz, Moriguchi & Madureira (2013), religiosity is relevant to life situations or challenges and human existence that involve health and death. That is, faith in divinity that gives strength to individuals when experiencing depressing or difficult situations. It involves sermons, singing, praying, and reading spiritual texts like the Holy Bible or Quran. As individuals advance in age, adaptive efforts move towards religiosity as an important source of emotional support. Arguably, Ebimgbo, Agwu and Okoye (2017) posed that religiosity is directly related to effective adjustment to stressful life events, as it includes a greater sense of hope, meaning and coherence. Therefore, there is a high tendency that the religiosity level of the elderly directly or indirectly enhances positive EWB such as happiness, optimism and satisfaction with life.

As the world is ageing, the issue of elderly EWB should be of interest to both old and young. More importantly, everyone should be concerned about how a better life can be achieved in old age and how the elderly can be guided on how to adapt well to the

changing circumstances around them even in the presence of illness. This calls for more in-depth knowledge about factors predicting the emotional well-being of the elderly with a view to enhancing healthy ageing among Nigerians. Previous studies have focused largely on family caregiving for ageing parents (Okoye 2012); elder abuse (Ayantunji, 2022); well-being of the elderly (Adebowale, Atte & Ayeni, 2012); social security of the elderly (Togonu-Bickersteth and Akinyemi, 2014); the elderly and begging (Adebayo, Fayehun, Falase & Adedeji, 2014); Community versus family support in caregiving of older adults (Ebimgbo, S. O., Atama, C., Igboeli, E. E. Odo, C. O., and Obi-Keguna, C. 2021); information access on emotional well-being of the elderly (Oyinlola & Folaranmi, 2016); with little emphasis on factors predicting the emotional well-being of the elderly, hence the need for a study like this.

1.2 Statement of the Problem

In Nigeria, as most people are advancing in age or close to retirement (for those who have been gainfully employed), the challenge of how to cope with and maintain the reality of this new phase of life becomes paramount such elderly begins to feel unhappy. Besides, economic deprivation, poor access to health care services, several months of unpaid salaries and allowances (which have left many with insufficient personal savings), ineffective or poorly managed pension scheme, haphazardly paid gratuity and lack of social incentives have worsened the emotional well-being of the elderly**.**

Grossly reduced finances and in some cases none at all has led to the elderly depending solely on their children and relatives for survival. In some cases, adult children who already have their own families are not capable of caring for their nuclear families let alone extending adequate care to their parents. All these put together have weakened the adaptive capacity of the elderly, making it difficult to cope effectively with old age syndrome, they become unhappy, lose appetite, become lonely and uninterested in life thereby affecting their overall quality of life. Old age, which should be a period of joy may become a nightmare. This should pose a major concern for all.

Although, previous studies have been conducted to investigate the level of emotional well-being of the elderly, yet limited research exists on the ability of social connectedness and psychological adaptiveness to influence the emotional well-being of

the elderly. This study therefore examined social connectedness and psychological adaptiveness as predictors of emotional well-being of the elderly in Ibadan, Nigeria.

1.3 Objectives of the Study

This study examined social connectedness and psychological adaptiveness as predictors of emotional well-being of the elderly in Ibadan, Nigeria. The specific objectives were to:

1. ascertain the state of the emotional well-being of the elderly under study;
2. assess the differences in EWB of the elderly based on sex, marital and socio-ecoomic status;
3. examine the extent to which social connectedness components influence the emotional well-being of the elderly;
4. examine the extent to which psychological adaptiveness components influence the emotional well-being of the elderly.

1.4 Research Questions

The following three research questions (RQ) were answered:

RQ_1 What was the State of EWB (positive or negative affect) of the elderly under study?

RQ_2 What were the perceived risk factors responsible for the current State of EWB (positive or negative affect) of the elderly in Ibadan?

RQ_3 To what extent do social connectedness and psychological adaptedness predict EWB of the elderly?

1.5 Hypotheses

The study raised the following hypotheses (Ho):

HO_1**:** There is no significant relationship between social integration and EWB of the elderly.

HO_2**:** There is no significant relationship between social networking and EWB of the elderly.

HO_3**:** There is no significant relationship between social supports and EWB of the elderly.

HO_4**:** There is no significant relationship between coping efficacy and emotional well-being of the elderly.

HO_5**:** There is no significant relationship between self-esteem and emotional well-being of the elderly.

HO_6**:** There is no significant relationship between quality of life and emotional well-being of the elderly.

HO_7**:** There is no significant relationship between religiosity and emotional well-being of the elderly.

HO_8**:** There is no significant difference between the emotional well-being of male and female.

HO_9**:** There is no significant difference in the emotional well-being and the participants' marital status (single, married, divorced and widow/er).

HO_{10}**:** There is no significant difference in the emotional well-being and the participants' socio-economic status.

1.6 Significance of the Study

The importance of the elderly in the development of the society cannot be over emphasized. Among other things, it ensures family cohesion, sustains cultural values, provides unpaid grand-parenting care services, bridges the gap between the present and outgone generations and above all, promotes opportunities for mentorship and leadership. With the numerous usefulness of the elderly in our society, investigating factors that could affect their emotional well-being is not out of place. Therefore, the outcome of this research will be helpful to the following; the elderly, family caregivers of the elderly, adult educators, experts in the field of gerontology, government and the society at large. The elderly individuals would find the outcome useful, in that it will provide substantial information of factors that influence their emotional well-being, as well as realising their state of emotional well-being, which may possibly assist them to adjust better by avoiding ageing related threats. Suggestions made in this intellectual inquiry will go a long way in ensuring that the neglected elderly persons are given adequate attention and those who are still strong could get involved in voluntary jobs, social activities and family duties.

Relatives of the elderly will discover the need to provide care, love and support for their aged persons which when adequately done could further strengthen broken and weak family ties. Through factors mentioned in this study, family caregivers of the elderly will realize and utilize which of the factors has highest influence on emotional well-being to understand the appropriate strategies to employ for successful ageing. Government and policy makers at all levels would also realize through this study the need to implement the constitutional right of the elderly as documented in the Nigeria 1999 constitution and where necessary design new innovative policies that are targeted towards emerging challenges associated with ageing. The elderly individuals could still contribute to the development of the society through their wealth of experience when they are emotionally positive.

The result of this study will be of immense benefits to adult educators, in that it will form the basis of updating the present curriculum by capturing EWB of the elderly vis-à-vis its predictors. This could also enable adult educator stakeholders to launch awareness on urgent care, respect, and recognition for the elderly, the system by which their EWB will improve. In addition, the outcome of this study could form a template upon which the Nigerian society, through her agencies, will make lasting provisions for the elderly persons in the form of social welfare and health care services. By these, the EWB of the elderly can be guaranteed. This study without any doubt will contribute to the existing body of knowledge such that all the factors mentioned will add to literature, as there is scanty of local literature in regards to the EWB of the elderly in Ibadan.

1.7 Scope of the Study

The scope of the study examined the extent to which social connectedness and psychological adaptiveness predicted EWB of the elderly in Ibadan, Nigeria. This study was delimited to Ibadan, Oyo State. The choice of Oyo State was based on the fact that it has the second highest population of the elderly after Lagos State (National Population Commission (NPC), 2006). The city of Ibadan was selected for being a city with features of modernisation that accommodate inflow of different tribes and youths from rural areas who are in search of greener pastures. Besides, Ibadan is an ancient city with the tradition of caring for the elderly in a communal way; a tradition which is fast eroding away.

The study area was restricted to the five Local Government Areas (LGA) in Ibadan metropolis, namely Ibadan North, Ibadan North-East, Ibadan North-West, Ibadan South-East and Ibadan South-West. These LGAs were purposely chosen because they are the prominent ones in the heart of the city, while the other six local government areas in Ibadan are in the less city.The study was further delimited to the elderly who are 60 years of age and above within the metropolis. The choice of the elderly aged 60 years and above is due to the fact that the age is officially specified for the elderly by (United Nations, 2009).

1.8 Operational Definition of Terms

In order to remove ambiguity and vagueness from this study, as well as to have better understanding of the concepts used, the following terms were defined the way they were used in the study:

Elderly: This refers to a person who has attained the age of 60 years or above and lives within Ibadan metropolis.

Emotional Well-being: This refers to the physical, social, emotional, or mental state of the elderly in order for them to perform properly in society.

Social Connectedness: This refers to the relationships the elderly have with other people in their lives (spouse, children, family members, acquaintances, religious group members, social and community organisation members) which is integral to the strength and quality of social tie or network in the elderly people's lives.

Social networking: This refers to the human relationship(s) and everyday interaction(s) of the elderly within a community.

Social integration: This was utilised in the study to show the elderly's involvement in the activities of their society.

Social Supports: This refers to the physical, emotional, and financial support provided by family, friends, and others to the elderly.

Psychological adaptiveness: This refers to the style adopted by the elderly to adjust to changing living conditions, particularly the ageing process. It measured coping self-efficacy, self-esteem, quality of life and religiosity.

Coping Self-efficacy: This means the elderly's perception of his or her capacity to deal effectively with life issues.

Self-esteem: This indicates a personal evaluation of how the elderly consider themselves.

Quality of Life: This was used in the study as the elderly's perspective of their place in life, as well as the evaluation of their life.

Religiosity: implies religious affiliations and participation. This is used in this study as the extent of the elderly's involvement in religious activities.

CHAPTER TWO

LITERATURE REVIEW

2.1 Concept of Elderly/Ageing

Scholars have conceptualized ageing or elderly from different perspectives. This is basically because of cultural importance and values attached to the concept as well as different geographical structural focus. In the advanced world, chronological milestones are used to mark life stages from infant to old age, this view is not different in the developing countries (United Nations, (UN) 2009). Generically, the age of 60 or 65 years is said to be the beginning of old age, though there is no general concensus on the exact age at which a person becomes elderly. In Nigeria, the National Population Commission (2006) specifically describes the elderly as the individual above 65 years. Chronological years are commonly used as calendar age to mark the threshold of old age that is assumed equivalence with biological age. Thus, old age can be conceptualized chronologically/by calendar, biologically, socially, or career wise. Biological ageing is the psychical changes in the body. Socially, old age is understood as rites of passage or social fact of life and not just a natural process that reveals the biological and physiological changes (Togonu-Bickersteth & Akinyemi, 2014). Career wise, many organisations (both government and private) use retirement as a landmark of old age.

Ageing was described by Atchley (1982) as the continuous and developmental processes of change in the individual right from conception to death. This connotes that ageing is an enduring process because it begins at birth and terminates at death. Atchley (1982) sees ageing as slow deterioration of physical body system that permits individuals to respond adequately to stress. He further argues that ageing is a progressive declining of

nearly every bodily function over time. In the opinion of Olowookere (2003), ageing is a general phenomenon that is apparent, inevitable as well as constant pattern of changes that every living being undergoes beginning from childhood to death. Simply put, it is drawing nearer gradually to the end of life. Bagheri (2010)'s view of ageing is also similar to this view. He perceives ageing as a process that cannot be shunned but which involves a steady process that could mean continuing disintegration in the structure and vital organs of both human and animal body system which happen according to passage of time. This deterioration may not be joined with morbidities or other types of serious infirmities, but with time it leads to death.

Olowookere (2003) gave a wider view of the concept of ageing as a dynamic biological, environmental, physiological, behavioural, psychological and social processes which is benign. Some ageing processes are revealed through gray hair. Olajide, and Ayantunji (2016) submit that, ageing is a natural and normal phenomenon in human life cycle. That is, ageing is universal (changes that all living-beings share); and could be probabilistic (occur to all people as they grow older as a result of onset of chronic diseases). Other natures of ageing is proximal ageing (ageing due to the effects of accidents or traumatic events) and distal ageing (ageing as a result of early childhood ailments such as childhood poliomyelitis) (Olajide & Ayantunji, 2016). Ageing frequency differs from one person to the other, depending on the state of health, body constitution, personal lifestyle, dietary habits, physical activities, type of routine activity in which a person is engaged (Brown, & Butler 2000). This explains the wear and tear of individual's life according to physical, mental and environmental exposure. For example, those events that tend to overwhelm the body, such as excessive peasantry, hard labour, trekking long distances, without any commensurate diet, will generally accelerate ageing.

Psychologists defined ageing as "observed adaptive capability to later life (Brown, & Butler 2000). In other words, psychological vicissitudes that form part of human life, which are evidently visible in the processes of life and closely related to natural functioning, include age-related decay in sensory functioning and visual perception which affect almost all other sensory perceptual functions. The psychological or social issues that arise as the person ages include; decreased social contact (the death of friends and family may cause the person to withdraw); difficult reconciliation with the past,

unresolved conflicts or losses; changes in physical appearance (wrinkles, gray hair); changes in roles or tasks; managing leisure time/ "free time" and depression to mention but a few (Powell, 2005). Thus, the assumption that there is no generally accepted definition of old age is based on these variations or criteria.

2.2 Challenges of Ageing

Evidences have shown that there are some challenges accompanying ageing. For instance, Morewitz and Goldstein (2007) state that mental illnesses, psychological and emotional disorders increase significantly and pose threats to independent well-being at old age. This simply means that as individuals age, the risk of mental illness is high with associated symptoms of adhedonia (loss of interest in daily activities), problems with concentration, sleep disorder and depression. They are also psychological as well as emotional symptoms which include but are not limited to anger, anxiety, decreased motivation, loss of appetite, feelings of worthlessness, guilt, hopelessness, increased irritability as well as recurrent thoughts of death. Oluwabamide and Eghafona (2012) note that older people in African societies are facing a number of challenges such as malnutrition, poverty, physical health challenges, witchcraft accusation, loneliness/isolation, loss of respect, loss of spouse and lack of access to social security. According to Kourkouta, Iliadis and Monios (2015), apart from physical changes relateing to ageing, psycho-social challenges are also common. These manifest as a result of abandonment by relatives, loneliness, sadness and fear. Similarly, Ribeiro, Borges, Araújo and Souza (2017), identify losses as one of the severe challenges facing the elderly. In their presentation, losses were itemised as follows; lower cognitive resources; loss of feeling useful; low quality of emotional relationships; reduced social integration; loss of health; lower perceived mastery; financial loss; fewer material goods; physical capacity and functionality; death of loved ones; reduction in quality of life and EWB.

Going by this backdrop, effort is made to further clarify challenges associated with ageing in the context of African societies. These are classified as health, economic, social and psychological challenges.

2.2.1 Health challenges

As the individual ages, health and cognitive functions diminish along with some physiological and anatomical elements in the body system which affect the vitality of the individual (Jogerst & Wilbur, 2007). This is because all body cells also age along with reduced immunity, which makes the elderly persons to be susceptible to chronic diseases (Morewitz & Goldstein 2007). Some of the diseases that are more common with advancing age, includes arthritis, Alzheimer's disease (AD), bladder problems, cancer, dementia, depression, heart disease, hypertension, kidney and lung diseases, osteoporosis (OP), prostate disease in men, stroke and so on (Morewitz & Goldstein 2007). In Africa (except for South Africa), the poor condition of healthcare systems, has worsened the health problems of the elderly. Although, research is sparse on health and ageing in Africa, yet, it is very clear from the few that are available that health is associated with ageing. For example, in Uganda, Maniragaba, Nzabona, Asiimwe, Bizimungu, Mushomi, Ntozi and Kwagala, (2019) claim that poor physical health is responsible for reduced productivity among older persons. The poor physical health conditions of elderly persons in Uganda include body pain, increase in spread of the HIV and AIDS, nervous disorders, musculoskeletal systems and ocular diseases.

In Southern Africa, Douglass (2015); Kasiram and Hölscher, (2015) allude that chronic health related problems that are common among the elderly are HIV/AIDs, arthritis, dementia, diabetes which is closely linked with obesity, reduce energy and physical activity and high blood pressure. In case of Botswana, muscle- skeletal pains, hypertension, dermatological problems, blindness, mental health and cognitive impairment are the most common health challenges facing elderly persons as reported by United Nations (UN, 2015).

A study conducted in Ghana by Lloyd-Sherlock and Agrawal (2014) revealed that Osteoarthritis, hypertension and obesity are the most prevalence health burden of the older persons (above 60 years) Ghanaian population. Equally, in Nigeria, the health conditions of the elderly are not so different from other African countries. This is why Khanam, Streatfield, Kabir, Qiu, Cornelius and Wahlin (2011), submit that most elderly in Nigeria commonly suffer from poor multiple health conditions including problems of eyesight, hearing, kidney problems, parkinson's disease, urinary incontinence, cataract/glaucoma,

rheumatism, or arthrosis. These chronic diseases are prevalence and also increase with age.

2.2.2 Economic/Financial Challenges

Adisa (2016) stressed that elderly persons in Africa are predisposed to economic vulnerability due to the ineffective nature of the acclaimed social security programme. As a multidimensional challenge, economic challenge of the elderly is linked to some factors such as low functionability as a result of ageing, leading to low income, social factors; lack of support from family/ children, lack of financial planning due to poor pension programs, poor social protection and poorly managed social security programmes (Daramola, Awunor & Akande, 2019). Among other studies that have established economic deprivation as a major challenge of the elderly are Amiri (2018), who stresses that economic problem is a major issue facing the elderly. He identifies this as a condition that ensued from inadequate income after retirement and financial insecurity. Also, Raju (2011) and Singh (2015), point out that the prevalence of economic and financial difficulties of the elderly continue to rise along with ageing making them to be dependent on their children, relatives and community at large.

Similarly in Nigeria, evidence abounds that most elderly are facing economic crises. Only a few minute number might be having congenial or alternative job; investments from personal savings such as insurance, company shares and endowment, among others. Earnings from such could supplement the pension (Adeleke, Oyinlola and Adebowale, 2017). However, several others who were never employed or whose income during service was not sufficient form the larger population with poor economic conditions and living beneath the poverty line (Oluwabamide & Eghafona, 2012). Thus, there is no doubt that economic challenge poses a serious threat to the elderly in Nigeria, mainly because most of the elderly do not benefit from any social security and majority do not have access to a steady income. This further led to increased poverty among the elderly persons among whom many eventually turned to the street to beg for alms. Ogwumike and Aboderin (2005) add that there is a link between old age and economic strain among the elderly.

2.2.3 Social Challenges

In addition to health and economic challenges, social difficulty is also critical in ageing. That is, as life span developmental changes take place, no doubt, certain social issues will occur which will restructure the entire life of the individual. This change is imminent at old age, particularly when the elderly person is dissociated from world of work or social ties thereby leading to social exclusion that affect or influence successful ageing. Social difficulties facing the elderly are intensified by social isolation, abandonment or neglect by family members and occupational disengagement. Unfortunately, many older people are socially frustrated due to low social connections, loneliness, widowhood, lack of intimacy and ageing (Adeleke, et al., 2017). In describing social difficulties of the elderly, Paskaleva and Tufkova (2017) state that restricted social contacts, poor social networking and lack of social supports are associated challenges in ageing. Even in the United States of America, social challenges are identified to be rooted in the stereotypes of the elderly as well as in the lack of adequate social programmes (Novak, 2012). How much more in Africa where social security of the elderly is almost non-existent.

Ayalew (2019) submits that social relationships throughout Africa is gradually going to extinction as a result of westernization which is reducing family and community support for the elderly. Pakulski (2016), notes some variations in social consequences of ageing such as between individual with more affluence (high social economic status) and less affluence (low social economic status). In Nigeria, another issue is elder-abuse which is a social problem that is associated with several consequences both for the elderly and the society as a whole. At the individual level, shame, reluctance to seek help and insecurity among others are some of the abuses experienced by the elderly persons, while at societal level, they face disrespect, loss of social capital, discrimination, lack of social support and reduced social dignity. Daramola, et. al (2019), also note that elder abuse in the Nigerian society is linked to traditional philosophies, religious beliefs and customary notions, to the extent that the elderly are accused of bewitching others. Given the above studies, it is clear that lack of social security for the elderly has continued to subject them to risk of social vulnerability (Yakubu, 2019). Thus, social challenges facing the elderly in Nigeria reflect the failure of various social security schemes implementation and sustainability (Yakubu, 2019).

2.2.4 Psychological Challenges

Prominent among inevitable changes of ageing experienced by the elderly is psychological change which has its own challenges (Alwajud-adewusi, 2019). Although in most studies, psychological and psychosocial issues are used interchangeably (Kourkouta, Iliadis & Monios, 2015), yet psychosocial challenges comprise of roles, norms and values that are culturally associated with ageing, while psychological challenges emphasize mental process and reaction to events (Enache, 2017). Some psychological challenges facing the elderly have been documented in the past to include depression, anxiety, stress, grief, personality disorder, insecure feeling, lack of love and affection, emotional stress, feelings of disappointment or unhappiness and lowered self-esteem, just to mention a few (Ramchandra & Salunkhe, 2018). The effects of these psychological problems usually tell fiercely on both the psychological and emotional adjustment of the elderly. According to Daramola, et. al, (2019), psychological impact of ageing is worsened in Nigeria due to family abandonment of the elderly person, social insecurity, poor health care system and social frustration among others.

Psychological challenges are adjudged as risk factors affecting healthy ageing, psychological and EWB of the elderly (Han, Gu, Han, Kim, Oh, & Lee, 2015). The effect of psychological problems on the life quality of the elderly causes frustration and creats burden for their family members. Kim (2013); Orth, Robins and Widaman (2012), stressed the importance of individual psychological resources such as ego-integrity, self-achievement and self-esteem as necessary psychological factors for successful ageing. Omorogiuwa (2016) identifies emotional problems resulting from loss of important individuals such as spouse, relatives and friends, as the leading psychological factor affecting the well-being of the elderly in Nigeria. This was further established by Alwajud-Adewusi (2019), in a study among elderly persons in Lagos State. Loss of loved ones ranked highest among the psychological factors affecting healthy ageing, this is followed by low mood (depression). Earlier study by Adeyanju, Oyedele and Alao (2014) indicate that occurrence of psychological problems among old persons increased their probability of ageing faster. The study stressed that emotional problems at the later age were significantly caused by early mental distresses. Unfortunately, not many studies in

Nigeria have focused on factors affecting EWB of the elderly, which is the main concern of this study.

2.3 Concept of Emotional Well-Being

In conceptualizing emotional well-being (EWB), different scholars across the globe have provided diverse views to its definition in respect to their various fields of operation which include health and behavioural science among which are sociology, psychology and philosophy. In the field of health, Conti and Heckman (2012) provided a working definition of well-being as not just a mere non existence of infirmity of morbidities but rather a state of total mental, social and physical wholeness, that is healthiness. Ngamaba (2017), notes that philosophers like Aristotle (384–322 BC), the Greek philosopher, claimed that true happiness was in the realisation of human potential and not in pursuit of pleasure per sé. On the other hand, Aristippus (435 - 356 BC) suggested that experiencing maximum pleasure was the goal of life.

To the psychologists, well-being is perceived as eudaimonic and hedonic (Ryan & Deci, 2001). The eudaimonic is regarded as psychological or objective well-being that focuses on six domains consisting of positive functioning, purpose in life, autonomy, self-realisation, personal growth and environmental mastery while hedonic explains emotional, otherwise known as subjective well-being which is related to life satisfaction and happiness, which entails both positive life experiences and physical pleasure such as personal fulfilment or goal attainment. Regardless of these divergent definitions of the concept, the aspect of well-being that is of interest to this study is emotional well-being otherwise called subjective well-being. According to Haifeng, Yang and Tianyong (2014), emotional well-being is a positive construct that explains daily experience of individual's emotional quality which could be positive or negative affectivity or affect. Positive affect as earlier stated in chapter one is one's feeling of happiness, joy, pleasure, high self-esteem, good QoL or life satisfaction. While negative affect is feeling of sadness, anxiety, anger, or despair.

WHO, (2011), conceptualized emotional well-being as an aspect of individual's daily life that is concerned with sense of happiness as well as contentment with overall QoL. The World Federation for Mental Health in Tamannaeifar and Motaghedifard (2014), describes EWB as individuals' subjective feeling of being fairly in charge or

coping with challenges and taking responsibility for their lives. As individual's subjective experience, EWB involves cognitive process of evaluating ones' life satisfaction at the absence of negative effect and presence of positive affect. Diener and Lucas (2000), in their view describe EWB as a cognitive and affective evaluation of life that involves three dimensions: life satisfaction, positive/pleasant affect (PA) and negative/unpleasant affect (NA). While the first (life satisfaction) is cognitively evaluated, the last two are affectively evaluated. To further elucidate the idea of affectivity or affect, Dodge, Daly, Huyton and Sanders (2012), mention that positive and negative affect are moods, dispositions, feelings and emotions, whereas life satisfaction is a cerebral sense of fulfilment with life.

From another perspective, Marks and Shah (2004) observe that EWB is not just happiness and feeling satisfied with life, it also includes developing a person, being fulfilled and contributing to one's community. The definition provided by Kahneman and Deaton (2010) seems to be more suitable for this current study: they define EWB as individual's emotional quality of daily experiences in terms of the negative and positive affect. That is the intensity and frequency of experiences of fascination, affection, joy, anger, sadness and anxiety that make one's life pleasant or unpleasant. Succinctly, Dodge, et. al (2012) define EWB as a stable emotion, availability, accessibility and utilization of physical, social and psychological resources by an individual who is in need of such to meet a certain physical, social and psychological challenge. Before arriving at this definition, the idea of well-being was presented from three stand-points; the certainty of homeostasis/ equilibrium, the unsettled condition of challenges and pool of resources available to face the challenges. In essence, Dodge, et. al (2012) conclude concisely that when individuals are facing more challenges than the resources available for them, there will be sense of disequilibrium which will result into unpleasant/negative affect such as sadness, worry, irritation frustration and many more. However, with availability of more physical, social and psychological resources to meet with present challenges, such individuals resolve into pleasant affect such as joy, happiness and contentment. This is all the more reason for Solomon (2006)'s submission that EWB is the subjective way of engaging in and experiencing the world 'intentionally'. Simply put, intentionality is a prerequisite for attaining any positive affect condition of EWB of any individual.

In the same vein, Goldie (2002) opines that EWB is a bodily feeling that involves phenomenology and intentionality that are infused into each other. Recently, Gräbel (2017) gives a view that is not different from the preceding description of the concept of EWB. To him, it is the unique degree of subjective well-being that is determined by the combination of life satisfaction, negative and positive emotions based on individuals' daily experiences. His submission is based on the fact that EWB is connected to healthiness and longevity as indicated by Diener and Chan (2011). Similarly, Ngamaba (2017), refers to EWB as a cognitive evaluation of self, that is, happiness and satisfaction with life. Referring to the cognitive element as the way people think about their whole life satisfaction, whilst the happiness element (affective) is individual's emotions, moods or feelings of being happy, pleasant or unpleasant. Above all, the EWB of the elderly in this study is understood as the quality of emotions of individuals' daily life experience, the intensity and frequency of positive affective (cheerfulness, energy, enthusiasm, happiness and joy) or negative affective (anger, anxiety, depression, disgust, fatigue, sadness and worries among others) which make life pleasant or unpleasant. This description is the working definition of EWB throughout this study. Therefore, to determine the EWB of the elderly, factors such as social connectedness (social integration, social networking and social supports) and psychological adaptiveness (copping efficacy, self-esteem, religiosity and quality of life) were considered.

2.4 Concept of Demographical Characteristics

2.4.1 Concept of Socioeconomic Status

The conceptualization of socioeconomic status (SES) by scholars such as Sims (1927) perceive SES as items possessed by individual such as house, father's occupation, parents' education and other relevant information. In 1980s, a general consensus emerged on SES as a composite construct that involves three indicators of family background which include level of education, income, and occupation (Brese & Mirazchiyski 2013). Hence, SES is conceptualized as the individual elderly's level of education, economic and social position in the society. Thus, measuring socio-economic status is based on the combination of the individual elderly level of education, occupation and income (Boskey, 2014).

The role of SES in relation so emotional well-being cannot be overemphasized, as it determines the dimension of individual emotional well-being in term of positive or negative affect among other things. Omonijo, Anyaegbunam, Oludayo and Nnedum (2015) allude that SES measures how well an individual or families fare in the society as a result of educational levels, economic and social class, which somehow guarantee the levels of influence over others in the society. They further argue that education as a component of SES is an essential link between income, social status and the general well-being of the people. Plausibly, there is a higher probability of educated persons securing good jobs with attractive pay/income which may position them in a higher social class in the society than an individual with little or no education. Thus, levels of educational attainment may be a strong determinant of differences in income, successful life and social status (Low & Low 2006; Omonijo et al., 2012). Additionally, Wahab (2013) avers that socio-economic structures of family care providers may affect emotional well-being of the elderly either negatively or positively. Therefore, socio-economic status of the elderly as well as that of their family members can either enhance or abate the emotional well-being in old age.

2.5 Concept and Components of Social Connectedness

In literature, most concepts and constructs such as social connectedness was perceived differently by different scholars. This is why there are so many disparities in the definition of a given construct. Consequently, the meaning of any construct depends largely on the ability of the researcher to unpack such a particular construct vis-à-vis the context by which it is being studied. This is also applicable to social connectedness in the study. However, to review social connectedness, views of earlier researchers were given adequate consideration. Actually, social connectedness stemmed from evolutionary theories that demonstrate how social connectivity increased chances of longevity through protection against external threats and shared resources (Baumeister & Leary, 1995). In their definition, Baumeister and Leary, (1995) coin social connectedness as the individual's desire to create social bonds and maintain relationships with others while at the same time feeling of belongingness due to these bonds. To infer from this definition, social connectedness is an expression of needs and social bevaiours in order to avoid feeling of loneliness by seeking social bond. According to Lee and Robbins (1995), social

connectedness means the sense of being united with the larger society, the feeling of being a part of a global world. That is to say an aspect of individual self that reflects closeness with the social world. These two definitions indicate that social connectedness is an important aspect of human life.

Social connectedness is described by Quigley and Thornley (2011) as the social relationships, networks and interactions that individuals have with others and the benefits derived by the individual as well as the society from the interactions. Full Frame Initiative (2013), intellectualised social connectedness as the magnitude to which an individual perceives adequate multiplicity and a number of connections that allow to source and receive emotional support, information and material assistance; feels valued and respected in the society. Samuel (2014), provide a more detailed understating to the meaning of social connectedness, by describing it as people's sense of belongingness through meaningful and trusting bonds and relationships with other people in their surroundings, which facilitates access to opportunities and supports to achieve desired improvements that are valued by both persons and groups, as well as resulting into tangible resources for the communities. Eraslan-Capan (2016), conceptualize social connectedness as how people judge closeness with the outside world and their association of individual's understanding of social participation. This could also be explained by people's social roles or bonds, whether as associates, caregivers, community leaders, employers, partners, parents, or a myriad of other roles. Such roles or bonds give people contentment, happiness, support and sense of belonging in the society, which on the long run foster positive well-being.

Murphy (2017), sees social connectedness as an umbrella term that describes not just an objective way of counting the number of friends that constitute social networkings, but also people's subjective sense of being socially connected or otherwise. In other words, it is more than close relationships or friendships; but a wider personal perception that is characterised by positive expressions including belonging, caring, trust, respect and empathy that are reciprocated as received. In respect to this view, social connectedness is a universal and enduring experience of individuals in relation to connection with the other creatures. Also, as an umbrella term, Full Frame Initiative (2013), notes that social connectedness incorporates social capital, social cohesion, reciprocity, social isolation,

social supports, social networking and social integration. These components provide individual with emotional supports, material help and social information that they need to thrive. However, for the purpose of this study, social integration, social support and social networking in relation to emotional well-being was focused on.

2.5.1 Social Integration

Although social integration remains an essential aspect of human life across all age groups, there have been little concentration on its meaning and definition for several decades. As an old construct that is dated back to the 50s' when Durkheim (1951) defines it as an attachment and belongingness to a particular group. According to Giddens, (1988), social integration is a reciprocity and communication practices between people and the society and not only systems of integration. Likewise, Bassuk, Berkman and Glass (1999) perceive social integration as being the same as social engagement which means maintaining high participation and many social connections in social activities. This implies that social integration is the process of advancing associations and values that enable all individuals to partake in religious, economic, political and social life in searching for dignity and respect. In essence, social integration depends on the individual's choice and voluntarism to participate in social groups. To Glass, De Leon, Bassuk, and Berkman (2006), the concept of social integration is somewhat similar to participation which was conceived as carrying out meaningful social roles for pleasure productive activity.

Zelenev (2009), states that social integration or participation is closely connected to social cohesion, which denotes the capacity of a social group to guarantee the well-being of its members, evading polarization, lessening inequalities and conflict and require reciprocity from individual members. Simply put, social integration concerns social dignity and security which permit the individual to contribute meaningfully to the society. Such social environment allows all members, regardless of vulnerability, to enjoy equal privileges or opportunities. Full Frame Initiative (2013), conceptualize social integration as connecting with others in a social group across communities and groups. This indicates the acceptance and recognition of an individual as a member of a social group such as church, mosque, club or peer group among others.

In the opinion of Vitman, Iecovich and Alfasi (2014), social integration involves personal participation in social systems so as to feel as an indispensable and integral part of social system. It implies acceptance, recognition and being loved as a member of a particular social group. As an essential part of successful ageing, Zhang, Liu, Tang and Dong (2018), have maintained that social integration is linked with positive psychological, physical and emotional outcomes among the elderly. They claim that continuous participation in different types of social activities enhances the general well-being of the elderly in third age and aids successful and active aging. Given these definitions, social integration is considered as being actively and voluntarily involved in socially interesting and cognitively stimulating and meaningful social activities through socially accepted groups such as being a member of a church, mosque, club, neighborhood or organisation. Therefore, the concept of social integration comprises of two interrelated dimensions: an evaluative and effective sense of belonging to a group and behaviour that is mirrored in active participation of the elderly in various aspects of activities in the society. Thus, it is operationalized in this study as individual elderly's voluntary involvement in social activities like church, mosque, club or neighborhood association for relationships, leisure, and productivity.

2.5.2 Social Networking

The foundation of social networkings was based on the ideas of Barnes, (1954); Bott (1957) who conceptualize it as some multidimensional social relationships that transverse traditional clans, class mates, neighbour or governments. This understating provides for relationships that occur among bounded group of people or where people are socially tied. Many scholars in the past use social networkings interchangeably with social relationship or social connection. For instance, Lin (1999), describes social networkings as the entire group or individual where the required resources for quality of life or well-being is accessed. These social networkings are in form of social influence, information, and identity reinforcements that enable individuals' social capital. It is upon this concept that other definitions build upon. Thus, Szreter, (2000) defines social networkings as the social relationships among individuals that allow for positive psychological outcomes. In other words, it is the glue that clasps together social colonies like personal relationships. Antonucci (2001), views social networkings as important relationships connected to the

increasing help received by individuals so as to cope with and recover from problems of life. He notes that social networkings is beneficial for human well-being and health.

Pillemer, Moen, Wethington and Glasgow (2000), describe social networkings as connections between people that can be categorized into functional, interactional and structural. The functional characteristics of social networkings refers to the group of people to whom one can access support, maintain social identity and social contacts. The interactional characteristics involve the strength of emotional closeness, durability of the relationships, and regularity of contacts with network ties, while the structural features of social networking are the density, homogeneity plus size of the network members (Ashida, 2005). Keating, Swindle and Foster (2004), simplify the concept of social networkings as known groups of individuals with whom close links are enjoyed. Amieva, Antonucci, Dartigues, Helmer, Matharan and Stoykova (2010), define social networking as a cognitive construct of subjective feeling of being accepted, belonging, loved, respected, valued and wanted by people within one's clans. These subjective feelings sometimes depend on individual features and that of others who form the networks. Ameiva and Colleague further emphasise that both the immediate and extended family members are usually considered as surest social networkings especially for the elderly when there is need for comfort or help.

According to Huang (2011), social networkings include all family members with whom an individual is connected and interacted, either such connection is active or not. Put differently, social networking is a person' pool of assets or psychosocial as well as emotional resources. Recently, Bahramnezhad, Navab, Taherpour, Bastani and Chalik (2017), mention that social networkings could consists of acquaintances of the aged, friends, the family members or relatives; those who are available in the event of challenges such as health/illnesses, emotional, financial or psychological and who could quickly come for one's aids. Also, Rosenberg (2018), states that social networkings is an access to social capital which is a connection between people and their needed emotional resources. In other words, social networkings help people to activate their social capital by creating trust and bonds with other people for help and support. Given all these definitions, social networking could be referred to as an environment where an individual secures acceptance, care, love and respect especially in difficult times. That is, those who

are available to provide help in the time of problems. Hence, social networkings are people who are instrumental to one's emotional, health, psychological and financial supports.

2.5.3 Social Supports

Schwarzer and Leppin (1991) refer to social support as the quality of interaction that includes perceived availability of support or the help actually received. That is, the act of humanity resulting from social relationships process, a sense of obligation and the awareness of mutuality. According to Hupcey (1998), social support was operationalised as a deliberate and willing help given to an individual with whom there is a personal relationship and that produces an instant delayed optimistic response in the receiver. Cohen, Gottlieb and Underwood (2000), defined social support as the emotional and physical comfort given to a person by his/her acquaintance, co-workers, friends, family and others who care, loved, think and valued one.

Social support is perceived by McNicholas (2002), as any social resource that individuals actually received or perceived to be available by non-professionals both informal help and formal support groups relations. It explains the process through which social relations could promote well-being. This established the fact that social support has two categories; objective and subjective social support. While the former is actually the social support reported to have been received or received, the latter which is subjective captures a person's beliefs about the accessible help or support (Berkman, Brissette, Glass & Seeman, 2000). Schwarzer, Knoll and Rieckmann (2003), regard social support as resources made available by others, an exchange of resources or a coping assistance, which in most cases are provided in the moment of problems that are tangible, informative and emotional among others. Ashida and Heaney (2008), describe social support as care and aids received from one's social networking as a result of functional quality relationships already established. This implies that social support rely heavily on established relationships with whom one has social ties. To Ibrahim, Ahmad, Din, Ghazali, Razali, Said, Shahar et al., (2013), social support is supportive resources directly received by someone in need to adapt to stress or stay healthy. In other word, it is a shared process in which financial, instrumental or emotional aid is acquired from network members.

In the same way, Patil, Kamath, Shetty, Shah, Pinto and Subramanyam (2014), said that social support means any information leading the recipient to have confidence that he is esteemed, loved and cared for by member of a social networking as a mutual obligation. In the opinion of Gaveras, Kristiansen, Worth, Irshad and Sheikh (2014), social support comprises of addressing concrete needs that make one to be comfortable, in form of help with emotional assistance, home, personal care, transportation. Ng, Mohamed, See, Harun, Dahlui, Sulaiman and My BCC Study group (2015) definition of social support is somehow different from the previous definitions which is any type of communication, such as psychological or physical assistance, received during difficult times by individuals in need of such from another person who have more self-control. Amoah-Mensah and Darkwa (2016), view social support as the assistance someone received by virtues of the relationship with friends, family members and anybody at all, in form of material, financial and moral help, which may reduce stress and increase happiness. Umukoro and Adejuwon (2017), propose that social support includes emotional and instrumental support that are given to individuals as perceived qualitative functions; as well as the frequency and number of one's social ties such as family, friends and group membership perceived to be structured quantitatively.

Going by all these definitions, it is apparent that social support is recognized as an important aspect of human life that determines an individual's well-being as it enables him in achieving emotional and physical needs, and at the same time reducing the effects of stress (Zhang & Zhang, 2015). Although, social support has been perceived differently by earlier scholars, either more or less positively according to the phenomenon around it, yet it is clear that social support could be perceived or actual, which is integral to EWB and life satisfaction in old age. Therefore, the significant roles of social support in the positive EWB in later life of an individual may not be undeniable. Thus, in this study, social support is conceptualized as actual or tangible supports received by the elderly, from the society, government, family members, friends or any other group, that is used to cushion the negative effects of ageing. An example is social welfare. Above all, concept of social connectedness and its components have been reviewed, with social connectedness as an umbrella construct and social integration (voluntary groups), social networkings (relationships or ties) that constitute people, as well as social support.

2.6 Concept and Components of Psychological Adaptiveness

Psychological adaptiveness as a construct that is relatively new in literature, unlike psychological adjustments that has gained popularity over the years. However in literature, the terms psychological adjustment, psychological adaptiveness and psychological adaptation are mostly used interchangeably. Opara (2003), refers to psychological adjustment as a process of achieving personal satisfaction on internal needs and at the same time being able to cope with cognitive, cultural, environment and social demands. American Psychological Association (2007), conceptualizes psychological adjustment as individual changes in behaviour, attitude or both on the basis of some established desire or need to change. This is to say that individual understating of the need for an improved or different way of life necessitated by adjustment, or forced external situations. From the above definitions, it is clear that psychological adjustment is a process of achieving satisfaction, which is slightly different from the meaning of psychological adaptation as operationalized in this current study.

Therefore, the researcher prefers to use the term 'psychological adaptiveness'. To justify the researcher's preference of this term psychological adaptiveness above psychological adjustment, a distinction has been made between psychological adjustment and adaptation for a better understanding in the preceding paragraph. While it is clear from the above definitions that psychological adjustment is a process of facilitating desired change in the face of adversity or present pressing stressful events, psychological adapativeness is also an umbrella construct which hs been described as the cognitive strategies employed to foster changes during stressful or challenging times. From a scholastic perspective, Lazarus and Folkman (1984), refer to psychological adaptiveness as cognitive and behaviour coping effort to manage certain internal and/or external pressure that an individual assesses as difficult or exceeding his/her available resources. Weiten, Dunn and Hammer (2011) refer to psychological adaptiveness as those mechanisms, reactions or efforts made to master, reduce or tolerate the demands created by stress. According to Ojala (2012), psychological adaptiveness is the capability and skill to effectively manage environmentally imposed stresses (burden, conflicts and failure of the past) leading to high psychological well-being. Cheng and Chan (2014), consider psychological adaptiveness as coping flexibility that means the ability to demonstrate

variability such that adjustment to life changes is fostered. In other words, it is the intra-individual variability in the disposition of his/her various coping strategies.

Jopp and Rott (2006), operationalize psychological adaptiveness of the elderly as the phenomenological resilience to age-related constraints. That is, the capability of an individual to adapt well to old age challenges. Also, Fontes and Neri (2015) perceive psychological adaptiveness as important psychological resources for overcoming adversity and ascertaining normal development and functioning after stressful situations.

Given the above descriptions of psychological adaptiveness, it can be deduced that psychological adaptiveness involves cognitive way of managing personal problems occasioned by both internal and external forces. As used in this study, the term is an umbrella concept which accentuates the cognitive based strategies employed or that could be employed to adapt well to a new way of life that comes with aging and age-related challenges. Hence, psychological adaptiveness is a cognitive coping mechanism employed when faced with stressful situations due to internal and external demands of ageing. In this study, it incorporates coping efficacy, self-esteem, quality of life and religiosity. Each of these components is further conceptualized and described.

2.6.1 Coping Efficacy

The concept of coping efficacy (CE), also known as coping self-efficacy is rooted in self-efficacy propounded by Bandura (1986), who presents the idea of efficacy as a prominent feature of his social cognitive theory. The concept explains the unique competencies of each individual that is self-reflective, which enables an individual to explore his own self-beliefs and cognitions, make out of his experiences, engage in self-evaluation, and adjust his behaviour and thinking patterns accordingly (Bandura,1986). Meaning that, self-efficacy is an individuals' belief in his/her ability in attaining a planned outcome or achieve a goal. Self-efficacy assists people in situations that are demanding and unsatisfactory by steering up their beliefs that they can succeed. This emphasizes the degree of individual's sense of personal efficacy (Bandura, 2000) that is linked to particular domains of functioning for a coping skill to effectively function well.

Coping efficacy is a combination of two words: coping and efficacy. Coping illustrates the psychological process of managing internal and external demands (Lazarus and Folkman, 1984). It involves a collection of strategies such as emotional problem

focused, problem solving and situation reappraisal (Sinha, Willson and Watson, 2000). Problem-focused coping involves direct action towards managing distressful problems. To put it in another way, emotion-focused coping helps to regulate responses to discharge stress. With this understanding, coping efficacy has been defined as an individual's confidence in his/her ability to effectively cope with adversity. This points to the fact that coping self-efficacy is different from just a belief to overcome stress, even though in literature, it is often referred to as a person's belief to overcome challenges, rather than a cognitive behaviour to actually face challenges and overcome it. Chesney, Chambers, Folkman, Neilands and Taylor (2006), refer coping self-efficacy as a person's ability to deploy strategies that will enable him/her to handle diverse stressors or threats and to cope with stress. This definition is similar to the view of Laureano, Grobbelaar and Nienaber (2014), who opine that coping efficacy involves establishing a suitable mental state, regaining composure and maintaining optimal awareness as well as motivation levels for peak performance.

Sandler, Ayers, Mehta, Tein, and Wolchik (2000) coin coping efficacy as a subjective construct, a strongly belief that one can handle emotional pressure aroused by situational stress. That is, the assurance that since one has overcome stress in the past, one is confident that future challenges will also be overcome. Sandler, et, al., (2000), further noted that coping efficacy is a personal ability to cause positive outcome and not just the general belief in the possibility of a positive outcome. Conversely, Bjørkløf, Engedal, Kouwenhoven, Helvik and Selbæk (2013), provide a different conceptual perspective to coping efficacy by defining it as personality traits that expounds the way an individual strives in the face of adversity. From this point of view, coping efficacy is said to be a set of personal endowment which a person employs to control stressors, rather than just a perceived belief. In a broader way, Bandura (1986), operationalizes coping efficacy in terms of the action that one takes to gain control over potentially frightening events, its negative outcome, one's feelings as well as thoughts concerning the events. In his proposition, Bandura emphasizes that it is possible that people who engage in actions and thoughts are effective, less threatening and effectively reduce negative outcome of stressors. This explains the multiple complementary effect of coping efficacy.

Additionally, Waldrep (2015), defines coping efficacy as the ability of an individual to meet the demands of traumatizing life experiences, as well as his/her response to distressing experiences. This definition elaborates the self-regulative process of coping efficacy that involves the ability to use and organize accessible resources required to manage distressful experiences of life so as to recover from its consequences. Recently, Rautenbach (2019), points out that awareness of potential coping efficacy in threatening situations affect motivation and cognitive efforts to regulate one's behaviours. In the opinion of Rautenbach (2019), individual with high level of coping efficacy tends to approach challenging or threatening situations in a persistent and active way, while those with low level of coping efficacy would likely focus more on the distressful situation. Invariably, coping efficacy is a protective potential for overcoming threats to one's well-being. Above all, coping efficacy functions as a resource, motivation and adaptation. Meaning that coping efficacy involves how people appraise, behave and attempt to or discover better ways of overcoming stressors or threatening events. In this study, coping efficacy is operationalized as psychological mechanisms that the individual elderly adopted to meet the demands or threats of ageing and achieve positive affectivity such as enthusiasm, cheerfulness, contentment, happiness and life satisfaction so as to live well emotionally.

2.6.2 Self-esteem

Self-esteem is one of the psychological constructs in literature that has and is still gaining the attention of scholars. As a central concept, self-esteem is a developmental, clinical, personality, psychological and social construct that plays a pivotal role in human psychosocial functioning (Abdel-Khalek, 2016). However, self-esteem was first proposed in a book written by William James (1892) titled "The Ideologies of Psychology". Where self-esteem is defined as a ratio of goal to attainment, that is to say, the qualities that make individual to become the actual or real self. This definition gave rise to several researchers who later improved and modified self-esteem as a construct. Amongst these are Rosenberg (1965), who defines it as an individual's overall positive appraisal of self. Adding that self-esteem consists of high and low dimensions, where an individual with high self-esteem considers and respects his self-worth. According to Coopersmith (1967), self-esteem is the individuals' beliefs toward themselves, positive or negative, worthiness

or otherwise. This was propounded in a book titled 'Perceived Self-esteem as a Fundamental Human Need' that integrates self-respect and personal efficacy (Coopersmith, 1967).

Also, Smelser (1989) clarifies three components of self-esteem as cognitive, affective and evaluative elements. Precisely, the cognitive aspect of self-esteem is characterized by an individul's personality qualities such as ambition, aggression or enthusiasm. The affective element involves the degree of one's attitude that is either negative or positive. This aspect reflects the level of a person's self-esteem, as high or low. The evaluative aspect is referred to as a person's optimum standard and feeling of worthiness as related to the standard. Self-esteem to Wang and Ollendick (2001), connotes self-evaluation that is followed by emotional response towards self. Besides, Sedikides and Gress (2003) aver that self-esteem is the perception of individual's subjective appraisal of feelings of self-respect, self-worth, and self-confidence as well as the degree to which a person holds positive or negative views about self. According to Baumeister, Krueger, Campbell and Vohs (2003), self-esteem suggests how much a person values and is knowledgeable about him/herself, which is more of perception than reality. It is personal belief about his or her intelligence and attraction, which can be specific as well as measured in terms of emotional appraisal of self-concepts

In a similar way, Murphy, Morrel and Stosny (2005), operationalized self-esteem as a universal indicator of self-evaluation that involves cognitive assessments of affective experiences and self-worth. Which means self-esteem is an individual's cognitive processing and personality characteristics that defined self-values. To Reasoner (2005), self-esteem is the experience of being able to meet challenges of life and worthy of happiness. This definition is based on two distinct dimensions: self-worth and competence. Mruk (2006) describe self-esteem as individual's attitudes towards actual or true image of self and perceived perfect image of self and the relationship of two different attitudes within one person. In the view of Mackinnon (2015), self-esteem is the psychological energy that is central to quality of life and self-regulation which can either be positive or negative. Hill (2015), suggests that self-esteem is a response to life events that bring a person nearer to his or her real nature. Noting that people with high self-esteem are happier, more positive and satisfied with life; while individual with low self-

esteem have a low opinion of themselves, unhappy, having complete opposing self-image and dissatisfied with life.

Recently, Qiu (2018) maintains that self-esteem is one's opinion about oneself that is basically influenced by self-concept. That is to say, an evaluative component of how people think they are defined and who they perceive they are. This evaluation can be high or low. While people with high levels of self-esteem feel valuable, worthy and deep admiration towards themselves, people with low self-esteem do not. Each of the definition is important and provides understating to human aspect of self as well as various responses to specific phenomenon. Thus, self-esteem is a cognitive aspect of human life that describes actual potentials. Hill (2015) submits that success and life achievement is determined by the level of self-esteem an individual has and that self-esteem is a vital key to success in life. Hence, Qiu (2018) affirms that healthy life, personal and social adjustment as well as emotional well-being are to a large extent dependent on the levels of one's self-esteem. Given the various definitions of self-esteem above, this study therefore conceptualized self-esteem as how the elderly individual evaluates his/her self-worth and values that position him/her to overcome the challenges of ageing, to make him worthy of happiness and capable of maintaining positive emotional well-being.

2.6.3 Quality of Life

Quality of life (QOL) is a widely discussed concept that has gained attention in the literature around early 60's in different scientific fields with its definition still elusive (Glaser & Dutcher, 1994). As a broad concept that encompasses individual's overall goodness of life, Diener (1984) defines quality of life as private evaluation of all aspect of one's life. That is quality of life is a subjective well-being that includes life satisfaction, positive affect and happiness. To the sociologists such as Schuessler and Fisher (1985), QOL is generally described as the sense of individual's subjective well-being that takes into account personal needs and environmental threats. In medicine, QOL is referred to as the ratio of illness and health in addition to the healthy lifestyle influencing factors. WHO (1995), refers to QOL as an individual's sense of life position; culturally and in the context of their value systems in relation to expectations, goals and concerns as well as levels of independence, social relations, psychological state, physical health, personal

beliefs and their connection to main features of the environment. Simply put, QOL is a combination of emotional, functional, physical and social factors resulting to wellness.

Diener and Chan (2011), operationalize QOL as an individual's degree of disposition, emotional reactions to life events, satisfaction with personal relationships and sense of life fulfilment as well as sense of fulfilment in life. From the health angle, Cella and Nowinski (2002) refer to QOL as the extent to which medical conditions or illnesses affect expected emotional, physical and social well-being of an individual. According to Church (2005), QOL is measured by an individual's ability to function emotionally, physically and socially within a given environment at a degree consistent with personal expectations. Phillips, Ajrouch and Hillcoat-Nalletamby (2010), perceived QOL as a multidimensional construct that embraces ones' appreciation of objective and subjective life situation both socio-culturally and economically. Eby, Kitchen and Williams (2012), provide economic view to the understating of QOL which entails sense of community belonging, health, employment, housing, services and social amenities, that is, QOL is the individual's levels of standard of living. Theofilou (2013), conceptualizes QOL as the degree to which an individual is satisfied with needs and wants (both psychological and physical) despite their life occurrences.

More recently, Sherizadeh, Sarkhoshi, Babazadeh, Moradi, Shariat and Mirzaeian (2016), emphasize that QOL is based on the individual's understanding of his/her life which is quite subjective, adding that QOL includes five dimensions which are illnesses, mental health, social, psychological and physical. The University of Toronto Centre for Health Promotion (2018), refers to QOL as the magnitude to which a person experiences satisfaction; opportunities and limitations with life. Susniene and Jurkauskas (2019), propose that factors such as employment, shelter, material well-being and income, moral attitudes, family and personal life, condition of health, relationship with the environment, stress and crisis, social support and prospects of health care are all indicators of QOL. This is to say QOL is evaluated both by subjective and objective indicators. This is why in literature, being satisfied and feeling good with things in general is referred to as subjective quality of life, while objective quality of life is fulfilling the cultural and societal demands for social status, material wealth and physical well-being.

Reed (2019) points out three approaches to describe QOL. These are through religion and philosophy parameters that shape individuals' ideal life; individual's desires and preferences for good life which enable people to acquire what make them happy based on available resources in their possession; and individual's experience that make them feel decent, attractive and pleasing. In other words, QOL is an individual's satisfaction with his/her current life circumstances in comparison with the ideal or desired life. In more pragmatic and accurate way, Kar (2017), who coins QOL of the elderly as being generally evaluated on the bases of their ability to perform daily events, health, social contacts, dependency, material or financial circumstances, limitation in mobility, trusted relationships with family and friends as well as good neighbourliness. Similar to this definition is that of Rondón and Ramírez (2018) who describe QOL of the elderly as the ability to independently execute daily activities as a result of personal feelings, life experiences, interpret life and their relationships with other people in the environment. Given the plethora number of definitions that emerged within different disciplines and scholars which make it difficult to have a generic meaning for QOL, this study has conceptualized it as the elderly individuals' subjective and objective evaluation of how successful they are that makes life valuable and pleasant in relation to their emotional well-being. More so, due to the multidimensionality of the construct, its measures have also remained challenging. However, WHO's QOL measures has been adopted due to the six domains consisting psychological, physical health, levels of independence, environment, spiritual and social relationships domain relevant to the elderly individuals.

2.6.4 Religiosity

Religiosity is one of the complex constructs in Literature that is difficult to define because it is often used synonymously with spirituality even though religiosity and spirituality are two different constructs that is widely recognised in human science especially in the field of mental health, sociology and psychology (Cohen, Williamson & Thomas, 2008). According to James (1958), both religiosity and spirituality were connectively defined as the awareness of behaviour or affect and cognition or perceived interaction with, supernatural beings which play a vital role in human life. Close to this definition is that of Elkins, Saunders, Leaf, Hughes and Hestrom (1988) who described spirituality as attitudes and practices intended to discover purpose, meaning or connection

with spirit beings. However, Brady, Brokaw, Guy, and Poelstra (1999) argue that religiosity is an umbrella under which spirituality falls, pointing religiosity provides the structures and rules for spiritual beliefs. Thus, while spirituality is an internalized concept that is subjective, religiosity is institutionalized and more objective. This is why Neill and Kahn (1999) aver that religiosity involves subjective personal adjustment, appraisal of health, life satisfaction, physical functioning and well-being.

Hill and Pargament (2003), describe religiosity as social expressions and institutional practices connected to sacredness. That is, participation in social activities related to formal religious institutions and outward behaviour such as organized religious activities. Segal (2004), opines that religiosity involves observing ritual and devotional activities in an organized manner. That is, the act of worship in which morality and conduct of human affairs is being governed. Religiosity could also be described as a behaviour, which includes active attachment processes, praying or other group rituals that connect people both to God and one another; It means the ritualized practice, either by attending a religious activity or by praying. In other words, religiosity is a mechanism for managing human life problems such as life-threatening sicknesses, illnesses and other challenges. Smith, McCullough and Poll (2003), define religiosity as a set of beliefs and general practice that involve regarding the nature, cause and purpose of the universe by people. However, Koenig, Parkerson, and Meador (1997) classify religiosity into three dimensions which are intrinsic, non-organisational and organisational, while the organisational aspect of religiosity being concerned with the frequency of attendance in religious services

Just as others have defined religiosity as a belief system of practice, Hernandez (2011) also refers to religiosity as both beliefs and practices connecting to a specified divine power or an organized religious affiliation. That is, personal beliefs and practices connected to God in a religious institution. George, Ellison and Larson (2012) submit that religiosity involves meditation and prayers in a religious denomination and among members of religious groups that serve as coping strategy during difficult times. In his own presentation, Koenig (2012), coins religiosity as a set of guidelines for human behaviours, focusing on preventing the adoption of destructive behaviours as well as reducing self-destructive trends. Yeung and Chan (2013) suggest that religiosity involves

activities outside and within the church environment such as frequency of prayers, salient beliefs and reading the holy books. On the other hand, Zimmer, Chiu, Jagger, Ofstedal, Saito and Rojo (2016) offer a different perspective to the concept of religiosity by stating that it is generally associated with specific foundational doctrines that are organized around different systems of beliefs, rituals and practices that are being observed within communities of participants.

Additionally, Mitchell (2019) perceivesreligiosity as a coping strategy that offers protective effects, particularly over circumstances in which an individual has little or no direct control, For example bereavement, loss of loved ones or serious illness or morbidity. These are the kinds of challenges faced by elderly individuals. Thus, as a coping mechanism, religiosity is described by Amadi, Ezeme, Igwe, Odinka, Ndukuba, Obayi, and Uwakwe (2016) as a source of resilience and strength that enable people to understand stressful events and develop ability to accept or live with it. Gonçalves, Tsuge, Borghi, Miranda, de Assis Sales, Lucchetti and Lucchetti (2018) refer to religiosity as the degree to which a person believes, follows, and practices a religion either in an organized way (in the form of an institutional, public and social practice like attending church, mosque or spiritual temple services), non-organized way such as praying, reading spiritual books, watching religious TV shows.

Going by all these definitions, it is evident that religiosity is an important construct in human existence and social relationship. Therefore, religiosity is conceptualized in this study as a protective behavior employed by the elderly individuals to build more resistant to evil or negative experiences among which as loneliness, loss, failure, sorrow and the likes. Hence, religiosity is a strong construct at any stage of human development. In other words, it is the extent to which an individual lives, practices and gets involved in religious values as well as activities in a choice religious organisation.

2.7 Empirical Review of Past Findings

This section mainly focuses on reviewing a variety of past studies that have been conducted, as well as primary findings or concrete evidences that provide knowledge on identified factors, such as social connectedness (social integration, social networking and social supports) and psychological adaptiveness (coping efficacy, self-esteem, religiosity

and quality of life) in relation to the outcome variable (emotional well-being). Also, gaps are equally identified which form bases for hypotheses raised in the study.

2.7.1 Socio-Economic Status and Emotional Well-Being

Despite the important role of socio-economic status on emotional mental health and psychological well-being of the elderly (Becerra, Gurrola & Wagaman, 2015), it is unfortunate that not many empirical studies in Nigeria have focused on its contributory role to the emotional well-being of the elderly. Given this concern, other related studies were therefore reviewed to justify the empirical section of this present study. For instance, Howell and Howell (2008), in a meta-analytic research analyzing the relationship between SES and personal well-being in a total of 111 samples from 54 countries worldwide, reveal that a valuable connection exist between SES and well-being/health. Emmen, Malda, Yeniad, Prevoo, van IJzendoorn and Mesman (2013) measures SES using family income and parental education and found that individual with high SES by means of income and education is likely to be satisfied with life and have a positive psychological well-being, while a lower SES can be a risk factor to emotional well-being as a result of increasing dissatisfaction with life. In contrast to this, Omonijo et al. (2015) examines the socio-economic status of 120 sampled work-study students in a selected private University, Southwest Nigeria. The study found that a variation in parental SES by means of income and occupation significantly increased the participants' chances of participating in work and study programme.

Fassbender and Leyendecker (2018) investigated the influence of SES on the psychological well-being of 327 Turkish immigrant mothers in German. The outcome of the study shows that a higher SES was associated with less depression, a higher life satisfaction, and less daily hassles. A follow up study after a year established that about 60% of the mothers had no significant changes in the well-being level, which suggest that SES is a long-term influential factor on psychological well-being. Navarro-Carrillo, Alonso-Ferres, Moya and Valor-Segura (2020) conducted a study on SES and Psychological well-being among 368 adults comprising 64.4% women and 35.6% men with a mean age of 39-67years. The finding of the study reveals that SES measured using education, income and occupation predicted psychological well-being of the participants. Conversely, Umukoro and Akinade (2018) in a cross-sectional study examined the

determining roles of social support and socio-economic status on health and well-being of psychiatric patients in State Hospital, Ibadan, Nigeria. Using the purposive sampling method, a total of 71 psychiatric patients were selected. The outcome reveals that educational status and income were recognized as indicators of SES. While income was found not to significantly determine health status among psychiatric patients, educational level significantly predicted well-being.

Recently, studies in Nigeria by Fareo (2020) on the influence of home background on the academic performance among 400 randomly selected senior secondary students in Adamawa State show that the relationship between parental education level, parental occupation and academic performances of the participants was positively significant. The study suggests that parents' SES plays an important role in ensuring academic excellent of students. In addition to this, Omeje, et al. (2021) investigates the socio-economic status and academic performance of tertiary students in Enugu State, Nigeria. The study adopts the propensity score matching model and survey to collect data from 468 students in 13 higher institutions within the State. Just like other previous studies, it is also established that students' academic performances significantly decrease as a result of low socio-economic status. The study concludes that low socio-economic status has negative significant impact on students' academic performance. During the recent COVID-19 pandemic that rocked the whole world, Agberotimi, Akinsola, Oguntayo and Olaseni (2020) found that poor mental health outcomes during the COVID-19 pandemic among Nigerians is connected to low socioeconomic status. Owing to these available empirical studies, it is obvious that no study has examined the relationship between SES and emotional well-being of the elderly in Ibadan, Nigeria, hence, the justification for this present study.

2.7.2 Sex and Emotional Well-Being

Sex as a sociological variable has gained popularity in research endeavour and the interest of many researchers over a decade ago when it was postulated by Oakley (1972). Reaching a consensus on its generally acceptable definition has generated heated debate. However, it is often conceptualized as the social characteristics of being males and

females that involve a suitable masculinity or femininity roles. Thus, it is a crucial part of the society and culture. According to Aina (2012), sex issues are beyond individual sex which is biology, but also involves social perception of being a male or female. Thus, sex difference in emotional well-being otherwise known as subjective well-being has also been repeatedly examined (Batz & Tay, 2018). Thus, the argument on whether emotional well-being or happiness depends on being a male or female remains a subject of debate among researchers (Mustaffa, 2016). This is because some past studies indicates that sex difference does not exist, while some argued that there is remarkable difference (González, Figuer, Malo & Casas, 2014). Given these inconsistent, and bi-dimensionality of emotional well-being (positive and negative affect) as postulated in this study, previous empirical studies were critically reviewed. For instance, Goldshmidt and Weller (2000) carried out a study in Syria on verbal expression and sex differences. It was discovered that females were verbally expressive and harbored higher level of emotional well-being than males.

An empirical investigation was conducted by Inglehart, (2002) on the relationship between age, sex and Subjective well-being (SWB) among 65 non-African societies. The study adopted happiness as a component of SWB and findings showed strong emotional well-being among females as compared to their male counterparts who reported weak emotional well-being. Khanbani, Asghar and Parvar (2014) studied the relationship between sex and psychological well-being among 231 sampled married people, the outcome of the study showed that men were significantly different from women in their psychological well-being measured by environmental mastery, personal growth and positive relations with others. However, no such difference was reported in term of self-acceptance and autonomy in the study that was carried out among students of private higher education institutions in Malaysia by Nor-Ezdianie (2010) on the level of psychological well-being and sex. Similarly, other studies have established that male students have a higher chance of positive psychological well-being than their female counterparts. Meanwhile, Perez (2012), in his study reveals that no sex differences exist among personal growth, positive affect, negative affect, teacher relationship, environmental mastery, self-acceptance and mother relationship among Filipino college students.

Studies in Nigeria on the relationship between sex and emotional well-being are scanty. However, the available few were majorly among adolescents. For example, Bakare (2013) explores the predictive power of some Socio-demographic variables on psychological well-being among adolescents in Southwest Nigeria. Sex made significant contributions to the psychological well-being alongside with age. Also, a related study was conducted among Yorubas by Olawande (2017) on sex differentials and mental illness in Ogun State, Nigeria. The mixed method approach was used for data collection and analysis, while a total of 967 respondents above 18years of age were selected using the multi-stage sampling technique from three Local Government Areas (LGAs). Findings indicated that men were significantly different from women in their perception and treatment of mental illness, such that females were more disposed to assume complete mental illness treatment than males. The study by Abdullahi, Orji and Kawu (2019) reveals a significant difference between sex, emotional and socio well-being. Specifically, the study found a significant association between males with social well-being and satisfaction, but females are reported to be more associated with emotional well-being than males. This outcome advances the fact that females are likely to be emotionally well at later life than males. Again, none of the above reviewed studies considered the elderly in terms of their sex difference in relation to emotional well-being, the gap that this study is out to fill.

2.7.3 Age and Emotional Well-Being

It is a known fact that the well-being of individuals tends to change or develop with age. Issues relating to age and well-being have garnered a lot of research attention not only in the field of sociology but also in psychology and gerontology (Ulloa, Møller & Sousa-Poza 2013). Basically, high level of emotional well-being by means of happiness and life satisfaction has repeatedly been observed among older adults despite decline in physical and mental functionality (Charles, Piazza, Sliwinski, Urban, Mogle & Almeida, 2016). According to Charles and Carstensen (2009), older adults increase emotion-related values, remember and appraise emotional contingent less negatively than younger adults. This may partially explain the age differences in emotional well-being. Although some other studies have indicated inconsistence in the relationship between positive affect aspect of emotional well-being and age, it is not an understatement to say that age is

significant to emotional well-being in later life. Among other factors that may be responsible for high level of emotional well-being in later life as argued by Berenbaum, Schoenleber and Flores (2013) are the possibility of higher anticipations among younger individuals than the elders; more realistic aspiration among older individuals which is a symbol of strengths and weaknesses; and long live is associated with happiness. For these reasons well-being could possibly reduce in younger years and an eventual increase at old age.

Among several other studies that have been established, the significant role of age in emotional well-being is inconsistent. Charles, Reynolds and Gatz (2001) conducted a longitudinal study among four generations of participants and a very slight negative correlation was established between age and positive affect aspect of emotional well-being. This outcome is contrary to the study of Carstensen, Pasupathi, Mayr, and Nesselroade (2000) carried out among individuals within the ages of 18 and 94 years. Interestingly, age was not significantly associated with the intensity of positive affect (happiness) nor with the frequency of happiness. A similar study by Shiota, Moser, Yeung, Neufeld and Perea (2011) focused on the different types of pleasurable feelings and age across life span (young, middle-aged, and older adults). The finding indicates that higher levels of contentment such as being peaceful, calm, at ease and relaxed was found among older adults than both young and Middle ages but did not differ significantly in terms of positive affect such as to be energetic, happy and proud). McAdams, Lucas and Donnellan (2012) attest to the fact that age is associated with emotional well-being when measured by life satisfaction and happiness.

Conversely, Sanuade, Ibitoye and Adebowale (2014) state that the proportion of good psychological well-being was high among participants who were between ages 65 and 69 (61.9%) and lowered among those who were above 85 years of age (27.2%). Hence, the research indicates that the psychological well-being of the elderly deteriorates with increasing age. This is consistent with the study of Mwanyangala, Abdullah, Charles, Mayombana, Nathan, Mahutanga and Urassa, (2010). that the tendency for the body mechanisms and organ to develop as individual advances in age is high and lead to feebleness in later life and may in turn result into negative affect or unhappiness. Taneva (2017) found that negative emotional control tends to be poor and weak among younger

individual, while older people have better chance of controlling negative emotions. This outcome is not different from the position of Abdullahi, Orji and Kawu (2019) who found out that older adults exhibited a higher level of emotional well-being than younger adults. That is, the likelihood of younger adults to demonstrate unstable emotional state is higher than the elderly people. This also explains the fact that as an individual advances in age and experience, he is likely going to be preoccupied with information, help and companionship that he is seeking from families and friends. As such, an elderly person is much more likely to have better opportunity of managing daily affairs and challenges associated with ageing and become more emotionally stable. A serious gap exists in the above research evidence as only few focused on age and emotional well-being of the elderly, which is the concern of this study.

2.7.4 Marital Status and Emotional Well-Being

Marital status is a social variable that cannot be ignored in gaining understanding to emotional well-being. Historically, marital status presumes that people who are stable in marriage without disruption may likely experience high level of emotional well-being stability. There is a paucity of empirical evidence on marital status and emotional well-being among the elderly in Nigeria. In Kreider (2005)'s view, an individual's marital status helps in understanding perceived pattern of social well-being in later life, because marriage is purported to promote social integration, feeling of belongingness and ultimately ensure emotional well-being. This argument may vary with the categorization of marital status to either single, married, divorced and widowed among the elderly (Huijts & Kraaykamp, 2011). One study conducted in Australia by Evans and Kelley (2004) access the relationship between marriage and life satisfaction across all ages. The study established that married people reported higher life satisfaction than those in any other type of marital status. The study therefore concludes that marital commitment substantially influences subjective well-being. Their outcome is not different from the position of Dush and Amato (2005) who found that married people had better chance of having highest levels of well-being compared to other types of marital status.

Han, Park, Kim, Park and Kim (2014), in a cross-sectional study found that the relationship between marital status and QOL was significant, although this relationship varied by sex and age. They further argued that it is not just marriage that ensures quality

of life but marital quality or satisfaction. Their conclusion may be based on the fact that marital satisfaction tends to provide mutual support and obligation and thereby reduce the negative dimension of well-being. Similarly, Amato (2010) discloses that marital loss such as divorced, separated or widowed/widower may worsen the negative affect aspect of emotional well-being mostly in later life, given the threats and challenges that come with aging. In another cross-sectional study among 510 British adults by Soulsby and Bennett (2015), both the widowed and divorced were found to experience increased depressive symptoms and lower life satisfaction than those in continuous marriage. However, this relationship may be explained when lower social support was controlled. More recently, Hsu and Barrett (2020) examine the association between marital status and psychological well-being among 1,711 adults in the United States of America using cross-sectional survey between 2004 and 2006. The outcome of the study shows that continuous marriage was far advantageous compared with being single, separated, and divorced.

Despite the ample literature on marital status, there has been literally no study that examine the link between marital status and emotional well-being of the elderly in Nigeria. Taken together, the empirical studies of the connection between marital status and emotional well-being though scanty, is highly germane in understanding the adjustment of the elderly to old age challenges. Importantly, marital status sheds more light on the emotional well-being of the elderly in a culture like Yoruba where high value and social respect is attached to marital status.

2.7.5 Social Integration and Emotional Well-Being

Social integration in this study is the individual's involvement in social activities such as religious participation, neighborhood groups and other social groups. Fothergill, Juon, Green, Ensminger, Robertson and Thorpe (2011) assess the effect of social integration on health among African American ageing population using a longitudinal method. A total of 680 aged persons were sampled. It was found that social integration or community engagement had a significant effect on health of the participants compared to non-socially involving participants. Gintis and Helbing (2015) establish that human-beings generally have irresistible need to be identified, act and live as part of a group and that the level of social integration at the local community is likely to have varying effects on EWB. Such evidences abound that show significant roles that social integration plays

in promoting human's mental health, psychological, social and EWB: Rajbhandari (2014) carries out a quantitative study on social integration and health well-being among older adults in Midwestern metropolitan area. The participants were 416 older adults above 60 years of age. The finding reveals that social integration was concomitant with the health well-being of the older adults.

In a survey study conducted in China by Zhang and Zhang (2015) on the predictive impact of social participation on subjective well-being among retirees. A total of 25,000 participants were sampled while 22,019 took part in the study. The finding from this quantitative survey reveals that frequent participation and roles in social activities had a significant impact on higher subjective well-being of the participants. In Europe, Leone and Hessel (2016) performed a longitudinal study on the effect of social participation on subjective and objective health of older individual. Data was collected across 11 European countries which are Austria, Denmark, Netherlands, France, Greece, Germany, Belgium, Israel, Italy, Spain, Switzerland and Sweden. A total number of 28,296 older people with average age of 64 years responded to the questionnaires administered. A logistic regression model was adopted as statistic tool. The study found out that active participation in social activities improve both subjective and objective health well-being of the older adults. A systematic review study of Pinto and Neri (2017) on social participation's trajectories in old age. It was discovered that among 31 longitudinal studies that was reviewed on older adults, social participation, social engagement levels increased healthiness and longevity.

A correlation study was conducted by Zainab and Naz (2017) on the contributing role of social integration and daily living, functioning in enhancing wellness and its various dimensions among Lahore, Pakistan's older adults. The study sampled 112 participants involving 56 men and 56 women who responded to individually administered questionnaire that took about 30 minutes. Data analysis was done using the inferential statistics analysis of stepwise regression. The finding showed a significant positive correlation between social integration and perceived wellness; which means that socially active older adults reported better perceived wellness. The study further found out that significant positive correlation exists among that social integration, other domains of wellness such as emotional, intellectual, psychological, physical, social and spiritual

wellness. This reflects that maximum involvement of older people in social, religious or neighborhood groups increase the feelings of self-worth. An empirical study which examined the relationship between social integration and life satisfaction was conducted by Zou, Su and Wang (2018). A sample of 229 respondents completed the survey, while the finding from the regression analysis established a significant positive relationship between social integration and life satisfaction. The study further added that positive and negative affect partly mediated the influence of social integration on life satisfaction; while social integration plays a positive role in improving life satisfaction by promoting positive affect, it also reduces the negative affect on life satisfaction.

In a descriptive design of an expo-facto type, Appau, Churchill and Farrell (2019) examined the correlation between social integration and subjective well-beings of the elderly above 55 years of age. An existing data from the United Kingdom Community Life Survey (CLS) was used for 14,093 respondents. The finding exposed that there is statistical nexus between social integration and good levels of positive well-being. Specifically, the finding suggests that an increase in the rate of social interaction determined an increase in subjective well-being. A similar study was done by Park (2019) in the United States among older adults, which investigated the affiliation of social integration to psychological well-being. The mixed methods research approach involving both quantitative and qualitative research design was done in a face to face focus discussion interview and a total of 82 senior citizens. The study used the Hierarchical regression models for data analysis, while the findings established that social integration had a statistical nexus between psychological well-being and depressive symptoms. It was suggested that social integration could promote psychological well-being of senior citizens by engaging in voluntary social group participation. Dawson-Townsend (2019) investigated social participation and its association with well-being and health of older adults in Switzerland. Using a descriptive research method, the study sampled 5167 individuals above 60 years of age. Latent class and regression analysis were employed as statistical tools for the study. The outcome of the study revealed that a statistical nexus exist between social participation and well-being and health of older adults.

In Africa, particularly in Nigeria, there is no accessible studies on the relationship of social integration with EWB among the elderly and this is one of the identified gaps which

this study is out to fill. Although there are few studies that focused on other factors, yet they are not on social integration with EWB. For instance, Sanuade, Ibitoye and Adebowale (2014) examine psychological conditions of the elderly in Kogi State. The study adopted a multi-stage sampling technique to select 1,217 elderlies above 65 years and the finding shows that factors such as age, educational levels, financial support from children and current working status determine good psychological well-being. Animasahun and Chapman (2017) did a narrative review of psychosocial and health challenges facing the elderly in Nigeria. The result indicates factors such as economic stress, healthcare services, family dynamics and functional independence affect psychosocial and health status of elderly Nigerians. Another study that was done recently in Nigeria on the elderly was carried out by Tanyi, André and Mbah (2018), who analyzed the present policy lacuna and future concerns of elderly persons in Nigeria. Adopting qualitative approach of interviews and narratives type, findings established that policies development is the major challenge facing elderly persons in Nigeria. Although, these studies were conducted using the elderly as participants, yet, the role of social integration in EWB of the elderly in Nigeria has not been given attention. Hence this study is out to fill such gap.

2.7.6 Social Networking and Emotional Well-Being

Social networkings have been confirmed by previous studies to be a powerful determinant of subjective or EWB of the elderly (Schwartz and Litwin, 2019). Being a social construct that is described as the relationships that occur among bounded group of people or where people have more intimate relationship such as close friends and family members. Some of these studies are being reviewed as fellows; Litwin (2000), conducted a study on older adults in Israel on the relationship of social networking and activity level to subjective well-being. A total of 170 older adults were selected for the study, while a hierarchical regression statistical tool was used for data analysis. The findings indicate that social networking factor such as degree of network supportiveness correlates with subjective well-being. Also, it shows that social networking aspect of activity reported a significance difference in subjective well-being of elderly persons. A study carried out by Huxhold, Fiori and Windsor (2013) investigated the different dimensions of social networkings (frequency and size of contact), emotional support social activity engagement

and subjective and health well-being of older adults. A representative sample of 2034 was surveyed, while latent change score models were used to analysis data. The findings revealed that social networking boost older people's emotional support and social engagement with an indirect influence on subjective well-being. The study concluded that future studies should consider other measures of social networking of older adults.

A contrary longitudinal study that assessed the mediating role of loneliness on association between social isolation and mortality among older men and women in United Kingdom was carried out by Steptoe, Demakakos, Wardle and Shankar (2013). The study selected a total of 6500 older people and Cox proportional hazards regression was used for data analysis. The study revealed that both loneliness and social isolation increase the risk of mortality among the participants. However, after moderating for the baseline health and demographic factors, social isolation was still significantly interacted with mortality (HR 1.26, 95% CI, 1.08– 1.48), but loneliness did not (HR 0.92, 95% CI, 0.78–1.09). The study concludes that both loneliness and social isolation were associated with high degree of mortality, but not without some health issues or demographic characteristics of the older people. Another cohort study was carried out in Melbourne, Australia by Hodge, Flicker, English, and Giles (2013). It investigated predictors of successful ageing and social connectedness with a representative sample of 5512 aged 70 and above. The study discovered a conflicting finding on the association of social networking and successful ageing, such that social connectedness did not significantly relate to ageing as perceived by the participants. This contradictory finding may be due to conceptual differences in the context of social ties.

Yang, Harris, Boen, Li, Gerken, and Schorpp (2016) examined the functional and structural dimensions of social relationship incorporating social support, social integration and social strain as components on long life. The result establishes that higher degree of social networking is related to lower risk of physiological distress in both early and later life. On the contrary, lack of social networking was associated with vastly high health risk in specific life span. The study suggests that social networking produced robust and consistent relationship with physiological health in later life. A cross-sectional study by Bahramnezhad, Navab, Taherpour, Bastani and Chalik (2017) was done in Bojnoord, Iran to determine the social networking relationship with the quality of life of the elderly.

Being a descriptive design, a total of 201 elderly people whose age were 60 years and above were selected through consecutive and continuous sampling technique. Data collected were analyzed using the descriptive and inferential statistics tools. The results revealed that 30.3% of participants studied reported a high risk of isolation. The family (19.68%), friends (12.01%) and neighbors (9.90%) were found to be the highest mean of social networking respectively. The study further shows that social networking had a positive and significant relationship with the quality of life of the elderly. It therefore concluded that family, friends and neighbours were the most significant social networking of the elderly and are important for ensuring good quality of life in later life.

In a similar study by Arias, Kemp and Fisher (2017), social networking was found to contribute significantly to the health outcomes of older people. Recently, Moorman, and Boerner (2018) did a comparative study on the relationship of social networkings of elderly people with their peers who prefer a next-of-kin surrogate with size and quality of the relationship. A total of 1,245 elderly persons took part in the study, while a multinomial logistic regressions analysis was used to test the direction of the relationship. The result indicates that 20% of those who have the strongest social networking was a spouse that of adult child accounted for 32% against participants with surrogate child which was low. The study concludes that the worth of social networking of elderly people relates significantly with a greater number of people outside the immediate family. In reviewing the study of Zhang, Yang, Zhao and Zhang (2019), which investigated the association between social networking and subjective well-being among Chinese elderly urban residents, while adjusting for future time perspective (FTP), the research adopted a stratified sampling technique to recruit 1,097 participants between 50 and 90 years of age. A descriptive and Mplus 7.0 statistic tools were used to analyse the data collected. The findings confirm that social networkings were relevant in the subjective well-being of elderly urban residents in China. It concludes that at least in some ways social networking is important in maintaining subjective well-being among the elderly.

In Nigeria, Ojembe and Ebe Kalu (2018), explored the reasons for loneliness among elderly people. Through a descriptive phenomenological method, a purposeful sampling technique was used to select 12 older adults aged 58–88 for a face-to-face interview. Data analysis was done using a Thematic Analysis. The result indicates that

decreasing social networkings such as family, family ties structures, lack of social programmes and disability-associated ageing were associated with loneliness of elderly persons in Nigeria. Ojagbemi and Gureje (2019) studied the association of social relationships with loneliness among aging people with major depressive disorder in the Ibadan, Oyo State. A multistage probability sampling method was used to select 1704 persons who were 65 years and above. The study employed a mixed method design of both face-to-face and the use of questionnaire Also, both descriptive and inferential statistics were used. The result reveals that loneliness is associated with poor social engagement.. While the social relationships correlated with depressive disorder, the association of loneliness with depressive disorder was substantially, although not absolutely, mediated by poor social engagement. The study concluded that the association of loneliness with old age depression in Nigeria is relatively explained by poor social engagement. From the foregoing, it is obvious that social networkings play positive and significant roles in active and successful ageing of the elderly, given that, family, friends, spouses or close relatives form the social networking at old age (Bahramnezhad, et al., 2017). This notwithstanding, there are relatively scanty qualitative evidences exploring the relationship of social networkings with EWB of the elderly in Ibadan, Nigeria, which shows the need for research in this regard.

2.7.7 Social Supports and Emotional Well-Being

Large number of studies have confirmed the connections of social support with outcome factors such as psychological, health, social and EWB across all age groups. Basically, Dai, et al., (2016) allude that social support determines individuals' well-being by reducing the effects of stressors. Thus, in this study, social support connotes the actual or tangible assistance or help received from one's social networkings so as to cushion the negative effects of ageing. It is very vital to review other past studies that inveterate the relationships or associated role of social support with successful ageing. Ibrahim, et at., (2013) investigated the predictive role of depression and social support on the QOL of the elderly living in a rural community in Malaysia. The researchers utilized the universal sampling procedure to select 162 elderly settlers of Sungai Tengi, aged 60 years and above. Both the descriptive and inferential statistics were used to perform data analysis (Pearson correlation and multiple regressions analysis). The study establishes that the

elderly people in the community had high physical QOL when compared with the mental components of their quality of life. Also, a positive and significant relationship exist between social support and quality of life, while a negative but significant correlation was found between social support and depression. Ibrahim and colleagues (2013) conclude that social support positively predicts good quality of life of the elderly while depression remains a negative indicator of their psychological well-being.

Li, Chen and Ji (2014) investigated the different roles of social support sources (family and friend supports) on the dimensions of EWB (negative affect and positive affect) of Chinese elderly individual. Adopting a mixed method of quantitative and qualitative research design, a sample size of 700 elderly individuals were selected for the study through a convenience sampling technique. The inferential statistics result indicates that mutual support from spouse, children and friends were the sources of support for the participants, while the zero-order correlations established that support from both family and friend were found to be linked more with positive affect, but less with negative affect. Interestingly, the study reveals that a decreased negative affect was accounted for by spouse support, while support from friends increased positive affect of the elderly in the study. Li, Chen and Ji (2014) stresses on the need for the individual to enhance friends' ties. In a correlational research design of Mishra, Joby, Jha and Pandey (2014), the effect of social support on elderly's psychological well-being in Indian was predicted. The study selected a total of 200 elderly people within the ages of 60 and 70 years using a stratified disproportional technique. Findings indicate that people with higher degree of social support reported higher levels of psychological well-being. The study confirmed that psychological well-being of the elderly was predicted by the level of social support available.

Research carried out by Tajvar (2015), examined direct and stress-reducing nexus of social support with mental health of older people in Iran. The study employed a quantitative cross-sectional research design method by randomly sampled 800 individuals from 60 years and above out of which a total of 644 people finally responded. The hypotheses raised were analysed using a multilevel mixed effects model. The findings reveals that the functional aspects (tangible or content of support) of social support is directly associated with the mental health of the population studied. However no direct

association of structural aspects (actual physicality of support) of social support with mental health was found. Additionally, no viable statistical evidence of social support association with mental health and physical functioning based on the effect of stress-buffering was found. However, Tajvar (2015)'s study did not establish social support source of the participants. Another cross-sectional study was done in Taiwan by Dai, et al., (2016) on self-related health and social support of older people. Being a descriptive research design, a multistage stratified random cluster sampling technique was used to select 360 sampled elderly aged 60 to 90 years. Data collected were analysised using inferential statistics independent t test, Spearson correlation, a Pearson x2 test, a multiple-level model and a linear regression. Findings attest that social support has a significant correlation with self-related health, marital status, living conditions, age and city. The research concludes that there is a need for social systems that ensure adequate provision of support for the elderly by various economic, social and mental health programmes.

In an empirical study by Oluwagbemiga (2016), the psychological well-being of the elderly and the effect of social support was examined in Ibadan, Nigeria. A descriptive research design of survey type was adopted, while 122 individuals from 65 years and over were sampled from three (3) old persons' homes using a purposive sampling approach. The Analysis of variance was employed to test the formulated hypotheses, while the study found out that the effect of social support such as companionship, emotional support, information access and financial support was positively and significantly the psychosocial well-being of the participants studied. The study also advocates establishment of functional care support services for the elderly in Nigeria.

Another empirical study was conducted by Okhakhume, and Aroniyiaso (2017), titled 'The Influence of Perceived Social Support, Coping Strategies and Depression among Elderly People Kajola Local Government Area of Oyo State, Nigeria'. A cross-sectional research design was adopted and a total of 200 elderly persons from 60 years and over were purposively sampled through a systematical procedure. The descriptive and inferential statistics were executed to test the hypotheses formulated for the study. The result of the finding claims that perceived social support and coping strategies jointly influenced depression of the participants, while the magnitude of the contribution indicate that social support perceived reported higher influence than coping strategies on

depression. The researchers also advocate for adequate and effective support services for the elderly people to reduce symptoms of depression.

In a descriptive analytical research design of correlation type carried out by Moatamedy, Sadeqpur and Borjali (2018), which examined the predictive relationship of stress management, social support and psychological well-being of the elderly in Iran, a total, 131 elderly people aged 60 years and above were sampled for the study. A multiple regression analysis was performed to determine the predictive relationship, while the result obtained pointed out that social support and stress management reliability predicted psychological well-being of the study participants. Furthermore, Tariq, Ali, Abbas, Beihai, Imran and Yao (2020) investigate the relationship of physical disability with depressive symptoms as it is mediated by perceived social support among Pakistan's senior citizens. The researchers adopted a cross-section descriptive research design, with a total 300 senior citizens aged 60 years and above sampled to take part in the study. To decide the statistical contribution of physical disability and perceived social support on depression, a multiple linear regression analysis was performed while the study utilized the PROCESS model-4 to discover the mediation effect of social support. The study discovered that perceived social, friends, family and significant others' supports were negatively correlated with depressive symptoms, while physical disability revealed a direct statistical correlation with depression symptoms and the mediating roles of the three dimensions of perceived social support on the association physical disability with depressive symptoms of the elderly was significant.

Literarily, this implies that an increased level of perceived social, friends, family and significant others' support was concomitant with a reduced level depressive symptoms among the elderly. Tariq, et al., (2020) emphasizes the important perceived support from friends, family and significant others in order to prevent cognitive and physical health obstacles in old age.

Essentially, evidences from all the studies reviewed above have proved that social support plays important roles in EWB of the elderly. Unfortunately, only Li, Chen and Ji (2014) focus on the sources of social support in relation to the dimension of EWB (positive and negative affect) of the elderly, even though the study was not in Nigeria. This has generated a concern for the researcher which has necessitated the need to fill such

obvious gap in Nigerian context, such that the major source of social support of the elderly could be determined.

2.7.8 Coping Efficacy and Emotional Well-Being

Coping efficacy is believed to be central to human well-being (Bandura, 2000), as it suggests the psychological ability of any individual to meet the demand of stress or any challenging situation. Research evidences abound on its significant impact or relationships with mental health or psychological well-being. Although, not many studies have verified its empirical association or correlation with EWB of the elderly, yet, this current study attempted to provide empirical justification for the relationship between coping efficacy and EWB through past studies. Singh, Singh and Shukla (2010), predicted the impact of copping self-efficacy on mental health of elder population in Indian. The study adopted an exploratory research approach, although the sampling technique employed for the selection was unknown, a total of 160 respondents who were 60 years and above were sampled for the study. The results obtained indicate that coping self-efficacy statistically predicted good mental health with the highest value of R^2 reported 0.446 for the males and .483 for the females' elderly, while the variance in mental health accounted for about 52%. The study concluded that the elderly who perceived themselves to be coping efficacious have better chances of good mental health than their equivalents.

In a hypothetical study done by Tomás, Melendez, Mayordomo and Sancho (2012), the effect of coping and resilience strategies on the well-being of the elderly people in Spain was predicted. The researchers employed the survey design approach to sample 225 non-institutionalized elderly people. Also, the study did not specify the sampling method used for the selection of the participants, however, the participants are within the age range of 60 to 95 years. The results disclosed that coping positively correlated and moderated elderly peoples' well-being and that resilient coping significantly to a large extent predicted the well-being of the elderly people. In a systematic review carried out by Bjørkløf, et al. (2013), the relationship of coping with depression in the older people was assessed. The study employed a computer-aided search to evaluate a total of 75 studies in relation to individual elderly' coping and depression from age 60 and above. The study revealed that majority of the studies evaluated found a strong relationship between coping as strategy and reduced depression among the elderly people. The study

further draw a conclusion that strategies of coping are statistically associated with symptoms of depression in late life, while more researches that advance coping efficacy among older adults suffering from major cognitive and depression was advocated for.

A similar study was done by Waldrep (2015), who evaluated the role of coping self-efficacy with the adaptation process of traumatized individuals in the United States of America. A total of 74 participants were recruited for the study. The result reveals that coping efficacy did not significantly predict adaptation process of traumatized participants. Although, coping efficacy was estimated to increase over time as individuals commenced adaptation process to the traumatic experience. Waldrep (2015) notes that the major explanation for the inverse prediction was that the participants' coping efficacy was low and that the participants were hospital patients. Tripathi and Asthana (2015) and assessed the relationship of loneliness, self-efficacy with mental health. The researchers did not stipulate the study location, but a cross sectional survey research approach was used to select a small sample of 45 whose age range between 65 and 70 years. The study claimed that a negative but significant correlation exists between loneliness and mental health, a positive and significant relationship was found between self-efficacy and mental health of the elderly. The conclusion of the study was that self-efficacious perception of older adults could better maintain their mental health.

Another cross-sectional survey research design that evaluated the impact of different coping strategies, resilience and psychological well-being and perceived mental health in Taiwan by Chen, Chiang, and Yang (2018) was reviewed. The study employed a convenience sampling technique to recruit a total of 200 participants for the study. The study findings indicate that positive coping abilities lead to higher resilience and psychological well-being which are important to manage all forms of stressors. The study concluded that avoidant coping has opposing effects on resilience and psychological well-being, whereas approach-oriented coping had positive and significant effects. The quasi-experimental research of Toledano-González, Romero-Ayuso and Labajos-Manzanares (2019) investigated the effects of occupational therapy on self-efficacy, personal independence and psychological well-being of older adults in Europe. Using both quantitative and qualitative descriptive research design, a sample size of 74 older adults whose age ranges were within 70 and 85years were randomly recruited for the study, the

result established that the intervention (occupational therapy) effectively improved the overall EWB, personal independence and self-efficacy of the older adults. Therefore, the study suggests that Group occupational therapy should be adopted to improve EWB, level of personal independence and sense of self-efficacy in older adults.

In South Africa, an investigative study by Rautenbach (2019) was carried out, which aimed to determine the relationship of coping self-efficacy and stress adaptation of teachers. Although, the elderly was not the study population, yet the coping efficacy and stress adaption aspect of the study is of interest to the current research. A descriptive research design was adopted, a total of 350 respdents were conveniently sampled in the study but only 283 completed and returned the questionnaires fully filled. Findings unveiled that coping self-efficacy had direct positive pathways to stress adaption and negatively correlated with stress. The study reached a conclusion that the relationships between coping self-efficacy and stress adaptation was statistically mediated by perceived stress of the participants. More recently, Galiana, Fernández, Oliver, and Tomás, (2020), examined the role of coping strategies on the well-being of the elderly. The study based it research approach on a competitive structural equation models (SEMs) and surveyed a total of 857 older adults. The results divulged that coping dimensions which include emotion and problem-focused coping had direct effect on both subjective and psychological well-being. Thus, the study draw a conclusion on the bases that coping strategies were relevant for enhancing adequate well-being in later life, with emotion-focused coping strategies having opposing and greatest predictive power over the psychological and subjective well-being.

Basically, a great number of studies as reviewed above have established the important roles of coping efficacy on the general well-being of different age groups of people, most especially at old age. Unfortunately, most of these studies were carried out in advanced nations of the world. Only few were traceable to Africa (Rautenbach, 2019; Waldrep, 2015). Coping efficacy is among other psychological adaptive factors critical to determine EWB in old age. Thus, available empirical evidences have left huge gaps in the literature that require research attention. It is on this bases that this current study hypothesized the relationships between coping efficacy and EWB of the elderly in Ibadan, Nigeria.

2.7.9 Self-Esteem and Emotional Well-Being

Past studies have affirmed the significant role of self-esteem on EWB, thus, self-esteem has been recognized as an important factor of psychological well-being in literature (Senol-Durak & Durak, 2011). Some of the studies that have established positive roles of self-esteem on the dimensions of well-being are hereby reviewed. The role of self-esteem was established in a study by Bergland, Loland and Thorsen (2010), who investigated the relationships among socio-demographic factors, self-esteem, coping resources and health status of older people. A large sample of 3,069 women and men who were within the ages of 55–79 took part in the study. The finding show that low self-esteem has a statistical relationship with higher degree of depression; also, associations between self-esteem, coping and health status were found to be significant. Neff (2011) assesses the difference between self-compassion and self-esteem through a theoretical analysis. The study justifies that high self-esteem is correlated with psychological well-being based on several articles reviewed by the researcher. Findings unveiled that self-compassion and self-esteem offer the same benefit to mental health benefits.

Senol-Durak and Durak (2011) examines the mediating roles of self-esteem and life satisfaction between subjective well-being. The quantitative research design was used to select 480 participants. The finding demonstrates that self-esteem played a mediating role by impacting on subjective well-being and life satisfaction. The study finalized and suggested future researches that will consider the relationship of self-esteem with subjective well-being. Although, the study participants were university students, the empirical evidence of the impact of self-esteem on subjective well-being was of interest to the present research. In a theoretical review done by Orth and Robins (2013), the relationship between low self-esteem and depression was documented. The study reviewed several studies from Europe and Mexico, where both clinical and non-clinical participants were sampled. The outcome of the research is consistent with other past claims that self-esteem has long-term theoretical impact. The study further suggests that an improved self-esteem is capable to reduce or prevent depression.

Franak, Malek, and Alireza (2015) assessed the self-esteem of older people accessing health care service in Iran by using a cross-sectional research design. Through a

convenience sampling technique, 201 elderly persons were selected to respond to the questionnaires that were administered. The study discovered that the self-esteem level of the participants was high. Also, there was a significant difference in the mean of self-esteem and health problems, which is an indication that there is the need to reduce physical, social and psychological problems among the elderly by promoting their self-esteem. A correlational study by Wagner, Gerstorf, Hoppmann and Ram (2015), considered self-esteem and the roles played by source of health, self-regulatory, cognitive and social domains and its stability in later life. A 13-year longitudinal data were gathered from a total of 462 older adults whose ages were between 70 and 86 years. Findings reveal that self-esteem, reduces in very old age, but increased loneliness was found to be associated with lower self-esteem later in life. The study concludes that self-esteem was relatively stable at old age, while a robust self-esteem enhancement programme was advocated.

In a quantitative research design of cross-sectional type conducted by Tavares, Ferreira, Matias, Nascimento, Paiva and Pegorari (2016), the connections between self-esteem and QOL among the elderly in Brazil was investigated. The study found out that a significant association was evident between self-esteem and the quality of life of the elderly. It was emphasized that low level of self-esteem mostly affected psychological functioning of the elderly. Abdel-Khalek (2016), spawns theoretical evidence of the negative and positive effects of both low and high self-esteem. Among other findings is association of low self-esteem with depression. Qiu (2018) evaluates the moderating and associated roles of self-esteem stability and self-enhancement strategies among participants in China. In total, 305 participants were selected for the study. The outcome of the study confirmed that both self-esteem stability had a positive relationship with direct self-enhancement, but correlated negatively with indirect self-enhancement. In addition to that, the moderating role of self-esteem stability and its association between self-esteem level and direct self-enhancement was significant. The study submits that self-esteem impacts self-enhancement.

Another empirical evidence on the important role of self-esteem was established by Harris, and Orth (2019) in a longitudinal meta-analysis study which examined the effect of social relationships on self-esteem. The study of the link between people's level

of self-esteem and their social relationships was truly reciprocal in all stages of human development across life span. In a comparative empirical study by Rosi, Gamboz, Cavallini, Russo and Vecchi (2019), the impact of successes and failures on self-Esteem and affect in young and older adults in United Kingdom was investigated. A quantitative research method was adopted to collect data from 102 older adults (65–81 years) and 100 youths (19–30 years). The findings reveal that young and older adults were both affected by experiences of failures and successes, while the success-failure manipulation employed proved that the affect state of self-esteem changes are induced. The study suggests that young and older adults were comparably affected by success and failure. The relationship between self-esteem and EWB of elderly in Ibadan became a necessity.

2.7.10 Quality of Life and Emotional Well-Being

Quality of life has gained researchers attention across all fields of human science for several decades. Both theoretical and empirical evidences have proved its significant importance in relation to mental and psychological health throughout human developmental stages in the past. Some of these empirical evidences are hereby reviewed. An exploratory research design of cross-sectional type was undertaken by Fajemilehin and Odebiyi (2011) on some predictors of QoL and health practices of elderly persons in Osun State, Nigeria. A purposive sampling technique was adopted to select 10 purposively health facilities with a total of 300 elderly persons who were 60 years and more. The result discloses that QoL predicted positive health behaviours of the elderly. The result further indicates that the influence of some other socio-economic and demographic characteristics of the participants including peer relationship, living with spouse, marital status and residential location varies by each of the elderly persons. The study concludes that the improved QoL in later life is determined by educational background, elderly traditional life styles, financial status and marital stability.

A similar study was carried out by Akinyemi, Popoola, Ilesanmi and Owoaje (2012) with the aim of assessing contributory factors and QoL of adults living in sub urban communities in Nigeria. The study research method was a quantitative descriptive of cross-sectional type with a total sample of 527 adults selected through a cluster

sampling technique. The study shows that the majority of those assessed had a good QoL. However, the study is limited by not being able to draw a causal relationship among variables due to the nature of the survey that was undertaken. A mixed-method involving FGD and cross-sectional design that explored the social support received and perceived QoL of the elderly in Ibadan was done by Awobiyi (2014). The study adopted the Multi-stage stratified sampling technique to select a total number of 653 elderly people who were 65 years and above. Result reveals that QoL of elderly persons living with people had a significant difference compared with those who lived alone, while the responses from the FGD demonstrated that social support received positively impacted their quality of life. The study draws a conclusion that QoL is enhanced by received social support, while health care support system was advocated for the elderly.

Cantarero and Potter (2014) investigated QoL as a determinant of psychological well-being of older adult living in two rural locations. The study utilized a correlational type of descriptive design by selecting 3350 older adult whose ages were from 65 years and over. The results show that the QoL of the elderly was statistically satisfactory with general well-being. LaRocca and Scogin (2015) evaluate the effect of social support on quality of life of older adults getting Cognitive Behavioral Therapy (CBT). Secondary data was collected from 137 participants who voluntarily took part in the study and were randomly selected. The result that showed an improved quality of life after cognitive behavior therapy treatment was associated with social support. The study suggests that increased QoL is boosted by social support associated to CBT.

Rayirala, Bhogaraju, Mandadi and Nallapaneni (2016), in a cross-sectional study compared the QOL in elderly living in geriatrics homes with those in the community. The sample comprises of 49 older adults in geriatrics home and 48 from older adult population in the community, totaling 97 whose ages were above 60 years. Findings reveal that there was no statistical mean difference in the quality of life of elderly in geriatric homes as compared with their counterparts in the community. However, elderly people who were highly educated reported high quality of life. The study concludes that the QoL of the elderly in geriatric homes are not different from those in the community but it varies in various socio-demographic factors such as education, retirement and spousal age. Also, a descriptive cross-sectional study was carried out in Nigeria by Fakoya, Bello, Abioye-

Kuteyi, Olowookere, Ezeoma and Oyegbade (2018). The study assessed some determinants of QOL in elderly population in Southwest Nigeria. A systematic random sampling approach was employed to select 216 older adults above 60 years of age. Findings indicate that majority of the participants had a poor QoL accompanied with multiple morbidities and only 25% reported good quality of life. The study concludes that QoL of older adults in Southwest Nigeria was found to be poor and worst in those with multiple illnesses.

A systematic review was undertaken by De Souza, Ferreira and De Carvalho (2018) on the relationship between quality of life and subjective well-being of senior citizens in Brazil. Being a systematic review Scopus, BVS and PubMed are the search engines of people aged 80 and above. A total of 7,324 studies were found out, of which 22 were randomly selected. The outcome of the study demonstrates that a majority of the study reviewed found that quality of life positively influenced the subjective well-being of senior citizens. Rondón García and Ramírez Navarrro (2018) conducted a quantitative study on the impact of QoL on health well-being of the elderly in Spain. Sample size consisted of 500 people through simple random sampling technique. Study found that the quality of life of the participants was good and QoL determined health well-being. The study establishes that QoL is an important factor associated with health well-being of the older adult.

Another study was conducted by PYA, Abuosi, Everink, Lohrmann, Halfens and Schols (2019) which reviewed articles on QOL of older adults residing in African countries. In the methodology of the study, a scoping review was executed through Scopus, ISI Web science and PubMed database by retrieving published studies between January 2008–February, 2019. The studies reviewed included empirical ones that focuse on adults above 50 years in African countries. In total, 22 studies were reviewed, findings establish that majority of studies reviewed indicate that QoL of older adults in African countries is low, but it plays a significant role in the general well-being of older adults. In all, it is apparent from the past theoretical and empirical studies that quality of life is an essential factor in successful ageing, however, almost all the studies identified a distinctive gap which necessitated these studies to suggest the need for future researchers to focus on the causal relationships or association between quality of life and EWB of the

elderly. Besides this, it is clear that studies on empirical investigation of the variables under consideration in this present study is not common in Nigeria, which is why this present study is timely.

2.7.11 Religiosity and Emotional Well-Being

The role of religiosity in enhancing health and well-being has gained research interest and attentions which has resulted in huge empirical studies that investigated the relationship of religiosity with different aspects of well-being around the world (Chime, 2015). Although several empirical evidences have proven the positive effect of religiosity on emotional affect, this is dependent on how it was measured especially by church or mosque participation or attendance, roles in the religious group and interest or commitment in religious organisation. Furthermore, the desirable outcome of mental well-being as a result of religious participation has been consistently reported in literature (Chime, 2015; Ellison & Levin, 2012; Swinton, 2011). Therefore, statistical positive association of religiousity with psychological well-being has been suggested in past studies. A study in the USA by Helm, Hays, Flint, Koenig and Blazer (2010) explored the relationship of religiosity and mental health among sampled elderly in a protestant Christian congregation. The outcome of the study reveals a significant association between religiosity and mental health, while frequency of religious activities in terms of bible study and devotional prayers was found to be associated significantly with good mental health outcomes of the participants.

A study in Kuwaiti was undertaken by Al-Kandari (2011) with the aim of determining the relationship among social support, religiosity and health wellness of the elderly. A total of 1472 older adults above the age of 60 years were recruited for the study. A quantitative statistical approach was employed to analyse data collected. The result reveals that a high degree of religiosity was related to high social support and health wellness. Meanwhile, the respondents with a high-level of religious involvement have some reduced health problems. Moreno-Weinert (2012), studied the influence of religiosity on depressive symptoms of older adults with schizophrenia. The participants in the study comprise of 198 older adults from 55 years upward and were recruited through random selection. Findings from the study unveiled that religiousness was not statistically associated with depressive symptoms, nor did it improve the relationship between

depression and quality of life. The study concludes that although elderly persons with schizophrenia reported low religious participation in the study, religiousity partially and positively impacted on the QOL of older adults. The study finalized that the impact of religious commitment on the well-being of the elderly was positive.

Strawbridge, Kaplan, Cohen and Shema (2013 study the relationship between religious attendance, good health behaviours, social relationships and mental health of older adults in Alameda. Being a quantitative design, a total of 2,676 older adults took part in the study. Findings established that active religious participation increased longevity chances, on the other hand, low participation in religious activities increased the chances of mental health morbidities in later life. The study concludes that individual commitments to religious activities remain a great determinant of living long. Another study examined the relationship between religiosity, psychological distress and psychosocial resources of older adult in India (Chokkanathan, 2013). A total of 321 older adults were randomly sampled for the study. The researcher performed a structural equation modelling (SEM) to test the mediation and direct-effect models. Results reveal that the influence of religiosity on psychological distress was partially mediated by psychosocial resources. The study suggests that religiosity plays a crucial role in influencing the older adults' well-being, therefore, the need to encourage older adults to be more involved in religion activities for a better well-being is highly important.

In a causal comparative cross-sectional study done by Glass, (2014), the moderating ability of religiosity on the association of stress and psychological well-being in Northeastern Ohio was explored. A sample of 143 elderly persons' who were 60 years and above were selected for the study. The study, like other previously reviewed studies, confirm that religiosity has significant positive association with psychological well-being, but negatively associated with stress. Also, religiosity does not moderate the relationship between stress and psychological well-being. The study put it on record that the psychological well-being of elderly persons is positively influenced by their religious belief. Stress was found to negatively influence psychological well-being. Most recent studies have further established positive influence of religiosity on some aspects of health well-being among the elderly. This is according to a study conducted by Chaves and Gil (2015) who investigated the effect of religiosity on quality of life in old age. As a

descriptive design of exploratory type, quantitative-qualitative approach was adopted to select a small 12 sample of participants whose ages were from 60 years. Results indicate that the participants scored average in the social relationship and psychological health domains of quality of life and a positive association was found between religiosity and quality of life. Content analysis established a relationship between religiosity and quality of life. The study emphasizes the need to recognize the positive role of religious involvement in improving quality of life in later life.

Similarly, a quantitative cross-sectional design study was explored by Chime, (2015) on the correlation between religiosity and psychological well-being among Irish Christians. 140 older adults were randomly sampled with age 60 years and more. Correlational and regression statistical analyses were used to analyze the collected data. Results reveal that devotional prayers and religious service attendance were statistically connected with psychological well-being. Religiosity is further discovered to have a strong positive connection with psychological well-being. In the conclusion of the study, it was emphasized that religious participation is a channel through which people get companionship, emotional motivation or encouragement as well as supports through prayers and worship with other members of the congregants. Zimmer, Chiu, Jagger, Ofstedal, Saito and Rojo (2016) undertake a systematic review of connections between spirituality, aging, religiosity and global health well-being. Based on a number of past empirical evidence that spirituality and religiosity can modify and improve health wellness in later life, a considerable amount of previous empirical review was done. The study further identified that many of such studies took place in Europe and America, with very few in Africa. The study concludes like other previous researches that religiosity is associated with living long and having better mental and physical health in later life. Also, that there is a need for further study in African context on the impact of spirituality or religiosity on health of older people.

Kim-Prieto and Miller (2018) carried out a systematic review of some studies that investigated the effect of religiosity on subjective well-being of the elderly. The outcome of the review was equally consistent with several past studies that establish a positive and significant relationship between religiosity and subjective well-being of the elderly. The study finally establishes that religiosity is an important factor in subjective well-being in

later life. Apparently, religiosity is a vital part of Nigerian culture, unfortunately, research evidences are limited in Nigeria on the associated role of religiosity and EWB of the elderly. This is not to say that there is no study at all on religiosity, but the ones that exist focused more on adolescents or younger adults (Adeyemo and Adeleye, 2008; Afolabi, Olatunji and Olatunji, 2014). In the light of a huge number of previous empirical evidence that has documented the salient positive association of religiosity with different aspect of well-being, limited evidence abounds in Nigeria on the impact of religiosity on emotional well-being of the elderly, which is a gap this study is out to fill.

2.8 Theoretical Review

Theories are sets of scientific, philosophical and hypothetical assertions which explain a generic behaviour or phenomenon under consideration (Wacker, 1998). Thus, in this thesis, three theories are considered and reviewed. These are activity theory of successful aging, broaden-and-build theory of emotion and Hedonic theory of emotional well-being.

2.8.1 Activity Theory of Ageing

Activity or implicit theory as it is also known was postulated by Havinghurst, (1953) on the assumption that people develop sense of self as they age through roles and activities. In fact, loss of identity and loneliness at old age result from loss activities and roles. However, activity theory plays a restorative function in successful aging by proposing maintenance of activities and attitudes at younger age for as long as possible, thereby keeping the older adults behaviourally, psychologically, socially and emotionally fit. Also, the theory views the relationship of society with the ageing individual as stable. Activity theory postulates that as an individual is ageing, the role loss will also likely reduce visa-a-visa the lesser possibility of participating in social and other various activities. On the other hand, if the individual maintains a high level of activities in early life and are stabile and active in their roles, happiness and life satisfaction would be achieved, all things being equal. In other words, activity theory opines that a successful ageing can only be accomplished by sustaining middle age roles and relationships, such that involvement of the elderly persons in various activities for goals accomplishment,

stand the chance to promote longevity and well-being at later life. Therefore, the theory emphasised active role and relationship preservation in order to achieve successful ageing.

Havinghurst, (1953) further proposes that maintaining social interaction and staying active make the elderly people happier at old age. Activities in this theory should be meaningful, community based and engaging such that it will help the elderly to replace lost job roles due to retirement and therefore, avoid loneliness and abandonment by the member of the society. Basically, the principle of activity theory rest, on the functionalist standpoint that the equilibrium between middle age and old age needs to be developed and maintained so as to achieve well-being. Thus, the need to remain actively involved in roles and responsibilities at old age is germane to successful ageing. As a matter of fact, transition from middle adulthood to older adulthood is possible with current level of roles and actual activities. Although this may later redirect to informal activities, it will not be totally disengaged. For instance, an elder may participate in informal or voluntary activities or reading, mentoring younger generation, community or family conflict manager, parenting, among others, for greater role support. Havighurst's activity theory believe that informal activity at old age is helpful mentally, socially, physically and emotionally and it also increases the elderly persons' feelings of pleasure, respect and self-worth, which are vital in promoting longer and healthy life as well as well-being of the older adults (Winstead, Anderson, Berkowsky, Cotton & Yost, 2014).

Activity theory is not without some limitations, this is why it has been criticized by some researchers such as Pierce (2010) for oversimplifying the ageing and overlooking un-avoided challenges surrounding ageing process. For example, the theory failed to recognise economic hardship, poor health care system resulting from loss of physical strength, diminished emotional well-being, loses of occupational attachments that characterized ageing, etc. Also, the assumption that interest in activity decline at old age is normal was not considered in the theory. Although, Havinghurst maintains that informal activities and roles should replace formal activities and roles, yet, the theory did not identify the types of informal roles and activities as well as challenges the individual can have in the achievement of ageing well. These limitations notwithstanding, activity theory has provided a lead way to how successful ageing can be achieved.

2.8.2 Broaden-And-Build Theory

Broaden-and-build emotion theory (BABT) was propounded by Fredrickson (1998), a social psychologist. The theory is traceable to the field of positive psychology, which is basically on how individuals build up capacity to seek out and experience positive emotions. According to the theory, sense of positive affectivity including gratitude, joy, interest, love, contentment and compassion broaden individuals' thinking and attention on social connections and possible ways of solving or avoiding problems (Fredrickson, Coffey, Finkel, Cohn & Pek, 2008). The assumption of BABT lies on the fact that positive affectivity enables individual to think of suitable resources during difficulties or in challenging times and thereby increases the possibility of a positive outcome, thus shifting from negative to positive as a result of the individual's interpretation of the situation. BABT avers that substantial personal resource is built when broadened perspective is discovered by individuals. Resources in BABT include cognitive, social, physical or psychological. For instance, it includes coping ability with unpleasant situations, empathic ability both to receive and show it and protective ability from morbidity. These coping resources enable individuals to be more effective when facing with life's challenges.

In addition, the theory alludes that when an individual recognizes and takes advantage of opportunities of each moment as it arises, he will become more successful, happier and healthier. The individual's ability to interpret the seemingly negative event positively increases positive affectivity and the possibility to use those resources in the future would continue, thus creating a positive outcome. BABT further claims that positive emotions nourish human flourishing and personal well-being through the broadened repertoires. Above all, the theory posts that as individual becomes joyous and happier as a result of positive emotional state, levels of knowledge and social relationships also grow. By implication, elderly persons with broadened resources such as interest, joy, pride, contentment and love would be able to cope with stress, unhappy emotions and difficult situations. Thus, older people will flourish at old age when their personal resources are built and broadened. BABT states that enduring positive emotion helps the elderly to adjust well into the new stage of life, thereby producing flourishing and psychological growth for improved well-being. The theory puts it forward that elderly who engage in more positive behaviours are likely able to make interpersonal connections,

become more attractive to others, seek and maintain meaningful relationships, as well as develop trust for the promotion of their EWB.

The Broaden and Build Theory like other theories has also been criticized by some researchers among who is Pérez-Álvarez (2016) who claims that it possesses a pseudoscientific foundation and that happiness is not a natural science that can be studied but dependent on religion and different cultural values. That is, different things make different people happy in the context of cultural diversity. Rathunde (2000) opposed the theory on the basis that emotion cannot be dichotomized and described as negative and positive emotions, because, negative emotions such as depression, anxiety and hardship are also important in building social and personal resource. Despite these criticisms, Broaden-and-Build theory provides basic knowledge on how EWB in later life can be improved.

2.8.3 Hedonic Well-Being of affective and cognitive aspects

Diener, Emmons Larsen & Griffin (1985) viewed well-being as having two aspects which are affective component and cognitive component. While the former explains individual's feelings, the latter illustrates satisfaction with life in later life. This is demonstrated diagrammatically in figure 2.1 below.

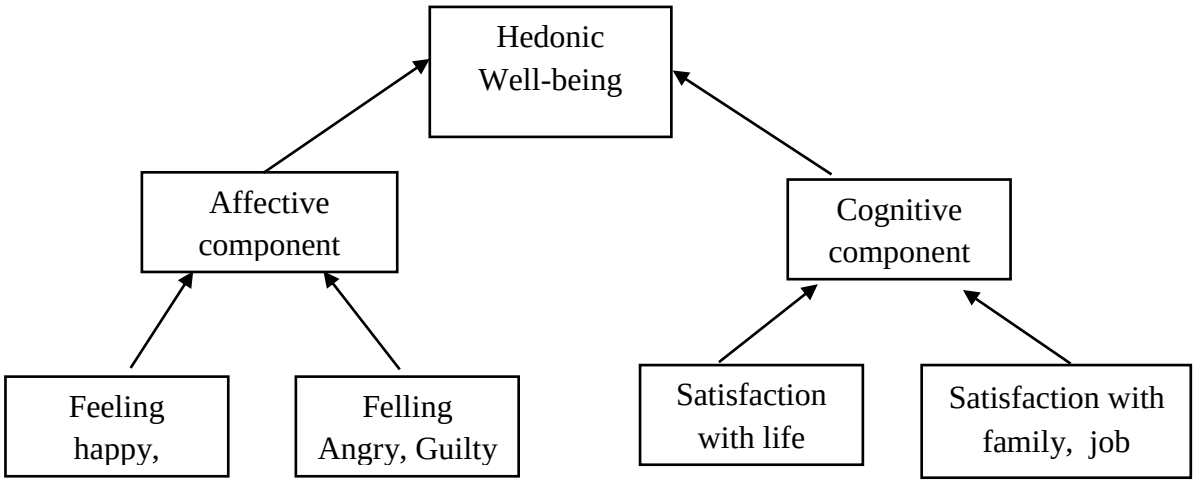

Figure 2.1.: Hedonic well-being including affective and cognitive aspects

Source: Ngamaba, 2017.

Fundamentally, this theoretical model explains that individual can achieve EWB only when both affective and cognitive components of the emotion are captured. The model suggests that EWB is possible when people sense and experience maximum pleasure. Accordingly, Hedonic theory comprises of sense of happiness with one's life and life satisfaction. Therefore, individual's state of emotion can either be affective or cognitive. While the affective consists of feelings of negative or positive affect, the cognitive involves general satisfaction with life and satisfaction with friends, family, environment, or the society. Thus, how inclined individual is to react negatively or positively to emotional trigger events, is dependent on how satisfied the individual will be with life and his environment. Importantly, the theory distinguished between affective state and cognitive responses to EWB, such that, individual who trained his or her mind to navigate through negative situation are likely going to achieve EWB and vise-visa (Dorjee, 2014).

2.9 Conceptual Framework for the Study

Arising from the critical review of theories and previous empirical studies, the study developed a conceptual model that explains the nexus between EWB and the predictors. Simply put, the independent variables include factors of social connectedness (social integration, social networking and social supports) and psychological adaptiveness (copping efficacy, self-esteem, religiosity and QOL). The presence of extraneous variables such as demographical factors that could silently influence the relationship of the independent or exogenous variable and the dependent or endogenous variables were identified. EWB is the outcome measure in the present study. Basically, the model is a diagrammatic representation of the constructs in the present study, which are factors of social connectedness and psychological adaptiveness on EWB of the elderly in Ibadan, Nigeria.

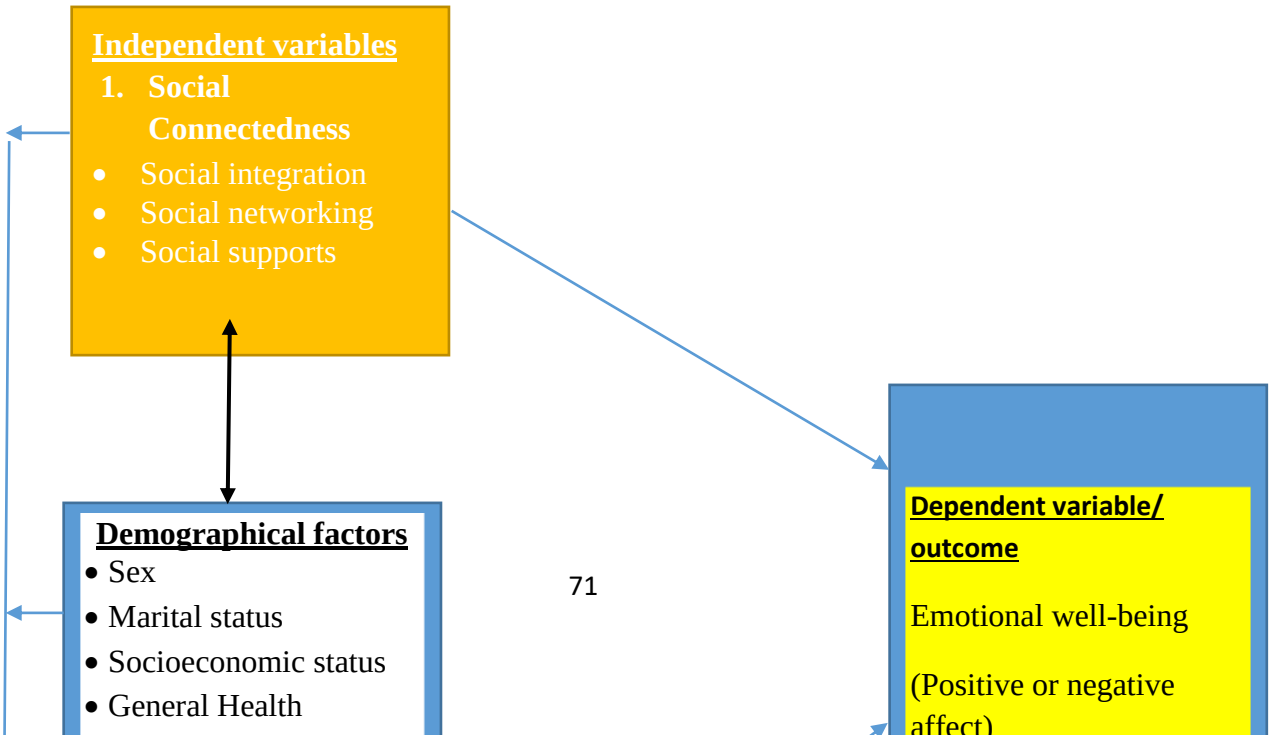

Figure: 2.2: Conceptual Framework

Source: The researcher, 2019

2.10 Appraisal of Literature

In summary, this chapter reviewed related past empirical studies on demographic factors as well as factors of social connectedness and psychological adaptiveness on EWB of the elderly in Ibadan, Nigeria. The study reviewed all constructs conceptually based on the epistemology of each of the concepts and how they were conceptualised in the present study. Concept of elderly or ageing and challenges characterised with old age were reviewed, demographic factors such as socio-economic status, sex, age, marital status were reviewed. EWB that is often used interchangeably as subjective well-being was critically reviewed. To the present study, EWB involves positive and negative affect, which means that an individual elderly person could perceive his/her EWB state as either feelings of happiness, life satisfaction, pleasurable or of contempt, unhappiness,

dissatisfied with life, unpleasant experience regret and depression. In addition, two major factors serve as umbrella variables in the study: social connectedness and psychological adaptiveness. The former consists of three components; social integration, social networking and social supports, while the latter comprises of four components; quality of life, self-esteem, religiosity and coping efficacy. In all, the study consists of seven independent variables.

The study anchored on three theories related to successful ageing and EWB: Activity Theory by Havinghurst, (1953), Broaden-and-Built Theory by Fredrickson (1998) and Hedonic Theory by Ngamaba (2017) which were reviewed. In Activity Theory, the main idea is that individual will disengage from some activities and roles as a result of ageing, and to successfully navigate from younger age to adult age, informal activities and roles are advocated otherwise, the individual may be abandoned and lonely. Broaden-and-Build Theory explains that the more an individual experiences positive events such as joy, happiness or respect, among others in younger age, the more the likelihood of the individual to draw from the resource when faced with future challenges. The theory avers that EWB can only be achieved when an individual builds up personal resources such as cognitive, social, psychological resources through friendship and social relationship. Hedonic Theory put it that EWB involves cognitive and affective component. While the affective aspect of emotional well-being communicates both positive and negative feelings, with the former being happiness, joy and respect, the latter includes guilt, anxiety, sadness and depression, the cognitive aspect reflects on generic and specific satisfaction. A diagram was used to illustrate their connections. Above all, all the theories were criticized by other researchers. This notwithstanding, the theories provide a guide for the understanding of the study of EWB of the elderly.

Empirically, all the seven independent measures were reviewed in accordance with past evidences. Relationships, association, correlations were found to be significant among all the independent factors with EWB. However, not many studies in Nigerian context have focused on this nature of the study, where such factors as social integration, social networking, social supports, quality of life, self-esteem, religiosity and copping efficacy were examined with EWB among the elderly. This remains an obvious gap that is yet to be filled. Most of the studies were carried out in Europe, Asia and America, with

just very few emanating from Africa. The present study also develops a conceptual model that serves as diagrammatic representation of the study. Going by the review, this study hypothesized that factors of social connectedness and psychological adaptiveness will significantly have direct relationship with EWB of the elderly in Ibadan, Nigeria.

CHAPTER THREE
METHODOLOGY

3.1 Design

The study adopted the mixed methods design. This type of design does not allow any manipulation of the variables under investigation prior to or after the study. This nature of the design also enabled the researcher to gain better understating of the phenomenon under investigation.

3.2 Population of the Study

The study comprised all elderly people from age 60 and above of both sexes in Ibadan. This excluded the elderly who were critically ill and incoherent during the period of data collection.

3.3 Sample size and Sampling Technique

The sample size for this study was 1050 respondents. This involved multi-stage process of selecting sample for the study which usually is more than one stage. In this study, three stages were observed for arriving at the sample size.

Stage I: At the first stage of the sample selection, the metropolitan city was stratified along the existing five Local Government Areas (LGAs) (Ibadan North, Ibadan North East, Ibadan North West, Ibadan South East and Ibadan South West).

Stage 2: Seven wards were randomly selected from each LGA to make a total of thity-five (35) wards.

Stage 3: The 1978 WHO 30 by 7 cluster sampling technique was adopted in selecting thirty (30) elderly persons who are aged 60 years and above to participate in the study, making a total number of one thousand and fifty (1,050) but only 987 elderly persons finally participated in the study. Households were approached one after the other to identify those individuals who fall within the age bracket of 60 years and above, either male or female, with sound health and who consented to grant the researcher audience for the purpose of this study. One elderly was picked in each household visited in the wards selected for this study.

Table 3.1: Sample size distribution based on residential location

Local Governments	Number of questionnaires Distributed	Number of questionnaies retrieved
Ibadan North	(30x7) = 210	**201**
Ibadan North East	(30x7) = 210	**197**
Ibadan North West	(30x7) = 210	**192**
Ibadan South West	(30x7) = 210	**203**
Ibadan South East	(30x7) = 210	**194**

Total	**1,050**	**987**

3.4 Instrumentation

The instruments used for data collection were broadly categorized into two; three standardized questionnaire for the quantitative data and semi-structured interview guide for the qualitative data. The three questionnaires were Emotional well-being scale (EWBS); Social connectedness measures questionnaire (SCMQ); and Psychological adaptiveness measures questionnaire (PAMQ). The quantitative technique was complemented with the use of qualitative technique of an In-Depth Interview (IDI).

3.5.1 Emotional Well-being Scale

EWB Scale developed by Şimşek (2011) was adapted for use in this study. The Scale aims to evaluate individuals' affect in terms of positive or negative. While the former measures how happy and satisfied an individual is with life, the latter does the

opposite that is, how unhappy and dissatisfied the elderly is with life. Originally, the Scale had 14 items, while the researcher adapted all the 14 items, some of the items were however re-worded for easy understanding and cultural compatibility. Out of the total items, 5 items were in reverse/negative order; while the response format ranges from strongly agree (SA) to strongly disagree (SD).

The validity of the instruments was done by experts in the Department of Adult Education, University of Ibadan, to ensure face and contents validity of the instruments. Criticisms and suggestions by these experts were incorporated before the study was pilot tested. Also, reliability of the instrument was determined through test re-test method within one week. The instrument was tested in a pilot study among 20 non-participant elderlies in Oyo township area of Oyo State (Oyo East LGA); after which the responses were coded and entered into SPSS version 24.0 and then Cronbach Alpha estimate was used to generate the reliability values. The internal consistency of the scale reported a Cronbach's Alpha estimate of 0.89 for the present study.

3.5.2. Social Connectedness Measures Questionnaire

Social connectedness is a questionnaire with three sub-scales that measure three components of social connectedness in this study (social integration, social networking and social supports).

Social Integration Scale: Social belongingness which intends to access individual's sense of social belongingness was used to measure social integration. The Scale was developed by Lee and Robbins (1995), It has a total number of eight items out of which five items, which focus on social integration, were extracted, because the remaining three items reported low inter-item total correlation less than .30 were dropped during the validation of the instruments. The Scale's response format was a 6-point type but was reduced to 4-point Likert type of strongly agree (SA) to strongly disagree (SD).

Experts in the Department of Adult Education, University of Ibadan, did the validity of the instruments to ensure face and contents validity of the instruments. Criticisms and suggestions by these experts were incorporated before the study was pilot tested. In addition, reliability of the instrument was determined through test re-test method within one week. The instrument was tested in a pilot study among 20 non-participant elderlies in Oyo township area of Oyo State (Oyo East LGA); after which the responses were coded and entered into SPSS version 24.0. The reliability coefficient reported 0.89. The score above the mean (mean = 16.40) in the analysis indicates manifestation of social integration.

Social Networking Scale: Social networking Scale is the second component of Lee and Robbins (1995) social connectedness Scale. The Scale focuses on what constitutes social networking around individual, such as the friends, family, religious group or society. There were eight original items also, but three items that reported low inter-item total correlation less than .30 were dropped during the validation of the instruments. As such, the remaining five items were used in the study. Response format was a 6-point, which the researcher reduced to 4-point Likert type with the lowest from strongly disagree (SD) to the highest of strongly agree (SA) was employed. The lowest indicates low social networking, while the highest indicates high social networking.

Experts in the Department of Adult Education, University of Ibadan, did the validity of the instruments to ensure face and contents validity of the instruments. Criticisms and suggestions by these experts were incorporated before the study was pilot tested. In addition, reliability of the instrument was determined through test re-test method within one week. The instrument was tested in a pilot study among 20 non-participant elderlies in Oyo township area of Oyo State (Oyo East LGA); after which the responses were coded and entered into SPSS version 24.0an. The scale also accounted for 0.87 Cronbach's Alpha coefficient value. The score above the mean (mean = 12.51) in the analysis indicates manifestation of social networking.

Social Supports Scale: A Multidimensional Perceived Social Support Scale of Zimet, Dahlem, Zimet and Farley (1988) was adapted to measure social supports received by the elderly in this study. The Scale mainly purported to evaluate the actual support received by an individual in terms of emotional, financial, mental and social supports. The original

scale had 12- item with a 7-point Likert scale type (from 1 = very strongly disagree to 7 = very strongly agree). However, only five items were adapted for the present study because they reported high inter-item total correlation during the validation and reliability confirmation of the instrument using Cronbach's Alpha, with Likert response format reduced to 4-point of 1 = strongly disagree (SD) to 4 = strongly agree (SA).

Experts in the Department of Adult Education, University of Ibadan, did the validity of the instruments to ensure face and contents validity. Criticisms and suggestions by these experts were incorporated before the study was pilot tested. In addition, reliability of the instrument was determined through test re-test method within one week. The instrument was tested in a pilot study among 20 non-participant elderlies in Oyo township area of Oyo State (Oyo East LGA); after which the responses were coded and entered into SPSS version 24.0. The already established reliability value of 0.76 was retained after revalidation of the instrument. The score above the mean (mean = 6.39) analysis indicates manifestation of social supports.

3.5.3 Psychological Adaptiveness Measure Questionnaire

This questionnaire contained four sub-scales which focused on four factors that is made up of psychological adaptiveness measure in this study (coping-efficacy, self-esteem, quality of life and religiosity)**.** A high score shows manifestation of psychological adaptiveness evaluated. Different scales were used to measure each of the factors, details are as follows:

Coping-efficacy Scale: Coping-efficacy Scale was developed and validated by Chesney, Chambers, Folkman, Neilands and Taylor, (2006). The Scale focuses on the individual level of confidence to face and overcome challenges and threats. The Scale initially had 26 items with response format of 10 Likert type. The Scale was further reduced by the authors to a 13-item with three factors such as use problem-focused coping (6 items), stop unpleasant emotions and thoughts (4 items), and get support from friends and family (3 items). Thus, the researcher further adapted five items which focuses more on coping efficacy and with high correlated value for use in the current study. The researcher further reduced the response format to five of 1= not at all to 5= very much).

Experts in the Department of Adult Education, University of Ibadan, did the validity of the instruments to ensure face and contents validity of the instruments. Criticisms and

suggestions by these experts were incorporated before the study was pilot tested. In addition, reliability of the instrument was determined through test re-test method within one week. The instrument was tested in a pilot study among 20 non-participant elderlies in Oyo township area of Oyo State (Oyo East LGA); after which the responses were coded and entered into SPSS version 24.0. The scale accounted for an overall reliability value of 0.82. The score above the mean (mean = 17.96) in the analysis indicates manifestation of self-efficacy.

Self-esteem Scale: General self-esteem Scale of Rosenberg (1965) was also adapted for this study. The Scale measures global self-worth of individual in terms of positive and negative sense of self. There was a 10-item on the Scale initially but only five items were adapted for the present study because they reported high correlation during the validation and reliability confirmation of the instrument using Cronbach's Alpha. Responses are based on four-point response format with the strongest value of (4), (3), (2), and weakest value of (1). Strongest score implies high sense of self-esteem, while the lowest indicate low self-esteem).

Experts in the Department of Adult Education, University of Ibadan, did the validity of the instruments to ensure face and contents validity of the instruments. Criticisms and suggestions by these experts were incorporated before the study was pilot tested. In addition, reliability of the instrument was determined through test re-test method within one week. The instrument was tested in a pilot study among 20 non-participant elderlies in Oyo township area of Oyo State (Oyo East LGA); after which the responses were coded and entered into SPSS version 24.0 The Cronbach Alpha estimated score of 0.79 was reported and remains after revalidation. The score above the mean (mean = 16.56) in the analysis indicates manifestation of high self-esteem.

Quality of Life Scale: A BRIEF version of the World Health Organisation Quality of Life (WHOQOL) was used to measure life quality. The focus of the Scale is to assess the perception of individual across all cultures in relation to their concerns, standards, expectations and goals in the context of their environments. The Scale has five domains which are physical health, psychology, social, independence life and environment. It is a global measure of life quality translated into about 45 languages, with 26-items. This present study adopted five of the items with one item from each of the domain of

behavior, which has high inter-item total correlation value. The response format is from 1=very poor to 5=very good. The confirmatory factor analysis of the scale reported 0.92; the researcher did not further validate the scale since it is a global accepted instrument for all cultures. The score above the mean (mean = 16.02) indicates manifestation of quality of life in the result

Religiosity Scale: Religiosity Scale used in this study was developed and validated by Hernandez (2011), the Scale targets individuals behaviours with respect to how they practice, live and value religious activities of any chosen religious organisation (Christianity, Islam, Hindus or Jewish among others). The Scale consists of 37-items of which five items which covers the interest of the study and is with high inter-item total correlation were extracted for use, with response format of four-point Likert type ranging from 1= I never do to 4= I always do).

Experts in the Department of Adult Education, University of Ibadan, did the validity of the instruments to ensure face and contents validity of the instruments. Criticisms and suggestions by these experts were incorporated before the study was pilot tested. In addition, reliability of the instrument was determined through test re-test method within one week. The instrument was tested in a pilot study among 20 non-participant elderlies in Oyo township area of Oyo State (Oyo East LGA); after which the responses were coded and entered into SPSS version 24.0 an A high Cronbach Alpha estimate of 0.84 co-efficient was established which did not also change after the researcher revalidated the instrument. In the result, score above the mean (mean = 22.19) indicates manifestation of religiosity.

3.5.4 The In-Depth Interview

The In-Depth Interview was used to interview each elderly respondent with the use of self-prepared interview guide to support information from the quantitative instrument. The study utilized qualitative methods of the In-depth Interview (IDI) to elicit information from the elderly respondents, two in each local government, using a total of ten respondents as shown in table 3.1 below.

The IDI made up of seven themes was conducted at the various local government areas after the questionnaire had been administered. The interview dates were scheduled

eight days prior. The study was explained to the respondents individually before starting each IDI session, The IDI process commenced with the acceptance of the elderly to participate in the study. The selection of location for the IDI was by giving proirity to privacy, quietness, and adequate lighting. Each session took about 38 minutes. The discussions were tape-recorded with permission from the respondents and the researcher took notes. The IDI gave the researcher the opportunity to get varied responses from the respondents regarding their EWB and the predictors.

Table: 3.2: Schedule of IDI Sessions for the Study

Local Governments	Number of Participants	Number of sessions	Respondents per session	Date conducted
Ibadan North	2	2	1	**Dec 6, 2019**
Ibadan North East	2	2	1	**Dec 9, 2019**
Ibadan North West	2	2	1	**Dec 10, 2019**
Ibadan South East	2	2	1	**Dec, 12, 2019**
Ibadan South West	**2**	**2**	**1**	**Dec, 15, 2019**

IDI Sub-Themes

The following issues were covered:

1. The status of EWB of the elderly;
2. The risk factors to the EWB of the elderly;
3. Perceptions on social connectedness of the elderly;
4. Perceptions on psychological adaptiveness of the elderly;
5. Influence of social connectedness factors like social networking, social integration and social supports on EWB of the elderly;
6. Influence of psychological adaptiveness factors like quality of life, self-esteem, coping efficacy and religiosity on EWB of the elderly;

7. The effect of factors of social connectedness like social networking, social integration, social supports and psychological adaptiveness factors like quality of life, self-esteem, coping efficacy and religiosity on EWB of the elderly.

A structured interview guide was developed by the researcher to assess the risk factors and consequences of present state of the EWB of the elderly in Ibadan, Nigeria. The interview guide comprises of the following questions:

i. How can you describe the state of your EWB?
ii. What are the major concerns affecting youe EWB?
iii. What can you say about the quality of your interaction with other people?
iv. What is your understanding of psychological adaptiveness as it affects you as an elderly person?
v. What impact do social networking, social integration and social supports have on your EWB as you are aging?
vi. How do factors like quality of life, self-esteem, religiousity and coping efficacy have effect on your EWB as you are aging?
vii. What is the impact of social networking, social integration, social supports and quality of life, self-esteem, coping efficacy and religiosity on your EWB as an elderly person?

3.6 Procedure for Data Collection

The researcher obtained due authorization letter of introduction from the Department of Adult Education, Faculty of Education, University of Ibadan before undertaking the fieldwork. Thereafter**,** five research assistants were recruited and instructed on questionnaire administration. They were instructed on the need to seek the consent of the respondents and explain the essence of the questionnaire to them as mainly for research purpose, that participation is voluntary and that there is no right or wrong answer. A written and verbal assurance of confidentiality of all information supplied by the participant were stressed.

In the process of administration of the research instrument, the researcher and the research assistants strictly followed the ethical procedures of research as stated in ethical research clearance. The administration of the instruments lasted for a period of three months. All the data collected were kept confidential without losing it to any unauthorized individual or body. The researcher personally conducted the In-Depth Interview with 10 selected elderly, two from each local government. A total of 1050 questionnaires were distributed, while 987 were completely and correctly filled and returned. This amounted to 94% retrieved rate and 6% alteration.

3.7 Method of Data Analyses

A mixed method of data analyses was adopted to analyse the collected data. For the qualitative data, an interpretative thematic analysis was used to decode the responses of the interviewees. The quantitative data were analysed with several statistics including the descriptive statistics of frequency counts and simple percentages for the demographic data; while inferential statistic of multiple regression was adopted to establish the prediction of the dependent variable from the independent variables. Further, the Pearson Products Moment Correlational Coefficient was used to determine the type of relationship that exist among the variables, One-way Analysis of variance was equally employed to determine the differences between the state of general health condition and emotional well-bein

CHAPTER FOUR

RESULTSE AND DISCUSSION OF FINDINGS

This chapter entails results of the analyses of data collected from the field and presented in tabular and graphical forms. The researcher presents result on each of the research questions raised and hypotheses formulated. This chapter has two sections. The

first section deals with the presentation of the data collected on the demographic information of the respondents used in the study while the second section focused on three research questions raised and ten hypotheses postulated, all tested at 0.5 level of significance

4.1. Demographic Characteristics of the Elderly Respondents

This segment presents the descriptive statistics of respondents based on age, sex, marital status, socio-economic status and general health conditions.

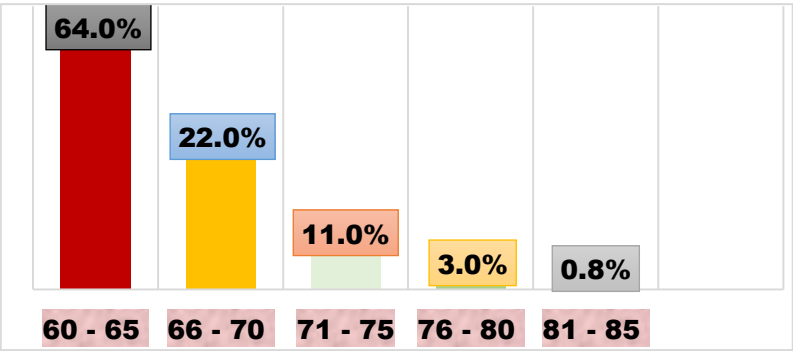

Figure 4.1: Percentage distribution of respondents by age

Source: Fieldwork 2019

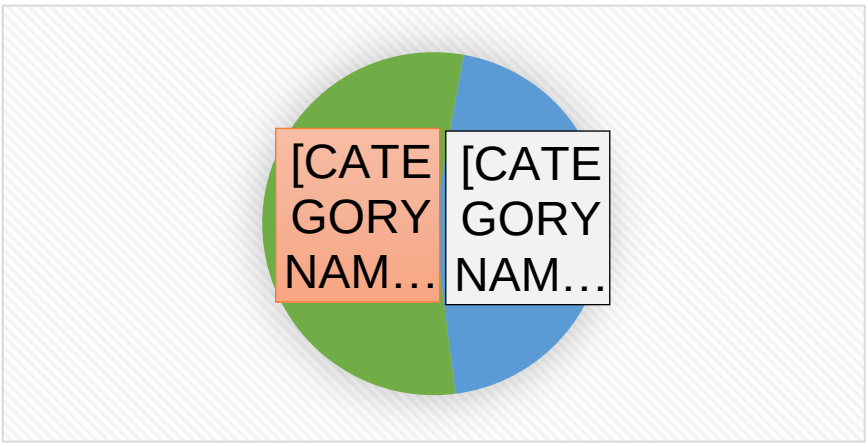

Fig. 4.2 Percentage distribution of respondents by Sex

Source: Fieldwork 2019

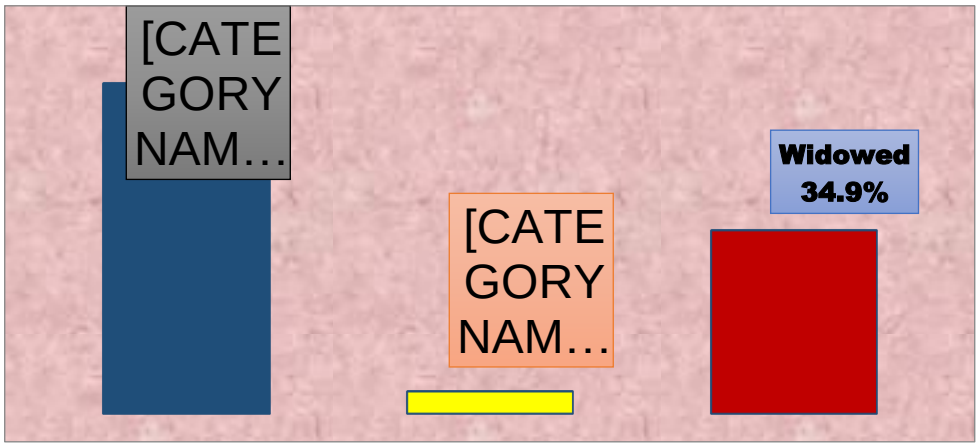

Figure 4.3: Percentage distribution of respondents by marital status

Source: Fieldwork 2019

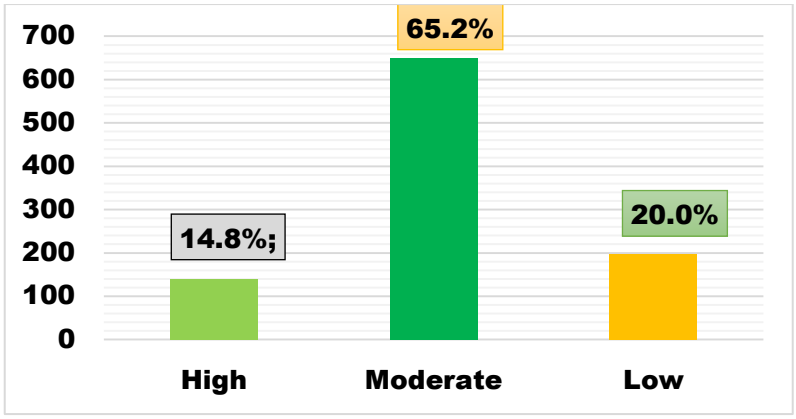

Figure 4.4: Percentage distribution of respondents by Socio-economic status

Source: Fieldwork 2019

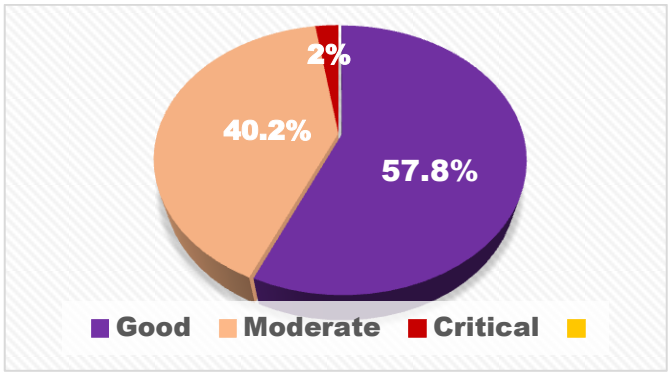

Figure 4.5: Percentage distribution of respondents by health condition

Source: Fieldwork 2019

Figure 4.1 reveals that the majority of the respondents 64.0% were within the age group of 60-65 years, 22.0% were between age group of 66-70 years, 11.0% fell within 71-75 years, 3.0% were within 76-80 years, while those between 81 and 85 years were 0.8%. The result confirmed the projection of increase in elderly 60 years and above in Sub-Sahara Africa from 46 million in 2015 to a projection of 147 million in 2050 while in Nigeria the number was 9.1 million in 2019 which moved to 9.3 million in 2020 (Statista, 2021).

Figure 4.2 shows 54.8% were females while 45.2% of the respondents are male. This implies that more female respondents participated in the study than male counterparts. In general, women outlive men around the globe. However, both life expectancy and the sex discrepancy in life expectancy vary across countries according to their socio-economic ranking (United Nations Department of Economic and 5J55Social Affairs Population

Division, 2017; WHO, 2018). However, the gender gap in years of life with disability continues to exist into late life, to the disadvantage of women (Carmel, 2019).

Figure 4.3 indicates that the majority of the respondents estimated at 61.3% were married and living together, just 3.8% were divorced and separated, while 34.9% were either widowed. The result is in line with the study conducted by Ibitoye, Sanuade, Adebowale and Ayeni (2014) on Psychological well-being of the Elderly in Nigeria. The implication of this is that the elderly with patners are likely to receive emotional support, companionship and care from their spouse than those without patners thereby contributing to each other's EWB. Likewise, couples living together will be a good source of encouragement to each other in times of stress and losses.

Figure 4.4 demonstrates that 14.8% of the respondents perceived their socio-economic status to be high, the majority were in the moderate category 65.2%, while very few fell into low category of 20.0%. The result implies that the elderly do depend on their children and other family members for survival. This population is likely to be more in the rural areas than in urban ones because, somehow, some of the elderly in urban areas still engage in activities that bring daily income to them even after retirement from civil service. The result supports the previous studies conducted by Akosile, et.al. (2018); Ojagbemi and Gureje (2019); Ojembe and Ebe Kalu (2018) Zhang, et al., (2019), that the elderly depend on their family members or relatives, friends and acquaintances for support

Figure 4.5 represents the diagrammatical information of respondents' general health condition. The majority of the respondents rated their health condition to be good (57.8%), 40.2% rated moderate, while a small percentage rated low (2.0%) in their health condition. The implication of this result is that many of the respondents who were good in health might be from high class category which could be due to their socio-economic background. Some, who claimed to be moderate in health emerged from the medium class while the low class categories depend on family support for their well-being. Here is the response of male IDI participant who talked on being proactive about his health.

Health is wealth as they say, I eat right, drink water a lot, take fresh fruits and vegetables, exercise daily and go regularly for medical check up. I read a lot and keep busy generally ***(Male, 64 years; educated, high socio-economic status, Agodi, December 6, 2019).***

The result of this study also corroborates Douglass (2015); Kasiram and Hölscher (2015)'s conclusion that health related challenges as well as poor physical health condition were common in old age, and responsible for most elderly negative EWB. The implication of this is that both education and financial capability give room for heath information for the elderly to key into. Health and other needs are promptly taken care of without the elderly necessarily waiting for their children to raise fund before they can access health care.

4.2 Analysis of Research Questions

Research question 1: What was the State of the emotional well-being (positive or negative affect) of the elderly under study?

Table 4.1: Simple percentage showing response of the participants to emotional well-being

S/N	ITEMS	SD	D	A	SA	M	St.d
1	In general, I am happy with my life	25(2.5%)	83(8.4%)	572(58.0%)	307(31.1%)	3.18	**.682**
2	I enjoy my life regardless of what I have been through	16(1.7%)	66(6.7%)	680(68.9%)	224(22.7%)	3.13	**.588**
3.	I am very excited about my life	0(0%)	149(15.1%)	646(65.5%)	192(19.4%)	3.04	**.585**
4.	I am satisfied with my life.	0(0%)	192(19.4%)	564(57.1%)	231(23.5%)	3.04	**.654**
5	I feel happy with my life	34(3.4%)	124(12.6%)	646(65.5%)	183(18.5%)	2.99	**.668**
6.	The whole of my life gives me pleasure	79 (8%)	280(28.4%)	511(51.8%)	117(11.8%)	2.82	**.635**
7.	So far, I have gotten the important things I wanted in life.	66(6.7%)	241(24.4%)	497(50.4%)	183(18.5%)	2.81	**.813**
8	I am not worried about anything else again at this age	75(7.6%)	298(30.2%)	423(42.9%)	191(19.3%)	2.74	**.855**
9.	I feel at peace with my whole life.	25(2.5%)	340(34.5%)	514(52.1%)	108(10.9%)	2.71	**.688**
10	The way I lived when I was younger frightens me	290(29.4%)	266(26.9%)	382(38.7%)	49(5.0%)	2.19	**.920**
11	I feel upset about my life	174(17.6%)	614(62.2%)	183(18.5%)	16(1.7%)	2.04	**.654**
12	I feel pain about my life	182(18.5%)	547(55.4%)	150 (15.2%)	108(10.9%)	2.03	**.686**
13	I feel I have wasted better part of my life	258(26.1%)	506(51.3%)	223(22.6%)	0(0%)	1.97	**.698**
14	I feel sad with my life	423(42.9%)	482(48.7%)	66(6.7%)	16(1.7%)	1.67	**.675**
Average weighted mean value = 2.6							

Key; Strongly disagree (SD), disagree (D), agree (A), strongly agree (SA), mean (M), Standard Deviation (St.d)

Table 4.1 revealed the State of EWB of the respondents in response to research question one. The result shows that the State of EWB of the respondent was positive, with the average mean value of (Mean = 2.6). The average weighted mean implies mean scores above the weighted mean which indicates positive affect, while score below it implies negative affect. Thus, out of 14 items, 9 items have means score above (Mean = 2.6). The rating of EWB level revealed that item 12; "in general, I am happy with my life" has highest Mean score of 3.18, followed by item 11 "I enjoy my life regardless of what I have been through" (mean = 3.13), followed by item 3 "I am satisfied with my life " (mean = 3.04) and item 2 "I am very excited about my life " made equal mean score (mean = 3.04), item 9 " I feel happy with my life" (mean = 2.99), item 1 " the whole of my life gives me pleasure" (mean = 2.82), item 4 "So far, I have gotten the important things I wanted in life" (mean = 2.81), item 14 "I am not worried about anything else again at this age " (mean = 2.74) and item 5 item "I feel at peace with my whole life" (mean = 2.71) in that order. The negative affect was demonstrated by response from the remaining five items with item 14 "I feel sad with my life" being the lowest mean score of (mean =1.7), followed by item 8 "I feel I have wasted better part of my life" (mean = 2.0), item 3" I feel pain about my life (mean = 2.03), item 7 "I feel upset about my life" (mean = 2.04) and item 10 "the way I lived when I was younger frightens me" (mean = 2.2).

In discussing the research question on the state of the emotional well-being (positive or negative affect) of the participants, the findings established that the State of emotional well-being of the respondent was positive. This suggests that the participants have high sense of happiness, pleasure, joy, contentment and felt satisfied with their lives, despite the challenges of old age. The plausible explanation for positive state of emotional well-being of the elderly could be their close affinity with religiosity or simply put, GOD. This finding corroborates the position of Dodge, et. al (2012) who emphasizes that when individuals have more social, religion/spiritual, psychological and physical resources to meet with present challenges, there will be a state of equilibrium resolving into pleasant affect such as joy, happiness and contentment. Similarly, this finding substantiates the theory of Broaden-and-Build by Fredrickson (2004) which postulates that individuals broaden positive emotions by thinking and giving attention as well as thought-action repertoires, fuel psychological resilience and unfasten enduring negative emotional

arousal, build important personal resources, and psychological well-being. Thus, Langeland (2014) maintains that positive affect emotions move individuals forward and boost their healthy longevity and optimal EWB. By implication, the EWB of the elderly is found to be of positive affect and the only explanation one can give to this is that, the elderly focus on the positive side of life regardless of what they are passing through. They were not broken down but rather keep bouncing back to a state of equilibrum inspite of all the vicissitudes of life.

Research Question 2: What were the perceived risk factors responsible for the current state of EWB (positive or negative affect) of the elderly in Ibadan?

The interpretative thematic analysis (ITA) provided answer to the second research question out of which three themes emerged, which are financial, physical health and emotional challenges.

Financial challenge was a risk factor posing threat to the present EWB of the elderly in Ibadan. Based on the face-to-face in-depth-interview carried out, some of the participants expressed that their EWB is dependent on financial assistant available to them especially from their children. They noted that the government is not giving them any support and if their children are financially established, they are sure of positive EWB. According to the respondents;

> Ojọ ogbó jẹ ipenija, ko si agabra lati se ise kanakan mo, awon omo nikan ni mo gbẹkẹle fun itoju. Opo igba ni mo maa n gbiyanju lati ni idunnu ṣugbọn nigba ti mo ba ronu nipa awon ọmọ mi ti o yẹ ki o fi owo ranṣẹ fun itoju mi sugbon ti won n tiraka pẹlu awọn eto isuna tiwon naa, bi o tile je pe mo mo pe won ni'fe mi, won si fe se ojuse omo si iya sugbon eto oro aje won ko je, o maa n ba mi ninu je lọpọ igba, sibẹsibẹ, ko si ohun ti mo le ṣe ju ki n maa gbadura si Ọlọrun fun iranlọwọ ati aanu. Ni kukuru, laisi owo, ojo ale kun fun opolopo ipenija nitori owo ni idahun si ohun gbogbo. (**Obirin, omo Aadorin odun, ko si eto ẹkọ, ipo eto-aje kekere. Oke Adu, 09/12/2019).**
>
> **Traslation:** Old age is challenging. At this age I cannot do any work again, I only depend on my children. I usually try to be happy but whenever I remember that my children who should send money for my upkeep are still struggling with their finances, in as much that I know they all love me, and wish to fulfil the obligation of children to mother but their budget cannot support it, I become sad. However, there is nothing I can do than to turn to God and pray for help. In short, one can be destitute in old age without money because money answers all things. (**Female, 70 years; no formal education, low socio-economic status, Oke-Adu, December 9, 2019).**
>
> Ojo ogbo kun fun ọpọlọpọ awọn iṣoro, pipadanu okun ati nnkan imusagbara fun owo. Bayi ipenija t'oun dojuko ifokan bale mi ni owo lati gbo bukata ojojumo. Nitori mo ni lati duro ki awọn ọmọ mi fi owo rann se si mi fun ounje ati igbayegbadun miiran nipa jije, mimu, nina ati lilo. Eyi tumọ si pe idunnu mi da lori awọn ọmọ mi. Ju gbogbo re lo, iṣoro owo jẹ ipe nija nla fun ojo ogbó, paapaa julo ilera arugbo ti ko ni owo lowo. Nitori naa, owo ṣe pataki ni asiko ojo ale aye eniyan**. (Ọkunrin, omo odun Merinlelaaadorin; ko si eto ẹkọ, ipo eto-ọrọ aje kekere, Ekotedo, 10/12/2019).**

> **Translation:** Ageing comes with a lot of problems, loss of strength and financial challenges. Now the greatest risk to my EWB now is means of livelihood. I have to wait for my children to send me money for feeding. That means my EWB depends on my children. Generally, financial problem is a serious threat to old age, even with deteriorating health. So, money plays an important role at this period of life. (**Male, 74 years; no formal education, low socio-economic status, Ekotedo, December 10, 2019).**

Physical health challenge was another risk factor to EWB to successful ageing. The participants articulated that psychical health challenge is a great threat at old age. The majority of the participants mentioned that naturally ageing comes with health complications.

> Health is a big problem for old people, because body cells age along with reduced immunity, thereby making one prone to chronic diseases such as rheumatism, arthritis, dementia and so on. The poor condition of health facilities in this country (Nigeria) further complicates the issues, it does not give any free health care service to the aged. Above all, I am healthy so to speak. I am hypertensive though but I do not default in using my drugs daily, I have to stay strong for my son who is still in the University because I married late and was widowed ever since he was 10 years old, likewise I do not want to be a burden to my family **(Female, 65 years; educated, moderate socio-economic status, Samonda, December 6, 2019).**

> To be elderly is a great challenge as your health deteriorates with ageing. Although I am blessed by God with the privilege of good health, some of my colleagues cannot even come out again due to complicated health problems. Unfortunately, the State of healthcare system is very appalling and aggravated by economic hardship facing most of the elderly population. To live long is good, but old age in bad health is a serious threat to happiness and satisfaction. I also have health challenges ut I maintain my health with drugs. **(Male, 64years; educated, high socio-economic status, Agodi, December 6, 2019).**

Emotional challenge was a major risk factor to EWB for a successful ageing. According to the participants, many life worries, past failures, disappointment, isolation and abandonment, loss of loved ones were causes of emotional problem at old age. Most of the participants stated that old age is full of reflections and regret, while religious commitment and faith in God is the antidote to sadness or emotional difficulties associated with ageing.

> Old age can be challenging emotionally if you do not plan for it. The major emotional difficulty I am facing now is the regret of not having enough time

> to bond with my children when they were younger. I was busy with my job traveling up and down making money, now that I am retired and a senior citizen, I came to realise the wide gap in the relationship I have with my 2 children. I expect them to show me love for investing heavily on them by sending them abroad for their University education but we are just not getting along and this is very disheartening. It is a heart ache for me and I wish I could reverse the hand of the clock. **(Male, 64 years; educated, high socio-economic class, Agodi, December 6, 2019).**
>
> Old age challenges are inevitable; adjustment is key. Nobody is without one challenge or the other. Emotionally I am coping, but there are some things that get me disturbed which is constant disappointment and let down from those people I trust and have invested heavily on; friends, relatives, church members and even in-laws. Although, God has warned us not to trust men, as human beings we cannot live in isolation. So, emotional problems are eminent at old age. What I do now is to trust God and know that whatever I do for anyone is for God's sake and to be more committed to Him. **(Male, 74 years; educated, high socio-ecoomic class, Apata, December 15, 2019).**

The outcome of the study revealed that financial, health and emotional challenges are the major risk factors to the respondents' state of EWB. That is, positive emotional state of the elderly is threatened due to financial, health and emotional problems. Although, it is a problem that is not only peculiar to individual in the low social economic class, but is also multifaceted. This finding agrees with several previous studies like Adisa (2016); Daramola, et al., (2019) who found that economic or financial challenge of the elderly is a multidimensional challenge connected with low functionability that could trigger negative emotional well-being because of ageing. Among other studies that have established economic deprivation as a major challenge of the elderly are Amiri (2018), Raju (2011) and Singh (2015). They stressed that economic problem is a major issue facing the elderly. It is a condition that ensued because of inadequate income after retirement as well as financial insecurity. It is not an over-statement to say that the prevalence of financial or economic difficulties of the elderly in Nigeria is on the increase daily, constituting a threat to the economic stability of whoever they depend on.

In the same vein, Douglass (2015); Kasiram and Hölscher (2015) aver that health related challenges as well as poor physical health condition are common in old age and are responsible for most elderly negative EWB. However, good physical health condition portrays positive EWB and successful ageing. The poor healthcare facility in Nigeria with

aggravated economic hardship is mostly responsible for worsened health condition of the elderly as Maniragaba (2019) maintains. In this present study, emotional challenge was also found to be a risk factor to positive EWB of the participants. It is a problem commonly associated with the elderly across all socio-economic class because it is characterised by loss of loved ones or bereavement, feeling of insecurity, disappointment by close associates, failure of the past and low sense of achievement among other. This finding substantiates the result of Adeyanju et al., (2014); Alwajud-adewusi (2019); Daramola, et. al, (2019) that emotional problem is a major challenge facing older adults and is responsible for the major mental distresses among the elderly. Importantly, Alwajud-adewusi (2019) stresses that emotional problem ranked highest of psychological risk factor, which also increases chances of developing morbidities and ageing faster than at normal rate due to feeling of abandonment by relatives and the society. Therefore, this study established that financial/economic, health and emotional challenges are all intertwined with one leading to the others, as major perceived risk factors to positive affect emotions (happiness and life satisfaction) of the elderly.

Research Question 3: To what extent do social connectedness and psychological adaptedness factors predict emotional well-being of the elderly?

Table 4.2: **Summary of regression for the joint contributions of social connectedness and psychological adaptiveness on the prediction of emotional well-being of the elderly**

R =.458

R Square = .210

Adjusted R square = .205

Std. Error = 2.90718

Model		**Sum of Squares**	**Df**	**Mean Square**	**F**	**Sig.**
1	Regression	2201.676	7	314.525	37.214	**.000**
	Residual	8274.222	979	8.452		
	Total	10475.899	986			

Table 4.2 reveals significant joint contribution of social connectedness and psychological adaptiveness factors on the prediction of emotional well-being of elders. The result yielded a coefficient of multiple regressions R = 0.458 and multiple R-square = .210. This suggests that the seven factors combined accounted for 20.5% (Adj.R^2= .205) variance in the prediction of the emotional well-being. The other factors accounting for the remaining variance are beyond the scope of this study. The ANOVA result from the regression analysis shows that there was a significant effect of the independent variables; social connectedness and psychological adaptiveness on the prediction of emotional well-being of the elderly, $F_{(7,979)} = 37.214$, $p<0.05$.

The result reveals a significant joint contribution of the independent variables (social connectedness and psychological adaptiveness) to the prediction of emotional well-being of elders. This suggests that the seven independent variables combined accounted for 20.5% variation in the prediction of emotional well-being of elders. The result of this study implies that there are other social factors that contributed to the well-being of the elderly, like stress management and so on. This therefore agrees with the studies of various researchers like Gintis and Helbing (2015) who establish that human beings generally have irresistible need to be identified, act and live as part of a group and that the level of social integration at local community is likely to have varying effect on the elderly's well-being. Such evidences abound that show significant roles that social integration plays in promoting human's mental health, psychological, social and EWB. Ojembe and Ebe Kalu (2018), explore the reasons for loneliness among elderly persons and the result indicates that decreasing social networkings such as family, family tie structures, lack of social programmes and disability-associated ageing were associated with the well-being of elders. In addition, Tariq, et al., (2020) emphasize the important perceived support from friends, family and significant others in other to prevent cognitive and physical health obstacles in old age. Also, Sadeqpur and Borjali (2018), examined the predictive relationship of stress management, social support and psychological well-being of the elderly and the result obtained point out that social support and stress management predicted psychological well-being of the elderly.

Table 4.3 Summary of the regression table showing the prediction of social connectedness to Emotional well-being of the elderly

	Unstandardized Coefficients		Standardized Coefficients		
Model	**B**	**Std. Error**	**Beta**	**T**	**Sig.**
(Constant)	25.522	1.111		22.965	.000
Social integration	.136	.058	.080	2.362	.018
Social networking	.445	.073	.185	6.097	.000
Social supports	.347	.043	.286	8.092	.000

a. Dependent Variable: Emotional Well-Being.

Table 4.3 shows the prediction of each of social connectedness factors on emotional well-being of the elderly. In this result, all the three social connectedness factors significantly predicted emotional well-being. In terms of the magnitude of contribution, social support made highest prediction to EWB (Beta = .286, t= 8.092, $p<0.05$; .000), followed by social networking (Beta = .185, t= 6.097, $p<0.05$; .000) and social integration (Beta = .080, t= 2.362, $p<0.05$). This means that in predicting emotional well-being of the elderly, social supports had 28.6%, social networking 18.5%, while social integration accounted for only 8% in this study.

The result establishes that social support mostly predicted emotional well-being followed by social networking and social integration. This implies that social supports contribute more than any other social connectedness factors considered in this study and is the most potent determinant factor of emotional well-being. This is not surprising, since old age period requires not only emotional and psychological but also social supports so that stress and trauma associated with this period of life can be reduced to a minimal level, thereby increasing strength to cope. Although, social support is important to strengthen emotional viability at old age, it also reduces the problem of loneliness and abandonment faced by the elderly. This finding does not stand alone, it corroborates other past studies in this light among which are Li, Chen and Ji (2014) who also discover that materials, aids and emotional support are more important in ameliorating negative affect of EWB among the elderly. Dai, et al., (2016) alludes that social supports predicted individuals' well-being by reducing the effects of stressors. Additionally, Oluwagbemiga (2016) points out that social support care services such as companionship, emotional support, information access and financial support positively and significantly predicted psychosocial well-being of the elderly in Nigeria. In addition, the study of Okhakhume and Aroniyiaso (2017) reveal that perceived social support enjoyed by the elderly reduces symptoms of depression.

Furthermore, social networking equally predicted emotional well-being of the participants studied. As a social construct, that implies keeping or maintaining relationships with individual or bounded group of people as well as intimate relationship existing among confidants like close friends and family members. It is a sense of being loved, accepted, respected, wanted and valued by other members of the society. Besides,

African societies place high premium on social respect for the elderly. Through high sense of social networking, the EWB of the elderly is enhanced. This finding is in support of previous studies among which is Huxhold, Fiori and Windsor (2013) who establishes that social networking is a booster of emotional support, social engagement and subjective well-being. Similarly, Yang et al., (2016) affirms that social networking facilitates consistent and robust relationships with physiological health in later life. Ojembe and Ebe Kalu (2018); Ojagbemi and Gureje (2019) are among local studies that this current finding laid credence, in that social networking plays a positive and significant role in active and successful ageing of the elderly.

In this study, social integration predicted emotional well-being just like other social connectedness factors. As defined in this study, social integration involves individual's voluntary participation in social activities such as community engagement, religious, neighborhood groups and other social groups. The prediction of social integration on emotional well-being may not be due to the fact that social activities are imperative to successful ageing, as low rate of social integration could lead to weak social relations, thereby causing alienation and isolation. This finding is in line with other past researches including Zhang and Zhang (2015) who reveal that social participation contributes significantly to subjective well-being among retirees. Won, Bae, Byun and Seo (2020), states that the influence of physical activity such as religious participation increases subjective well-being of the elderly. Zhang, et al., (2018) allude that social integration is an essential part of successful ageing and is linked with positive psychological, physical and emotional outcomes among the elderly. Hence, strong social integration enhances not only emotional well-being but also the general well-being of the elderly in third age and aids successful and active aging. The outcome of this study validates the position of Zainab and Naz (2017) whose study also establish a significant positive correlation between social integration and perceived wellness. That is, a socially integrated elderly has a better chance of being emotionally well.

This result implies that majority of respondents in this study have not been involving in social activities such as religious society participation, neighborhood groups and other social groups peradventure, due to their age. Among reasons given for not

relating with other people in the neighbourhood or affliliating with religious set were included in some of the responses below:

> Ni awon odun ti o ti koja, je ki n so pe bii odun meedogun seyin, mo maa n darapo pelu awon egbe alasalatu sugbon bayi n ko lee lo mo nitori oko mi. Ara won ko ja fafa mo bi ti awon ojo ti mo nso nipa re yen ti won ma n ran mi lowo lori awon ise-ile pee pe pe. Ni akoko yi, lati sokale lati ori oke je ohun ti o nira, mo ni lati ma se-so lori won ni. Ni kete ti won ba ri wipe n ko si pelu won loke, won o ma wa mi kiri ni. Fun apere won ko si nihin nigba ti a fi bere ifikunlukun yi, eyin na si ri pe won ti sokale wa ba wa beeni ko si nkan miran ju pe ki won sa ti ri I pe mo wa larowoto ni. Se iru eni yi ni maa fi sile lati lo si ode ariya kan**. (Obirin, Eni Odun mokan-le laaadorin, ko si eto ẹkọ, ipo eto-ọrọ aje kekere, Afonta, 10/12/2019).**
>
> **Translation:** In the previous years, precisely fifteen years ago, I used to join the Muslim Women Group but I can no longer attend the programmes because of my husband. He is no longer as strong as before and can no longer assist me in domestic choreslike before. It is no longer easy for him to descend the steps. I always watch over him. When he does not see me, he will search for me. For example, he was not here when we started our discussion, but you can notice he came down, not for any other reason than to just ensure that I am around. Is this the kind of person that I will leave to attend social gathering?" **(Female, 71 years, no formal education, low socio-economic status, Afonta, December 10, 2019).**
>
> Olorun ni kan ni mo maa n ba soro. Emi kii beere amoran lodo awon eyan, n ko ni igbekele ninu ore kankan sugbon mo n so ohun gbogbo fun Olorun. Akoko ti a wa je akoko to lewu, ti eniyan ko tun gbodo fi inu han eni ti yoo ma soro eni lehiin, ti won yoo si maa so nkan buburu nipa re. Ko si ibi ti o pamo, orisirisi isele kayefi lo gbode kan bayi bii ijinigbe pawo, fifi eniyn se etutu ola. Lati ni aabo, awon moleebi mi nikan ni mo faramo timo timo. (**Obirin, Eni Odun meji din laaadorin, ko si eto ẹkọ, ipo eto-ọrọ aje kekere, Ita-Ege, 12/12/2019).**
>
> **Translation**: I talk to God only. I don't ask for advice from people, I don't trust any friend but tell God everything. These are dangerous times when one cannot afford to be opened to people who will backbite and say all manners of evil things about you. No where is safe, incidences of kidnapping and ritual killing is on the increase. Generally, no where is save anymore, so, to remain safe, I keep only to my family members. (**Female, 68 years, no education, low socio-ecoomic status, Ita-ege, December 12, 2019.**

This might be the consequences of their negative social interaction as they were ageing. It could also be as result of negative influence of urbanisation and modernisation on the elderly which is really hitting hard on African culture. This result supports the study

conducted by Rajbhandari (2014) on social integration and health well-being among older adults in Midwestern metropolitan area. The participants were 416 older adults above 60 years of age. The finding reveals that social integration was concomitant with older adults' health well-being. This result contradicts Jose and Shanuga (2015) who maintain that subjective social integration was higher among elderly women living at homes while objective social integration was higher among the traditional elderly women.

This result depicts the result got on social integration. Poor social integration will surely result to poor networking.

Among reasons given were included in the responses below:

> Oko ni mo n gbe tele, awon omo mi lo mu mi wa sile. Iwaju ile ti e ti ba mi ni mo maa n wa, ti mo si maa ki awon eniyan to nkoja lo, koja bo, emi ki jade lo si ibi kankan. To ba je oko ni mo wa ni, mo ni awon eeyan temi ti a jo ma n jewo. Gbogbo igba ni awon to wa loko n rannse si mi pe ki n maa pada bo, o si wu emi na lati pada sugbon mo gbodo gboro si awon omo mi lenu tori won o ni le maa wa soko lati be alaafia mi wo, idi ti won fi mu mi wale naa ni eyi. E wo, aye oko ajerorun ni ojare. (**Obinrin, Eni aadorin odun ko si eto ẹkọ, ipo eto-ọrọ aje kekere, Oke-Adu, 09/12/2019).**
>
> **Translation:** I was previously living in the village but my children brought me to live in the city because they won't be coming to visit me. I don't go out at all, I sit outside (where you met me) daily, greeting passersby. However, if I were to be in the village, I have my people to interact with. More importantly, those people have kept sending for me to me to come back and I would have loved to go too but for my children. Let me tell you life in the village is enjoyable. (**Female, 70 years, no formal education, low socio-economic status, Oke-Adu, December 9, 2019).**

The result is in support of Ayalew (2019) submission that social relationships throughout Africa is gradually going into extinctions as a result of westernisation which is reducing family and community support for the elderly. Pakulski (2016) also noted some variations in social consequences of ageing such as between individual with more affluence (high social economic status) and less affluent individual (low social economic status).

The result is in support of Ayalew (2019)'s submission that social relationships throughout Africa is gradually going into extinction as a result of westernization which is reducing family and community support for the elderly. Pakulski (2016) also notes some

variations in social consequences of ageing such as between individual with more affluence (high social economic status) and those with less (low social economic status).

The result of this study depicts that, although, more than half of the respondents reported having good social support yet, this could not really justify good standard of living or quality of life of the elderly because the proportion of respondents with poor social-support is also a force to reckon with.

Some of the participants' quotes supporting the quantitative result are:

> Ko si iranlowo lati odo ojulumo. Ibase pe Naijiria dara ni, ko ye ki n si maa sowo nibiti ojo ori mi de bayi sugbon bi nnkan ti ri ni orile ede yi lo fa a ati wipe nigba ti egungun mi si le. Nko le di eru to wuwo le awon omo lori nipa eto inawo nitori pe owo won ko ti to eti daadaa nipa oro isuna. Awon naa ni awon eto inawo ti won ti won n ba yi, sibesibe, won n se iwonba ti won le se**. (Obinrin, ko si eto ẹkọ, ipo eto-ọrọ aje kekere, Afonta, Eni odun mokan le laaadorin. 10/12/2019).**
>
> **Translation:** I do not receive support from acquaintance but from children and family members. Had it been Nigeria is good, I should not still be trading but because of the situation in the country coupled with the fact that I am still agile, I cannot place much burden on my children on finance because they also have their own expenses to struggle with, nevertheless, they still do the much they can do. **(Female, 71 years, no formal education, low socio-economic status, Afonta, December 10, 2019).**
>
> N ko ni ebi ti o n to mi wa, won ti ko mi sile bi o tile je pe Mama mi si n be laye. Ore mi wa larowoto lati ran mi lowo lati ra awon oogun eyi keyi ti mo ba fe ra atipe eniyan Olorun ni awon alabagbe mi, awon lo n ba mi pon omi, won si n ba mi ra ounje nitori aro ni mi. Awon alabagbe mi ni ebi mi. (**Obinrin, Eni Odun marun din laadorin, ko si eto eko, ipo eto-ọrọ aje kekere, Aperin, 09/12/2019).**
>
> **Translation:** No family member visits me, though my mother is still alive. My friend is handy and always ready to help me buy whatever drug I want to buy and more importantly, my neighbours are godly people. They take good care of me in activities of daily living due to my condition as a lame person My neighbours are exceptionally good and I regard them as my family members. (**Female, 65 years, no formal education, low socio-economic status, Aperin, December 9, 2019).**

This result may be fair in the urban setting where this study took place with strong social networking. The result confirms the position of existing literature that children, friends and acquaintance play the most important role in the provision of economic security for the elderly in their old age (Ajomale, 2007).

Table 4.4 Summary of the regression table showing the prediction of Psychological adaptiveness to Emotional well-being of the elderly

	Unstandardized Coefficients		**Standardized Coefficients**		
Model	**B**	**Std. Error**	**Beta**	**T**	**Sig.**
(Constant)	32.237	.714		45.148	**.000**
Coping efficacy	.069	.036	.066	1.904	**.057**
Self esteem	-.012	.034	-.015	-.361	**.718**
Quality of life	.330	.042	.329	7.825	**.000**
Religiosity	.020	.029	.024	.713	**.476**

a. Dependent Variable: Emotional Well-Being.

Table 4.4 reveals the contribution of each of psychological adaptiveness factors to the prediction of emotional well-being of the elderly. The result indicates that only Quality of Life (QoL) significantly predicted emotional well-being, while other factors did not. QoL (Beta = .329, t= 7.825, p<0.05; .000). Whereas, coping efficacy (Beta = .066, t= 1.904, p>0.05; sig.057); self-esteem (Beta = -.015, t= -.361, p>0.05; sig.718) and religiosity (Beta = .024, t= .713, p>0.05; sig .476) did not. The implication of this is that quality of life was the only psychological adaptiveness factor that potently determined EWB of the elderly in Ibadan, while coping efficacy, self-esteem and religiosity did not significantly predict EWB.

> Ti mo ba ni ore-ofe ati tun aye wa, nko ni fe gbe iru igbe aye yi. Ipo ti mo wa ko temlorun nitori mo je aro. Idi ni mo fi n wọ nitori n ko le rin. O si je ogbe okan fun mi nitori igba ti mo ba wọ de faranda ni ma to fi aso bo idi mi. Awon eniyan to nkoja lo koja bo ni won nfun mi lowo ti mo fi ngbo jije ati mimu lojojumo. (**Obinrin, Eni odun marun din laadorin, ko si eto eko, ipo eto-ọrọ aje kekere, Aperin, 09/12/2019).**
> **Translation:** If i have the opportunity to come to life again, I won't want to live this type of life. I am very sad about my condition because I am a cripple, I move on my buttocks and this saddens me all the time, it is when I get to the corridor that I usually cover my nakedness with my wrapper. It is the people going to and fro that give me alms to take care of my daily needs. (**Female, 65 years, no formal education, low socio-economic status, Aperin, December 9, 2019).**

This outcome could be predicated by the pespectives of respondent on quality of life, which according to Reed (2019) is described as religious and philosophy parameters that shapen individuals' ideal life; individual's desires and preferences for good life which enable people to acquire what makes them happy based on available resources in their possession and an individual's experience that make him feel decent, attractive, and pleasing. Therefore, the unmet desires of most of the study's participants studied could have accounted for the relationship between QoL and emotional well-being. As mentioned earlier in the background section of this study, there are both objective (social indicators) and subjective (want based) dimensions to QoL. This outcome further strengthens the fact that the participants expressed low subjective QoL which is often characterized by a sense of fulfilment, a feeling of identification, a sense of acheivement

in one's career and an appreciation of physical appearances which explains inadequate capacity to adapt to ageing (Morgan et al., 2017). Additionally, happiness, hope, joy, and optimism commonly accompany positive states of high quality of life (QOL) when there is a positive and strong relationship with emotional well-being. Thus, demostration of low QoL of the present participants established that their state of emotional well-being could be under threat.

Further, coping efficacy did not significantly predict emotional well-being of the elderly who took part in this study. Coping describes the belief that an individual can find solution to challenges occasioned by ageing. It explains the ideal that an individual is confident to have personal ability of securing support from friends and family and stop unpleasant emotions or thoughts (Midkiff, Lindsey and Meadows, 2018). Going by the finding of this study which show that coping efficacy did not predict emotional well-being of the participants, this implies that perhaps those who took part in the study may not be aware of personal capability to engage various psychological adaptiveness. The report of this study buttresses the conclusion of Waldrep (2015) who notes that the major explanation for the inverse prediction was that the participants' coping efficacy was low and that the participants were hospital patients. Contrarily, this study negates the outcome of other past studies like Tomás, et al., (2012) whose study disclosed a positive correlation with the well-being of the elderly people and Bjørkløf, et al., (2013) who discovered that a strong relationship exists between coping as a strategy and reduced depressive symptoms among the elderly people.

This result is also in line with many of the IDI participants' statement on their self-worth in handling issue of life especially now that they are aged. Some of their quotes are:

> Ni gba ti mo wa lodo, mo ri ara mi gege be eni ti o ni okun lati fayaran isoro-ki soro. Koda oko mi ati awon omo mi, mo pe n ko fi aaye gba imele. N o ji ni kutu kutu lo si oja oko lati lo ra awon eso ati ewebe fun tita. Opolopo ibuso ni mo fi ese rin nigba naa, sugbon bayi, paapaa nigba ti oko mi ti fehinti ti won si nsaare, n ko le se awon ise agbara bee mo. Mo tile lero pe awon irin ti mo ti rin sehin wa lara okunfa ara ti ko da bayi. Idi ni yi ti mo fi pa owo da si tita poofu-poofu ati akara niwaju ile. (**Obinrin, Eni odun ookan le laadorin, ko si eto ẹkọ, ipo eto-ọrọ aje kekere, Afonta, 10/12/2019).**
>
> **Translation:** When I was young, I could see myself so strong to cope with any difficulty. Even my husband and children knew me that I didn't condone laziness. I would wake up early in the morning to go and buy fruits and

> vegetables that I would sell. I trekked long distances then, but these days, especially when my husband retired and fell sick, I couldn't do that again. I think the long-distance trekking contributed to my ailment. That is why I turned to selling puffpuff and beans cake in front of the house now. (**Female**, **71 years, no education, low socio-economic status, Afonta, December 10, 2019).**

The prediction of self-esteem on emotional well-being was found not to be significant. Self-esteem indicates an individual evaluation of him/herself. It helps to protect against negative emotions during challeging moments by maintaining positive self-perception and having better psychological well-being (Asli, Azad, Shariat, Farhadi and Shahidi, 2018). Unfortunately, the elderly in this study reported inverse prediction in their self-esteem and emotional well-being which could have been due to low self-esteem. This finding does not stand alone, it corroborates other past evidence such as Franak, Malek, and Alireza (2015); Rosi et. al., (2019) who discovered that high self-esteem significantly contributed to psychological well-being among the elderly, while low self-esteem predicted psychological distress risks as it shown in the EWB of the participants. Rosi et al., (2019) found that the dimension of individual's level of self-esteem induced successful or failure of ageing. This current result contrasted with some previous results which showed high levels of self-esteem among the elderly, which is consistent with other studies conducted in Brazil, for this age bracket (Antunes, Mazo and Balbé, 2011; Meurer, Benedetti and Mazo, 2011). On the other hand, the elderly persons with low self-esteem were shown to have low QoL scores. This result cooroborates the report from IDI session. As some participants declared that they were physically and socially healthy. These participants were more among high income class.

Some of the verbatim quotes include the following:

> *Lati jeun ni awon igba miran, ko rorun, ki a ma tile so pe a je eyi ti o nsara loore. Omo aterofo dide ni mi, nitori naa ohunkohun ti mo ba ti ri ni jije, ki inu mi saa ti kun ni. Ki o si gbe mi di akoko ti n o tun ri omiran je.* ***(Ọkunrin, omo odun Merinlelaadorin; ko si eto ẹkọ, ipo eto-ọrọ aje kekere, Ekotedo, 10/12/2019).***

> ***Translatiom:*** *At times, to eat is difficult, talk more of taking balanced diet. I was not born with silver spoon in my mouth. So I eat whatever food comes my way in as much as it fills my stomach and sustains me till I am able to get another meal. (**Male, 74years; no formal education, low socio-economic status, Ekotedo, December 10, 2019).***

Bi mo ba fi ara mi we awon elegbe mi, mo ni lati ma dupe lowo Olorun, bi awon omo mi ba se aseyori laye, won le ko ile ti o dara fun emi ati baba won, sugbon won ko ti i si ni iru ipo be bayi. Inu mi n dun bi mo se nri bi awon Omo mi se nse rere ati Omo Omo mi pẹlu. ***(Obinrin, Eni odun ookan le laadorin, ko si eto ẹkọ, ipo eto-ọrọ aje kekere, Afonta, 10/12/2019).***

Translation: *When I compare myself with my mates, I just have to thank God. If my children make it in life, they can build a befitting house for me and their father but they are not yet in that position. I am also happy seeing my children and grandchildren do well. (****Female, 71 years, no education, low socio-economic status, Afonta, December 10, 2019.***

Bi a o ba so nipa igbe aye eniyan, yoo le lati so ohun ti o dara paapa julo, ni iru akoko bi eyi ni orile ede wa ti eniyan ko le fowo soya fun ounje emeeta loojo. Bi mo ba so fun o, lowuro yi, eko nikan ni mo mu la i fi moin moin mu u gege bi mo ti maa nse. Ki i si se pe o wu mi bee, mo nilati daa bi ogbon lati na owo owo mi, ki o le sun mi siwaju die, ki o to di wipe n o ri igbeni-gbowo lati odo awon omo. Nkan buru jojo de bii pe, mo ni ipenija nipa ti ilera ti o si ye ki nlo si Ile iwosan lati lo ri dokita, sugbon nko lee lo nitori ailowo lowo. Ogun alakapo ni mo fi n gbera lati owo obinrin to n kiri ogun fun owo tasere *(***Okunrin, omo odun Merinlelaadorin; ko si eto ẹkọ, ipo eto-ọrọ aje kekere, Ekotedo, 10/12/2019).**

Translation: If we are to talk about one's life, it will be difficult to say something good especially considering this contemporary times in our country. One cannot boast of eating three square meals a day. If I tell you that this morning, I only took pap without "moinmoin" as I used to do. It is not because I like it that way but because I have to economise with the money with me in order to sustain myself till I get support from my children. Things are so worst that even though I have health challenge, I could not go to the hospital because of financial constraint. I only maintain myself with all sorts of talets bought from a medicine hawker. (**Male, 74years; no formal education, low socio-economic status, Ekotedo, December 10, 2019).**

This outcome is in congruence with De Souza, et al., (2018) who discovers that quality of life is a major contributory factor to the subjective well-being of senior citizens. Rondón García and Ramírez Navarrro (2018) also established the importance of quality of life to health well-being at older age, as their study result revealed that quality of life along with other factors reported highest prediction to health wellness and other psychological conditions such as life satisfaction, functional skills, and happiness. It is not supprising that QoL determines emotional well-being in this study, this might be that the participants view of QoL is like that

of Eby, and colleaques (2012), who perceive QoL from economic dimension involving sense of community belonging, employment, health, housing, social amenities, and services. To put it differenctly, QoL is the individual's levels of standard of living. This is closely related to that of Theofilou (2013) who describes QoL as the degree to which needs and wants (both psychological and physical) of an individual are satisfied despite their life occurrences. Other previous studies which agree with this finding include Sherizadeh, et al., (2016), Susniene and Jurkauskas (2019); The University of Toronto Centre for Health Promotion (2018). They conclude that QoL is the magnitude to which a person experiences satisfaction; opportunities and limitations with life using both subjective and objective indicators. Thus, being satisfied and feeling good with wants or needs is subjective QoL, while objective QoL is fulfiling the societal or cultural demands for social status.

On the other hand, elderly persons with low self-esteem were shown to have low QoL scores. The concepts of self-esteem (Dini, Quaresma and Ferreira, 2004) and QoL (Tavares, Cruz Matias, Ferreira, Pegorari, Nascimento and de Paiva, 2016) prove to be interrelated as they deal with an individual's subjective perceptions of him/herself (Dini, Quaresma and Ferreira, 2004; Tavares, et.al., 2016) and life (Tavares, et.al., 2016). The two dimensions of self-esteem which consist of high and low, with the formal being considered as having respects for self-worth. This outcome suggests that the elderly persons who constituted the participants are adjudged to be valued and were not knowledgeable about themselves, which is more of perception than reality. Thus, low self-esteem scores produced low QoL scores (Mackinnon, 2015; Qiu, 2018).

This was also reflected in the responses of many of IDI's participants.

Quoting some of their responses:

> Olorun ni eni ti O n fun olorijori ni nnkan ti o ba wu u, mo ni itelorun lori ohunkohun ti O fi fun mi. Olorun ni nfi ni sipo, nitori na a gbọdọ ni itelorun, ipokipo to Olorun ba fi o sii. Mo fi osunwon aye mi le Olorun lowo. N ko le gbe ara mi lori osunwon nipa fifi ara mi we awon akin elegbe mi. Ohun gbogbo nipa mi duro lori ife Olorun. **(Obinrin, Eni Aadorin odun, ko si eto eko, ipo eto-ọrọ aje kekere, Oke Adu, 09/12/2019).**
>
> **Translation:** It is God that gives the individual whatever He likes. I am satisfied with whatever God has given me. God is the one that puts people into

great positions therefore, we should be satisfied with whatever position God has put us. I put the scale of my life in the hand of God. I can never say that I am better than my contemporaries. Everything about me depends on God. (**Female, no formal education, low socio-economic status, Oke Adu, 70 years, December 9, 2019).**

Everything depends on God, I trust in God, He is the one I call upon all the time. I am ready to die if God says my time is up but I don't want to be a burden to my son. I am also in a position to assist others if I have the opportunity to do so. I am accountable to God. (**Female, educated, middium socio-economic status, samonda, December 6, 2019).**

Aliamudulilai! Aliamudulilai!! Aliamudulilai!!!, Ipokipo ti eniyan ba ti ba ara re, O ye ki eniyan dupe lowo olorun, oun ni Eleda, O mo ibere ati opin gbogbo eda ti nbe laye. Ohunkohun ti o ba se si eniyan tabi o so pe yoo sele si enikan, bee gele ni yoo ri. Enikeni ko le pa kadara da, sugbon yoo koko dabi eni pe ko le seese sugbon ohunkohun ti Olorun ba ti so pe yoo se , o di dandan ki o see fun mi. Mo gbagbo pe irinajo mi ninu aye yi wa lowo Olorun; Nje mo mo pe n o wa laye titi di oni. Jowo, je ki a maa dupe lowo Olorun fun aanu re. (**Okunrin, omo odun Merinlelaadorin; ko si eto ẹkọ, ipo eto-ọrọ aje kekere, Ekotedo, 10/12/209).**

Translation: Aliamudulilai! Aliamudulilai!! Aliamudulilai!!!, any position that someone finds himself, one should thank God. He is the creator. He knows the beginning and the end of everyone. Whatever He does or says will be established, even if it seems impossible. One cannot change destiny. I believe that my journey in life is in the hands of God. Do I know that I will be alive till today? Please, let's thank God for His mercy**.** (**Male, 74years; no formal education, low socio-economic status, Ekotedo, December 10, 2019).**

Mo maa n gbadura si Olorun lori ohun gbogbo ti mo ba nse laye. Iba ma se pe mo lo ara mi nilo-kulo nigbati mo wa lodo ni, n ba wa ninu ilera pipe bayi. Olorun tobi ninu aye mi nitori pe o n se itoju awon omo mi. Adura mi lori won ti n ran wa lowo nitori pe igbakugba ti a ba nilo iranlowo lodo won. Emi ati oko mi yoo gbadura papo ki a to ranse si won. **(Obinrin, ko si eto ẹkọ, ipo eto-ọrọ aje kekere, Eni odun ookan le laadorin, Afonta, 10/12/2019).**

Translation: I do pray to God on anything I do in life. If not that I overused myself when I was young, I would have been in good health now. God is great in my life because He does take care of my children. My prayer over them had been helping us here at home because whenever we need some assistance from them my husband and I will pray together before sending to them. (**Female, 71 years, no education, low socio-economic status, Afonta, December 10, 2019).**

The study results support the previous studies by Pandya, (2016) and Raveesh, (2014) which was conducted among Hindus in India. They find that many seek religious answers when trying to cope with illness at later stages of life. They recount that people especially those with low income, quickly resorted to God when facing discomfort in their health conditions. Religion can be a central source of social support (Idler, 2006) and social integration (Rote, Hill, & Ellison, 2013), which may be particularly important after retirement (Damman, Henkens, & Kalmijn, 2015). A French study of Christians aged 65 years and above found that religious experiences positively predict self-rated health and life satisfaction (Bailly & Roussiau, 2010). This outcome could be due to participants' knowledge of religiousity which Hernandez (2011) defines as both beliefs and practices that connects indidviaul with divine power. This perception is slightly different from that of George, Ellison, and Larson (2012) that religiosity involves meditation and prayers in a religious organisation and among members of religious groups which serves as coping strategy during difficult times. One would have expected that religiousity of the individual elderly persons who took part in this stsudy could have predicted emotional well-being since these parcipanst are now retired and could have resulted into activities within a religion institution such as frequent prayers, mediation and reading the holy books (Yeung & Chan, 2013). As suggested by de Freitas Melo, et al 2015) that religiosity can be a coping strategy in adverse conditions, it is suppriing that the reverse is the case in this study. This implies that among psychological adaptiveness variables considered in this study, only quality of life predicted EWB, while coping efficacy, self-esteem and religiosity did not predict EWB. By implication, QOL, made a positive significant contribution in predicting EWB. This outcome is not unexpected since quality of life of people is directly proportional to happiness and satisfaction. This outcome is supported by De Souza, et al., (2018) who states that quality of life is a major contributory factor to the subjective well-being of senior citizens. Rondón García and Ramírez Navarrro (2018) also establishes the importance of quality of life to health well-being at older age, as their study result reveals that quality of life among other factors reported highest prediction to health wellness and other psychological conditions such as life satisfaction, functional skills and happiness. This finding justifies the increase in the rate of longevity in most nations of the work. On the other hand, Fakoya, et al., (2018) found that the life quality of

older adult in Nigeria was poor with multiple morbidities, however, the study suggests that quality of life is still very relevant in old age irrespective of varying health condition.

The outcome of the study further establishes that there was no significant predictive contribution of coping efficacy, self-esteem and religiosity to emotional well-being. The only plausible explanation for this finding could be that the participants did not attach importance to coping efficacy, self-esteem and religiosity such that they cannot be used as yardstick in predicting their emotional well-being. In other words, lack of coping efficacy, low self-esteem and lack of religious participation strongly influence emotional well-being. Although these factors establish a positive and significant relationship as earlier discovered, surprisingly the contribution of these factors was not significant on emotional well-being. Thus, negative affect emotions including sadness, frustration, anxiety or worries, disgust, fatigue and discomfort or unpleasant feelings could be the resultant effect of absence of these factors among the participants. Therefore, positive affect of emotional well-being of the elderly is susceptible to non-contribution of factors such as social integration, coping efficacy, self-esteem, and religiosity.

This finding does not contradict other past evidence in the range of the outcome variable (Charles, 2010; Ferguson and Goodwin, 2010) discovered that old age stressors could result from coping inefficacy, low self-esteem and lack of religious participation thereby weakening the positive affect of emotional well-being at old age. This outcome negates the result of Schöllgen, Gerstorf, Infurna, Morack and Ram (2016) who disclose that coping efficacy predicted successful ageing and general well-being. Against the existing evidence of Franak, Malek and Alireza (2015); Gerino, Brustia, Sechi and Rollè (2017), level of self-esteem and health related problems played a significant role in aging well. Also, the current finding did not support the finding of Kim-Prieto and Miller (2018) who discover a statistical positive contribution of religiosity on psychological well-being. Thus, coping efficacy, self-esteem and religiosity were either lacking or low as they reported no significant prediction to EWB of the elderly in Ibadan.

Testing of Hypotheses

HO_1**:** There is no significant relationship between social integration and EWB of the elderly.

Table 4.5: Pearson Correlation Showing the Relationship Between Social Integration and Emotional Well-Being

Variables	**Mean**	**Std. D**	**R**	**P**
EWB	39.01	3.23		
Social integration	16.40	1.92	.258	< .05

The result from table 4.5 demonstrates the significant positive relationship between social integration and emotional well-being of the elderly in Ibadan. It was established that EWB had a positive and significant relationship with social integration ($r = .258$, $p < 0.01$). Hence, the hypothesis which states that there was no significant relationship between social integration and EWB was rejected. This implies that the presence of social integration factor plays a significant positive role in EWB of the elderly.

In accordance with this finding, the interview report from the participants in the qualitative phase indicates that some of the participants know the importance of active involvement in the affairs of the community and its importance to emotional well-being at old age. In the words of one of the respondents:

> *I took up a contract job after retirement to avoid loneliness and stay sharp. I cannot afford to be idle, as a Christian, I am actively involved in Church programmes be it the mid-week ones and other units to which i belong like the Women and Counceling units. I also attend and socialize at functions.* ***(Female, 65years, educated, midium socio-economic status, Samonda, December 6, 2019).***

> I am really involved in community activities as a community person on how to move our community forward. I attend Landlord's meeting and I am an active member of a political party in my ward, it's a lot of work althrough, before, during and after elections. More importantly, one of the senior citizens in my area started a relaxation sport on the corridor of his house where we gather to play Ayo olopon and Draft. Elder start gathering as early as 12 noon to interact and depart finally around 7.30 p.m everyday. Apart from playing to keep our memories alert, we throw banters and laugh a lot which is good for our health. People bring their grievancess to us and God use us to settle disputes and restore relationships. This is quite fulfilling. **(Male. 69 years, educated, medium socio-economic status, Molete, December 12, 2019).**

As defined in this study, social integration which involves frequency of neighborhood contact vis-a-vis social roles, community involvement and social participation is germane in successful ageing. While low rate of social integration could lead to alienation, isolation, and loneliness, individuals with strong social intergration has high tendencies of being emotionally well. Thus, as revealed in this study, that social integration of the partcipants correlates with their EWB, explains the ability of the elderly to voluntarily get involve in social groups of their choice.

This finding validates previous related findings such as Gintis and Helbing (2015); Rajbhandari (2014); Zhang and Zhang (2015) whose studies report that social integration

plays a significant role in promoting human's mental health, psychological, social and emotional well-being among aged population, and that the level of social integration of individual at their local community has the likelihood of varying effects on emotional well-being. Thus, religion participation, neighborhood activities and social group engagement are crucial in promoting positive emotional well-being of the elderly. Similarly, Zhang, Liu, Tang and Dong (2018), demonstrate that social integration is linked to positive psychological, physical and emotional outcomes among the elderly. In the same vein, a study conducted in the United States among older adults by Park (2019) on the affiliation of social integration to psychological well-being reveals that social integration had a statistical nexus on psychological well-being and depressive symptoms. In the concluding part of the study, social integration is suggested to have potential of promoting psychological well-being of senior citizens by engaging in voluntary social group participation.

HO_2**:** There is no significant relationship between social networking and EWB of the elderly.

Table 4.6: Correlation Matrix Showing The Relationship Between Social Networking and Emotional Well-Being

Variables	**Mean**	**Std. D**	**r**	**p**
EWB	39.01	3.23		
Social networking	12.51	1.35	.307	< .01

The result from table 4.6 demonstrates the significant relationship between social networking and emotional well-being of the elderly in Ibadan. It was established that EWB had a positive and significant relationship with social networking ($r = .284$, $p < 0.01$). Thus, the null hypothesis which states that there was no significant relationship between social networking and emotional well-being was rejected. The outcome of the result demonstrates that social networking is positively and statistically correlated with emotional well-being of the participants.

The qualitative result from some of the participants that were interviewed showed that members of religious groups and their immediate family such as children and spouses are the main social network which predict their emotional well-being. Below are some of the responses from them:

> *Pelu ipo aro ti mowa, ko seese fun mi lati jade lo sibikibi. Jije aro ki se ese sugbon niwon igba ti ko si keke awon aro ti mo le lo lati fun aye mi ni 'tumo, ko si bi ti mo le jade lo. Awon ebi ti ko mi sile, awon alabagbe mi ati ore mi nikan ni alabaro ti mo mi, awon ni mo gbokan le tojo terun. (**Obirin, ko si eto ẹkọ, ipo eto-ọrọ aje kekere, Eni Odun Marun din laadorin, Aperin, 09/12/2019).***
>
> ***Translation:** It is not possible for to mix with people due to my cripple nature by which I have been deserted by my family. Being crippled is not a crime but I don't have means of mobility like wheelchair to give value to my life (**Female, 65 years, no education, low socio-ecoomic status, Aperin, December 09, 2019).***

Consistently, the positive relationship of social networking with EWB of the participants was in line with the finding of Huxhold, Fiori and Windsor (2013); Ojembe and Ebe Kalu (2018); Yang, et al., (2016) who in their studies found higher degree of social networking such as family, family ties structures, frequency and size of contacts related with lower risk of physiological distress in both early and later life. This finding also supports the concept of social networkings as perceived by Huang (2011) which include all the family members with whom an individual is connected and interacted notwithstanding whether or not the connection is active. Based of the responses from the qualitative interview, social networking involves members of one's family who serve as psychosocial assest or emotional resources (Bahramnezhad, 2017). Thus, achieving positive emotiaonal well-being at old age is rooted in the qialuty of social network available and accessible in the event of challenges to provide the needed help including

emotional, financial social or psychological supports. Their study further point out that social networking type boosts older people's positive state of emotional well-being. while lack of social networking was found to be linked with major negative affect emotions in later life.

HO_3**:** There is no significant relationship between social supports and EWB of the elderly.

Table 4.7: Pearson Correlation Showing The Relationship Between Social Supports and Emotional Well-Being

Variables	**Mean**	**Std. D**	**r**	**p**
EWB	39.01	3.23		
Social supports	16.39	2.68	.386	< .01

The result from table 4.7 demonstrates the significant relationship between social supports and emotional well-being of the elderly in Ibadan. It was established that EWB had a positive and significant relationship with social supports ($r = .386$, $p < 0.01$). Thus, the null hypothesis which states that there was no significant relationship between social supports and emotional well-being was rejected. Similalrly, the qualitative report depicts that, although, social supports is an inevitable indicator in emotional well-being at old age, some of the participants that were interviewed responded that social supports received were poor.

Some of the respondents are quoted below:

> *Awon omo mi pelu si n la kaka lati la luyo ni; ni igba ku igba ti won ba ti pe lati fi owo sowo si mi, gbogbo igba ni mo ma npe won pe ki won ma gbagbe mi beeni awon naa yo ma bebe pe ki n fun won ni akoko die si ki awon fi tu owo jo.* ***(Obinrin, Eni aadorin odun, ko si eto eko, eto oro aje kekere, Oke Adu, 9/12/2019)***
>
> ***Translation:*** *My children are also still struggling to make ends meet; each time they don't send my upkeep on time, I keep calling them to do the needful and they keep begging me to give them more time to come up with fund.* ***(Female, 70 years, no education, low socio-economic status, Oke Adu, December 9, 2019).***
>
> *Awon Omo mi dara sugbon, eto isuna won ko fafaro. Won tiraka lati kawe gboye ni. Emi paapa iba ran won lowo ka ni mo wa nipo ni nitori laala won po. Sibesibe, won se iranwo ti won le se fun wa.* ***(Obinrin, Eni Odun ookanle laadorin, ko si eto eko, ipo oro aje kekere, Afonta, 10/12/2019).***
>
> ***Translation:*** *My children are good but striving to make ends meet. They strive to become graduates, if I have enough money, I would have love to support them. All the same, they are rendering the little assistance they can afford.* ***(Female, no education, low socio-economic status, Afonta, December10, 2019).***
>
> I am satisfied with my life, if I have to come back to life, I will still like to be in the present condition and, there is no hardship. Despite all the challenges of lack before I got to this stage, I endured pain during the time when the children were growing up and now I am reaping the fruit of my labour. I am happy, I can say I am in the middle, I am satisfied with my life when I compare my life

> with my contemporaries. I am not very rich but I am satisfied with my condition. Relationship with my children is very cordial, they take good care of me, I call them when I am not feeling well and they respond promptly by buying drugs or taking me to see the Doctor if need be. **(Male, 69 years, educated, midium socio-economic status, Molete, December 12, 2019).**

This outcome could perhaps be because of what McNicholas (2002) perceives as the social resource that individuals receive consistently. Social support as coined by Ibrahim, et al., (2013) involves supportive resources directly received by someone in need to adapt to stress or stay healthy. It will not be out of place to say that since most of the interviewees are from low and middle socio-economic status, social support available and received from network of clan or acquitances such as financial, social, or emotional aid may also be limited. On the other hand, among individuals from high socio-economic status, many perceive social support differently as defined by Patil, et al., 2014) as any information that can lead the recipient to be confident in him/herself, be loved and cared for by member of a social networking as a mutual obligation.

Thus, social support addresses concrete needs required to be emotionally comfortable at old age (Gaveras, Kristiansen, Worth, Irshad & Sheikh, 2014). The outcome of the result demonstrates that social supports positively and statistically correlated with emotional well-being of the participants. In other words, the presence of social support plays a significant positive role in EWB of the elderly. This outcome also laid credence on the result from studies of Ibrahim, et al. (2013); Okhakhume and Aroniyiaso (2017); Oluwagbemiga (2016), that confirm the connection of social support with the emotional well-being of the elderly people, such that social support received reduces depressive symptoms which is a negative indicator of emotional well-being. Part of their findings indicates that actual social support such as emotional support, companionship, financial support and information access positively and scientifically correlates with psychosocial well-being. In that, the magnitude of the social support received influences the state of emotional well-being of the elderly.

HO_4**:** There is no significant relationship between coping efficacy and emotional well-being of the elderly

Table 4.8: Pearson Correlation Showing The Relationship Between Coping Efficacy and Emotional Well-Being

Variables	**Mean**	**Std. D**	**r**	**p**
EWB	39.01	3.25		
Coping-efficacy	17.96	3.10	.205	< .01

Table 4.8 reveals the relationship between coping efficacy and emotional well-being of the elderly in Ibadan. The result shows that a positive and significant relationship exist between coping efficacy and EWB. That is coping-efficacy is ($r = .205$, $p < 0.01$). Thus, the null hypothesis was rejected

The result indicated that a psychological adaptiveness factor such as coping efficacy positively correlated with emotional well-being of the elderly. Coping efficacy suggests the psychological capability of individuals to meet the demand of daily pressure attached with ageing. The positive relationship implies that for the elderly to achieve positive emotional well-being, coping efficacy ability is a necessity, while lack of it would cause negative emotional well-being.

Coping efficacy is needed for positive emotional well-being to be aachived at old age. Given the unique competencies of individual that is self-reflective and enables individual to explore own self-beliefs and cognitions, make sense of their life experiences, engage in self-evaluation, as well as adapt their behaviour and thinking patterns as described by Bandura (1986). Therefore, there is a possibility that it may be difficult for elderly people to engage in actions and thoughts that are effective to lessen negative outcome of adverse events of life at old age. Although, the relationship between coping efficacy and emotional well-being was significant and positive, it reveals the importance of coping efficacy as a facilitator of emotional well-being. Laureano, Grobbelaar and Nienaber (2014), found that coping efficacy involves establishing a suitable mental state, regaining composure, and maintaining optimal awareness as well as motivation levels for overcoming life challenges. This outcome affirms other past studies like Tomás, et al., (2012) whose study discloses a positive correlation with the well-being of the elderly people. Bjørkløf, et al., (2013) discovers that a strong relationship exists between coping as strategy to reduces depressive symptoms among the elderly people. Toledano-González equally states that high degree of coping self-efficacy has something positive to do with EWB of the elderly. Going by the position of Rautenbach (2019), individual with a strong sense of coping efficacy tends to approach live challenges in a persistent and active way, while those people with weak coping efficacy ability would likely focus more on the distressful situation. Invariably, coping efficacy is a protective potential for overcoming threats to one's well-being. This result has further strengthened the fact that coping

efficacy functions as a resource, motivation and adaptation for emotional well-being. This is supported by the statement on coping ability of a participant.

> Having retired from civil service, I got a contract job kowing fully well that my pension can not sustain me and the expenses of my undergraduate son. Likewise, I had to jack up my car because my resources cannot carry car maintainnce for now. As much as possible, I distance myself from aything that can affect my peace (**(Female, 65years; educated, moderate socioeconomic status, Samonda, December 6, 2019).**

HO_5**:** There is no significant relationship between self-esteem and emotional well-being of the elderly

Table 4.9: Pearson Correlation Showing The Relationship Between Self-Esteem and Emotional Well-Being

Variables	**Mean**	**Std. D**	**R**	**p**
EWB	39.01	3.25		
Self-esteem	16.56	4.02	.246	< .01

Table 4.9 reveals the relationship between self-esteem and emotional well-being of the elderly in Ibadan. The result shows that a positive and significant relationship exists between self-esteem and EWB ($r = .246$ $p < 0.01$). Thus, the hypothesis that states that there was no significant relationship between self-esteem and emotional well-being is rejected.

Self-esteem is said to be predicated by the conception of self-worthiness, which determines by interpretations of feedback from significant others as well as by self-perceptions. With this in mind, a high level of self-esteem is usually associated with emotional EWB (Poudel Gurung & Khanal, 2020). From the response of the second participants, when evaluating self, based on emotional response towards self, resulted into suicide and thus could be deduced to have a lower level of self-esteem reprensenting a strong agent of negative emotional well-being. Arguabily, a low level of self-esteem reduces emotional well-being in terms of happiness at old age. This emphasizes the position of Hill (2015) who maintains that people with high self-esteem are happier, more positive and satisfied with life; while individual with low self-esteem have a low opinion of themselves, unhappy, having complete opposing self-image and dissatisfied with life. Hence, self-esteem is a response to life events that bring a person nearer to his or her real nature.

This present study establishes that self-esteem related positively and significantly with EWB of the study participants. Which means high or low self-esteem is relevant to EWB. Importantly, self-esteem could be lowered as one ages. This finding is in line with other past claims on the positive relationship of self-esteem on the general well-being of individuals. Among such studies are Franak, Malek, and Alireza (2015); Wagner, et al., (2015); Tavares, et al., (2016) who all uphold the significant role of self-esteem on wellness. However, self-esteem, does reduce along with ageing because of disengagement from social roles, hence, loneliness icreases because of low self-eesteem. Thus, lower self-esteem is associated with later life.

HO_6**:** There is no significant relationship between quality of life and emotional well-being of the elderly

Table 4.10: Pearson Correlation Showing The Relationship Between Quality of Life and Emotional Well-Being

Variables	**Mean**	**Std. D**	**R**	**p**
EWB	39.01	3.25		
Quality of life	16.02	3.25	.359	< .01

Table 4.10 reveals the inter relationship between quality of life and emotional well-being of the elderly in Ibadan. The result shows that a positive and significant relationship exist between quality of life and EWB ($r = .359$, $p < 0.01$). Thus, the null hypothesis was rejected. Good quality of life indicates positive EWB, while poor QOL reflects negative EWB. The only credible explanation for this could be that most of the participants in this present study had adequate capacity to adapt to and accept their condition and result to fate to have a better psychological, health and emotional quality.

QoL has a significant role to play in achieving positive emotional well-being. WHO measures QoL from six dimensions comprising psychological, physical health, levels of independence, environment, spiritual and social relationships domain relevant to the elderly individuals. This finding does not stand alone, it relies on past evidence such as Fajemilehin and Odebiyi (2011); Akinyemi, et al., (2012) who found that quality of life positively and statistically relate with wellness. This finding is further justified by the study of Morgan, Etukumana and Abasiubong (2017) who presented it that good quality of life is an indicator of successful ageing. Although, the general QOL of the elderly in Nigeria could be said to be poor due to widespread of poverty and poor health care services, many of the elderly usually look for a way of adjusting to life. Thus, good quality of life is associated with positive EWB at old age, while low QOL is a threat to emotional well-being in later life.

HO_7**:** There is no significant relationship between religiosity and emotional well-being of the elderly

Table 4.11a: Pearson Correlation Showing The Relationship Between Religiosity and Emotional Well-Being

Variables	**Mean**	**Std. D**	**R**	**P**
EWB	39.01	3.25		
Religiosity	22.19	3.87	.189	< .01

` Table 4.11a reveals the relationship between religiosity and emotional well-being of the elderly in Ibadan. The result shows that a positive and significant relationship exist between religiosity and EWB ($r = .189$, $p < 0.01$). Thus, the null hypothesis was rejected. By implication, religiosity is positively and significantly related with EWB of the participants in this present study. The result indicated that a psychological adaptiveness factor such as religiosity is positively correlated with emotional well-being of the elderly.

Nigeria is known to be a religiously oriented and sensitive nation, whereby most people irrespective of social, economic, political or educational class have affinity with one religious organisation or the other, this becomes stronger at old age since there is less activity participation. This finding substantiates other previous evidences on the positive relationship of religiosity with EWB among the elderly (Chime, 2015; Ellison & Levin, 2012; Swinton, 2011), their studies suggest that religious participation has consistently correlated with the desirable outcome of mental well-being. Strawbridge, et at., (2013) establishes that religious participation is positively related with increased longevity chances, while low participation in religious activities has direct chances of increasing mental health problems in later life. Likewise, Kim-Prieto and Miller (2018), unveiled that positive and significant relationship exist between religiosity and subjective well-being of the elderly. Thus, religious involvement in activities such as praying, reading spiritual books, attending church, mosque or temple services has something positive to do with emotional well-being at old age (Assis Sales, Lucchetti & Lucchetti, 2018). This also laid credence on the activity theory of Havinghurst (1953), which rests on the premise that activities may reduce along with ageing, but one needs to be involved in less stressful activity in order to age successfully.

Table 4.11b: Showing Cross-Tabulation of Religiousity by Emotional Well-Being

		Emotional wellebing		
		Low	High	Total
Religiousity group	Low religiousity	8	8	16
		3.1%	3.1%	6.2%
	High religiousity	184	59	243
		71.0%	22.8%	93.8%
Total		192	67	259
		74.1%	25.9%	100.0%

Further result of cross-tabulation in Table 11b of emotional well-being by religiosity revealed that the elderly who score low on religiosity and reported low emotional well-being were 8 (3.1%), the elderly who were score low on religiosity and have high emotional well-being were also 8 (3.1%). However, the elderly who score high on religiosity and reported low emotional well-being were 184 (71%), while those erlderly who scored high on religiosity and emotional well-being were 59 (22.8%).

The above results were evidently professed in the IDI sessions conducted. Among the statements that supported these results include:

> Oju mi ti owo, o ti ri omo laye kan ti mo wa yi. Ipinya laarin emi ati Oko mi da kun ailera mi. Mo kuro lodo re nigbati o fun omo ikose aranso to wa lodo mi loyun. O fe omo na, won si jo wa titi di oni. Awon ebi ba wa yanju awo naa, sugbon awon omo mi gba ile fun mi pelu ibi itaja yi ati gbogbo oja to wa nibe nitori won ko fe ki n maa ronu. Oko mi a maa wa be mi wo lekokan ni ile itaja mi, sibesibe, ko se iranwo kankan fun mi sugbon Olorun ko fi wa sile, awe ati adura lo gbe emi ati awon Omo mi ro. Olorun wa yi kii se alabosi. **(Obirin, Ita-Ege, Eni Odun Meji din laadorin, *ko si eto ẹkọ, ipo eto-ọrọ aje kekere,* Ita Ege, 12/12/209)**.
>
> **Translation:** My separation from my husband also contributed to my health challenges. I moved out of our matrimonial home because he impregnated my apprentice as a tailor then. He married the girl and they are still together till today. Though the quarrel has been settled somehow, my children rented this apartment for me as well as the shop and all the items in it because they don't want me to be thinking. My husband comes around once a while to visit in my shop but renders no support whatsoever; prayer and fasting has sustained me and my children all the way. Indeed, God is not an author of confusion. **(Female, 68 years, no educaton, low socio-economic status, Ita Ege, December 12, 2019).**

HO_8**:** There is no significant difference between the emotional well-being of male and female.

Table 4.12: Result of t-test Showing the Significant Difference between the Emotional Well-Being of Male and Female

Variable	Sex	N	Mean	Std. Dev.	T	Df	sig	P	η^2
Emotional well-being	Male	446	39.13	3.220	1.069	985	285	>.05	**0.025**
	Female	541	38.91	3.291					

Table 4.12 reveals that there is no significant difference between the emotional well-being of male and female; $t(985)= 1.069$, $p>0.05$, $\eta^2= 0.001$. Thus, the null hypothesis was rejected. Therefore, there is significant difference in the emotional well-being of male and female.

The result indicated that sex is correlated with emotional well-being of the elderly. This outcome negate the findings of Perez (2012) who reveal that no sex differences exist among personal growth, positive affect, negative affect, teacher relationship, environmental mastery, self-acceptance and mother relationship.

HO9**:** There is no significant difference in the emotional well-being and the participants' marital status (single, married, divorced and widow/er)?

Table 4.13: ANOVA Summary table Showing Emotional Well-Being with Marital Status

Marital Status	N	Mean	Std. Deviation	Sum of Squares	Df	Mean Square	F	Sig.
Married	612	39.01	3.12740	261.072	2	130.536	12.575	**.000**
Divorced	42	36.67	6.79909	10214.827	984	10.381		
Widowed	333	39.31	2.65684	10475.899	986			
Total	987	38.33	3.25955					

Table 4.13 reveals that there is a significant difference in the emotional well-being of elderly's marital status; $F_{(2, 984)} = 12.575$, $p < 0.001$. Thus, the null hypothesis was rejected. The table further shows that elders who are widowed (mean=39.31) have the highest tendency to exhibit high emotional well-being, followed by those who are married (mean=39.01) and divorced (mean=36.67). The table further implies that with respect to the grand mean (mean=38.33), the divorced elders could display low emotional well-being while the married and widowed with mean scores above grand mean implies that they are likely to exhibit high emotional well-being.

The result indicates that married or widowed elders have positive relationship with high emotional well-being. The positive relationship implies that married or widowed elders are more likely to achieve positive emotional well-being, while divorced elders are more likely to experience negative emotional well-being.

The IDI responses have this to say:

> Nigbakugba ti Oko mi o ba ti ri mi ni arowoto, won a maa wa mi kiri inu ile, lati oke wa si isale ni. Ko si idi miran ju pe won sa fe ki a jo wa lodo ara wa. Ti won ba ti ri mi bayi, abuse ti buse niyen. Idi niyi ti nko fi dogba pelu egbe kankan tabi lati ma wa ore kiri adugbo. O rorun fun wa lati wa po ni opo igba nitori iwaju ile ni isale naa ni mo ti n sowo mi werewere. Bi mo ba jade lati lo ra nkan loja, emi naa ki fi asoko sofo maa na oja kiri nitori mo mo pe oju oko mi a ti wa lona. (**Obinrin, ko si eto ẹkọ, ipo eto-ọrọ aje kekere, Eni odun ookan le laadorin, Afonta, 10/12.2019).**
>
> **Translation:** My husband always look for me around the house, not for anything in particular but just for both of us to be together. This is the reason why I don't go out to socialize. He feels contended whenever I am around him. We are almost inseperable and thank God my trade is just in front of the house even when I go out to buy things in the market, I don't waste time pricing from one end of the market to the other looking for cheap items just because I know he will sit on the corridor expecting my return**. (Female, no education, low socio-economic status, 71 years, Afonta, December 10, 2019).**

Despite the ample literature on marital status, there have been literally no studies that examine the link between marital status and emotional well-being of the elderly in Nigeria. This outcome however supports other past studies like Kreider (2005) who opines that individual marital status helps in understanding perceived pattern of social well-being in later life, since marriage is purported to promote social integration, feeling of belongings and ultimately ensure emotional well-being. However, this argument may

vary with the categorization of marital status to either single, married, divorced, or widowed among the elderly (Huijts and Kraaykamp, 2011). In the study of Evans and Kelley (2004) who assessed the association between marriage and life satisfaction across all ages, the fact that married people reported higher life satisfaction than those in any other type of marital status is established. In addition, Dush and Amato (2005) who found that married people had better chance of having highest levels of well-being compared to other types of marital status. Similarly, Amato (2010) discloses that marital loss such as divorced or separated may worsen the negative aspect of emotional well-being mostly in later life, given the threats and challenges that come with aging. Soulsby and Bennett (2015), found out that both the widowed and divorced were found to experience increased depressive symptoms and lower life satisfaction than those in continuous marriage. Although this relationship may be explained when lowered social support was controlled. Meanwhile, Hsu and Barrett (2020) establish the association between marital status and psychological well-being among adults in the United States of America and it was discovered that continuous marriage is far advantageous compared with being single, separated or divorced.

HO_{10}**:** There is no significant difference in the emotional well-being and the participants' socio-economic status?

Table 4.14: ANOVA Summary Table Showing Emotional Well-Being of Participants' Socio-Economic Status

Socio-economic status	N	Mean	Std. Deviation	Sum of Squares	Df	Mean Square	F	Sig.
High	173	41.27	3.08764	1345.885	2	672.943	72.527	**.000**
Moderate	696	38.77	3.09529	9130.013	984	9.278		
Low	118	37.11	2.66597	10475.899	986			
Total	987	39.01	3.25955					

Table 4.14 reveals that there is a significant difference in the emotional well-being of the elders' socio-economic status; $F_{(2, 984)} = 75.527$, $p < 0.001$. Thus, the null hypothesis was rejected. The table further shows that the participants with high socio-economic status (mean=41.27) have the highest tendency to exhibit high emotional well-being, followed by those with moderate (mean=38.77) and low (mean=37.11) respectively. The table

further implies that with respect to the grand mean (mean=39.05), those with low and moderate socio-economic status could only display emotional well-being by chance in an average situation, but those with high socio-economic status with mean score above grand mean implies that they have higher probability of displaying good emotional well-being than others.

The result indicated that high social economic status is positively correlated with emotional well-being of the elders. The positive relationship implies that for the elderly to achieve positive emotional well-being, increase in their social-economic status becomes a necessity, while decrease in it would result to decrease in their emotional well-being.

Although there hasn't been enough empirical findings on the relationship between socio-economic status and emotional well-being for the elders, this outcome however supports other past studies like Emmen, Malda, Yeniad, Prevoo, van IJzendoorn and Mesman (2013) who measured SES using family income and parental education and found that individual with high SES by means of income and education is likely to be satisfied with life and have a positive psychological well-being, while a lower SES can be a risk factor for emotional well-being, as a result of increase dissatisfaction with life. Fassbender and Leyendecker (2018) who investigate the influence of SES on the psychological well-being, found that a higher SES was associated with less depression, a higher life satisfaction and less daily hassles. Fareo (2020) in his study suggested that parents' SES plays an important role in ensuring academic excellence of students. Furthermore, Agberotimi, Akinsola, Oguntayo and Olaseni (2020) found that poor mental health outcomes during the COVID-19 pandemic among Nigerians is connected to low socio-economic status.

This is corroborated by IDI responses:

> I thank God for his blessing, I love to look good all the time and that informed the type of business I do. My passion is to make people look good, at 81 years of age, looking good is good business remains my slogan. I follow my passion till today and I enjoy doing what I do. I travel to the United Kingdom at least once a year to buy ladies wears, shoes, bags, jeweries and lace materials. I send messages to my customers as soon as I arrive and they come home to buy. Mind you, I have been on this for over 4 decades. To the glory of God, I don't lack anything good, all my children are doing really great so much that I don't need to worry about them at all. (**Female, 81 years, educated, high socio-economic status. Ring-road, December 19, 2019)**.

I retired from the Private Sector at 55 years of age so as to be useful for myself when I still have the strength. Economically, God has really blessed me, I have various investments in Nigeria and abroad. The most important thing to me now is to support and lift up others who are not as priviledge as I am with my resources and I believe doing this is doing the will of God**. (Male, 64 years, educated, high socio-economic status, Agodi, December 6, 2019).**

CHAPTER FIVE

SUMMARY, CONCLUSION, AND RECOMMENDATIONS

5.1 Summary

The study investigated social connectedness and psychological adaptiveness as predictors of emotional well-being of the elderly in Ibadan, Nigeria. The study carried out among the elderly resident in Ibadan metropolis was done with the intent to understand how social connectedness and psychological adaptiveness predict emotional well-being of the elderly. The study was presented in five chapters using the University of Ibadan approved sequential format. This chapter discusses the summary, conclusion, recommendations, limitation of the study, contributions to knowledge and suggestions for further studies.

The general introduction focused on the background to the study, research questions, significance of the study and scope of the study. Inclusive also is the operational definition of terms for a clearer understanding of the concepts and variables used in the study. Three research questions were answered and ten hypotheses generated and tested at 0.05 level of significance. The review and appraisal of related literature was done focusing on both the independent and dependent variables used in the study with a view to establish the relationship between the present and past studies and to reveal the gap the study filled. Appropriate theories were used and a conceptual framework was developed for the study.

The study adopted a mixed methords design to select the nine hundred and eighty-seven elderly from the five local government used for the study. The major instrument used for the study was three-structured questionnaire that was complimented with the use of qualitative method of an In-Depth interview for data collection. The data collected from the participants was analysed using descriptive statistics of frequency counts and simple percentage scores, Pearson Product Moment Correlation, bar and pie chat graphs, ANOVA and multiple regression analysis. For the qualitative data, an interpretative

thematic analysis was used to decode the responses. The study established the following findings:

All the factors of social connectedness significantly predicted EWB of the elderly in Ibadan. Quality of life was the only psychological adaptiveness variable that statistically predicted EWB of the elderly in Ibadan. The State of emotional well-being of most of the participants was positive while financial/economic hardship, health and emotional challenges were the perceived risk factors to the state of emotional well-being of the participants. Generally, majority of the participants were in good health condition, while female participants felt better than their male counterparts. The relationship between social connectedness and EWB of the elderly in Ibadan was positive and significant. The relationship between psychological adaptiveness and EWB of the elderly in Ibadan was positive and significant. The three state of general health condition (good, moderate and critical) resulted in different mean weight of emotional well-being and was equally significant. Widowed and married elderly were liable to high EWB while the divorced exhibited low EWB. High socio-economic status also correlated positively with EWB of the elderly.

5.2 Conclusion

The findings revealed that elderly high in religiousity have low emotional well-being. The emotionl well-being of the elderly in Ibadan metropolis was infleuenced by quality of life, social supports, social networking and social integration.

5.3 Recommendations

Given the outcomes of this research work, the following pertinent recommendations are made;

1. The individual elderly should give adequate consideration to all the independent variable (social integration, social networking, social supports, coping efficacy, self-esteem, quality of life and religiousity).
2. The elderly should be encouraged to maintain a cordial relationship with their family members to avoid detachment.

3. The government at all levels should as a matter of priority implement social welfare packages of the elderly as documented in the Nigeria 1999 constitution, just like it is being done in other nations of the world, where all individuals above 60 years are entitled to monthly social grants and free medical health care services. By this, the positive EWB of the elderly could be improved and they will be able to contribute to the development of the society through their wealth of experiences.

5.4 Contributions to Knowledge

1. This study has established that financial, physical health and emotional problems are the major risk factors to positive EWB among the elderly.
2. This study also validated that positive emotional well-being such as contentment and happiness is possible at old age regardless of the challenges associated with ageing.
3. The study proved that emotional well-being of the elderly is influenced by social integration, social networking, social supports, coping efficacy, self-esteem, religiosity and quality of life.
4. Quality of life, social supports and social networking were germane in ensuring emotional well-being at old age.

5.5. Limitations of the study

Securing the consent of some participants was very tasking as we have to convince them of the major purpose of the research and assured them of the strict confdenciality of their responses.

.

5.6 Suggestions for Further Studies

This research work has provided insight to the understanding of causal factors of social connectedness, psychological adaptiveness and EWB of the elderly in Ibadan, in line with this, it is suggested that the study can be replicated in the remaining six local government areas in Ibadan. Consideration can be given to other local government areas in Ibadan as well as other state of the federation.

REFERENCES

Abdel-Khalek, A. M. 2016. Introduction to the psychology of self-esteem. *Self-esteem: influences, perspectives, and improvement strategies*, 1-17.

Abdullahi, A. M., Orji, R., and Kawu, A. A. 2019. Gender, Age and Subjective Well-Being: Towards Personalized Persuasive Health Interventions. Information, 10(10), 301.

Adebayo, K. O., Fayehun, O., Falase, S. O and Adedeji, I. A 2014. Socio-Economic Context of Begging Among the Elderly in Nigeria. The Nigerian Journal of Sociology and Anthropology. ISSN: Volume 12, No. 1.

Adebowale, S.A., Atte, O. and Ayeni, O. (2012) Elderly Well-Being in a Rural Community in North Central Nigeria, Sub-Saharan Africa. Public Health Research, 2, 92-101.

Adeleke, R. O., Oyinlola, O. and Adebowale, T. O. 2017. Profile of elderly patients presented with psychosocial problems in Ibadan. *MOJ Gerontol Ger*, *1*(1), 00006.

Adeyanju, A. B; Oyedele, E. A; and Alao, M. T. 2014. Health and social problems of elderly people in selected areas of Ondo State, Nigeria. Research Journal of Medical Sciences, 8(2), 45-49.

Adeyemo, D. A., and Adeleye, A. T. 2008. Emotional intelligence, self-efficacy and religiosity as predictors of psychological well-being among adolescents in secondary school Ogbomoso, Nigeria. *Europe's Journal of Psychology*, *4*(1), 22-31.

Adisa, O. O. 2016. The consequences and determinants of economic vulnerability among urban elderly Nigerians (Doctoral dissertation, University of Nottingham).

Afolabi, B., Olatunji, A., and Olatunji, S. 2014. Religion as a predictor of death anxiety among adults in Ekiti State, Nigeria.

Agberotimi, S. F., Akinsola, O. S., Oguntayo, R., and Olaseni, A. O. 2020. Interactions between socioeconomic status and mental health outcomes in the Nigerian context amid covid-19 pandemic: a comparative study. Frontiers in psychology, 11, 2655.

Aina, O. I. 2012. Two halves make a whole: gender at the crossroads of the Nigerian development agenda. Ile-Ife: Obafemi Awolowo University Press Limited.

Akinyemi, O. O., Popoola, O. A., Ilesanmi, O. S. and Owoaje, E. T 2012. Associated factors of Quality of life among adults in a community in South West Nigeria. *Annals of Ibadan postgraduate medicine*, *10*(2), 34-39.

Akosile, C. O., Banjo, T. O., Okoye, E. C., Ibikunle, P. O., and Odole, A. C. 2018. Perceived social support of informal caregiving burden in an acute stroke care facility. *Health and quality of life outcomes*, *16*(1), 57.

Al-Kandari, Y. Y. 2011. Health, social support, and religiosity among the elderly in Kuwait. *Journal of Muslim Mental Health*, *6*(1).

Alwajud-adewusi, M. B. 2019. Elderly persons' psychosocial problems in Lagos State, Nigeria: Implications for Counselling Practice. *Asian Journal of Multidisciplinary Studies*, *7*, 4.

Amadi, K. U., Ezeme, M. S., Igwe, M. N., Odinka, P. C., Ndukuba, A. C., Obayi, N. K., and Uwakwe, R. 2016. Relationship between religious coping, socio-demographic and religiosity variables among out-patients with depression or diabetes mellitus in Enugu, Nigeria. *African health sciences*, *16*(2), 497-506.

Amieva, H., Antonucci, T. C., Dartigues, J. F., Helmer, C., Matharan, F. and Stoykova, R., 2010. Not the quantity but the quality of social interactions is protective up to 15 years later. What aspects of social networking are protective for dementia*? Psychosomatic medicine*, *72*(9), 905-911.

Amiri, M. 2018. Old age people' problems *The International Journal of Indian Psychology*, *6*(3), 52-63.

Amoah-Mensah, A., and Darkwa, P. 2016. Satisfaction and pre-retirement planning of prospective retirees in the hotel industry. *Romanian Economic and Business Review*, *11*(3), 15.

Animasahun, V. J., and Chapman, H. J. 2017. Psychosocial health challenges of the elderly in Nigeria: a narrative review. *African health sciences*, *17*(2), 575-583.

Antonucci, T. C. 2001. An examination of social networkings, sense of control, social support and social relations. In J. E. Birren and K. W. Schaie (Eds.), Handbook of the psychology of aging (pp. 427–453). Cambridge, MA: Academic Press.

Appau, S., Churchill, S. A., and Farrell, L. 2019. Subjective well-being and social integration *Applied Economics*, *51*(16), 1748-1761.

Arias, J. A., Kemp, A. H., and Fisher, Z. 2017. Health, social ties and well-being: model and a literature review. In *Neuroscience and Social Science* (pp. 397-427). Springer, Cham.

Ashida, S. 2005. Intention to participate and social networking characteristics in social activity programs at a new senior center (Doctoral dissertation, The Ohio State University).

Ashida, S., and Heaney, C. A. 2008. Differential associations of social connectedness and social support with structural features of the health status and social networkings of older adults. *Journal of Aging and Health*, 20(7), 872-893.

Asli Azad, M., Farhadi, T., Shariat, S. and Shahidi, L. 2018. Self-esteem and self-compassion as predictions of psychological well-being of caregivers of people with multiple disabilities, physical and mental in the welfare organisation. *Social Behaviour Research and Health*, *2*(1), 164-173.

Atchley, R. C. 1982. The process of retirement: Comparing women and men. Women's retirement: Policy implications of recent research, 153-168.

Aw, S., Hildon, Z. J., Harding, S. C., Koh, G. C., Wong, M. L., Tan, C. S., and Vrijhoef, H. J 2019. Successful ageing: design and theory of the community (ComSA) program in Singapore: connecting Bio-psychosocial, quality of life and health experiences of older adults. *BMC geriatrics*, *19*(1), 1-9.

Awobiyi, D. O. 2014. Social support received and perceived quality of life and by the elderly in Ibadan North Local Government Area, Oyo State, Nigeria (Doctoral dissertation, University of Ibadan, Nigeria).

Ayalew, E. 2019. The economic and social conditions of the Older People in Addis Ababa: The case of a charity association for the abandoned people and destitute (Doctoral dissertation, Addis Ababa University).

Bagheri, Z. 2010. New trends in weight-for-height charts of Shirazi school children in relation to the CDC reference data. Iranian journal of pediatrics, 20(4), 40

Bahramnezhad, F., Navab, E. Taherpour, M., Bastani, F., and Chalik, R., 2017. The elderly' quality of life: The relationship of social networking. *Electronic physician*, *9*(5), 4306.

Bakare, A. O. 2013. Socio-demographic variables as predictors of psychological well-being amongst the adolescents with hearing impairment in Southwest Nigeria. IFE PsychologIA: An International Journal, 21(1), 245-259.

Bandura, A. 1986. Self-efficacy theory: the predictive and explanatory. *Journal of social and clinical psychology*, *4*(3), 359-373.

Bandura, A. 2000. Self-efficacy: The foundation of agency. *Consciousness, mental processes and control of human behaviour: Essays in honour of the 60th birthday of August Flammer*, *16*.

Barnes, J. A. 1954. Class and committees in a Norwegian island parish. *Human Relations*,7, 39-58

Bassuk, S. S., Berkman, L. F. and Glass, T. A. 1999. Social disengagement decline and incident cognitive in community-dwelling elderly persons. Annals of Internal Medicine, 131, 165-173.

Batz, C., and Tay, L. 2018. Gender differences in subjective well-being. Handbook of well-being. Salt Lake City, UT: DEF Publishers.

Baumeister, R. F., and Leary, M. R. 1995.Desire for interpersonal attachments: the need to belong as a fundamental human motivation. *Psychological bulletin*, *117*(3), 497.

Baumeister, R. F., Krueger, J. I. Campbell, J. D. and Vohs, K. D. 2003. Does high self-esteem cause interpersonal success, happiness, better performance, or healthier life styles?. *Psychological science in the public interest*, *4*(1), 1-44.

Becerra, D., Gurrola, M. A., and Wagaman, M. A. 2015. The impact of low socioeconomic status and perceived discrimination on parental perceptions of the well-being of Latino children. Journal of Human Behavior in the Social Environment, 25(8), 790-800.

Bergland, A., Loland, N. W., and Thorsen, K. 2010. The relationship of coping, health, self-esteem with outdoor walking ability among older adults in Norway. *Ageing and Society*, *30*(6), 949-963.

Berkman LF, Brissette I, Glass T and Seeman TE. 2000. Durkheim in the new millennium: From social integration to health. Social Science Medicine. 51:843-57.

Bjørkløf, G. H., Engedal, K., Kouwenhoven, S. E. Helvik, A. S. and Selbæk, G., 2013. A literature review of depression and coping in old age. *Dementia and geriatric cognitive disorders*, *35*(3-4), 121-154.

Bloch, J. 2018. Interpersonal competence, social connectedness and self-compassion, and. *Graduate Student Theses, Dissertations, and Professional Papers*, *11224*.

Boskey, E. R. 2014. Understanding transgender identity development in childhood and adolescence. American Journal of Sexuality Education, 9(4), 445-463.

Bott, E. 1957. Family and Social Network: Roles, Norms and External Relationships in Ordinary Urban Families (1st ed.). London: Tavistock Press.

Brady, J.L., Brokaw, B.F., Guy, J.D. and Poelstra, P.L. 1999. Spirituality, vicarious traumatization and the treatment of sexual abuse survivors: A national survey of women psychotherapists. Professional Psychology: Research and Practice, 30, 386-393.

Brown, R. P., and Butler, T. 2000. Natural ageing of rubber: Changes in physical properties over 40 years. Smithers Rapra Publishing

Cantarero, R., and Potter, J. 2014. Perceptions of change, quality of life and psychological well-being of the elderly population in small rural towns in the Midwest. *The International Journal of Aging and Human Development*, *78*(4), 299-322.

Carstensen, L. L., Pasupathi, M., Mayr, U., and Nesselroade, J. R. 2000. Emotional experience in everyday life across the adult life span. Journal of personality and social psychology, 79(4), 644.

Centre for Health Promotion 2018. A health promotion approach to understanding communities. Community Quality of Life Projects. University of Toronto.

Charles, S.T., Reynolds, C.A. and Gatz, M., 2001. Age-related differences and change in positive and negative affect over 23 years. Journal of personality and social psychology, 80(1), p.136.

Charles, S. T. 2010. EWB model across adulthood: Vulnerability, strength and integration. *Psychological bulletin*, *136*(6), 1068.

Chau, P. Y. (1997). Structural equation modelling approach: a model for re-examining and evaluating information center success. *Decision Sciences*, *28*(2), 309-334.

Chaves, L. J., and Gil, C. A. 2015. Concepts of older people's spirituality and quality of life as related to aging. *Ciencia and saude coletiva*, *20*, 3641-3652.

Chen, K. J., Chiang, H. H., and Yang, C. C. 2018. Resilience, perceived health and psychological well-being: a model of coping strategies among military personnel. *Journal of Medical Sciences*, *38*(2), 73.

Cheng, C., Lau, H. P. B., and Chan, M. P. S. 2014. Coping flexibility and psychological adjustment to stressful life changes: a meta-analytic review. Psychological bulletin, 140(6), 1582.

Chesney, M. A., Chambers, D. B., Folkman, S. Neilands, T. B., and Taylor, J. M. 2006. A validity and reliability study of the coping self-efficacy scale. *British journal of health psychology*, *11*(3), 421-437.

Chime, E. 2015. A study of psychological well-being and religiosity (Doctoral dissertation, Dublin, National College of Ireland).

Chokkanathan, S. 2013. Older adults' well-being and religiosity in Chennai, India. *Aging and mental health*, *17*(7), 880-887.

Church, M. C. 2005. A systematic review of the literature of the operational definition and conceptual of quality of life: (Doctoral dissertation, Texas A and M University).

Clark, M. E., Young, R. W and Gironda, R. J. 2003. Pain outcomes questionnaire-VA: development and validation. *Journal of Rehabilitation Research and Development*, *40*(5), 381-396.

Cohen, H. L., Williamson, C. and Thomas, C. L. 2008. Older adults' definition of spirituality and religion. *Journal of gerontological social work*, *51*(3-4), 284-299.

Cohen, S., Gottlieb, B.H. and Underwood, L.G. 2000. A guide for social scientists and health: social support intervention and measurement. London: Oxford University Press.

Conti, G., and Heckman, J. J. 2012. The economics of child well-being (No. w18466). National Bureau of Economic Research.

Coopersmith, S., 1965. The antecedents of self-esteem. Princeton.

Dai, Y., Zhang, C. Y., Zhang, B. Q., Li, Z., Jiang, C., and Huang, H. L. 2016. Older poples' health related and social support: A comparative study in Tainan Taiwan and Fuzhou Fujian province. *Medicine*, *95*(24).

Delle Fave, A., Bassi, M., Boccaletti, E. S., Roncaglione, C., Bernardelli, G., & Mari, D. (2018). Promoting well-being in old age: The psychological benefits of two training programs of adapted physical activity. *Frontiers in psychology*, *9*, 828.

Daramola, O. E., Awunor, N. S., and Akande, T. M. 2019 The Challenges of Retirees and Elderly persons in Nigeria; a Need for Close Attention and Urgent Action.

Dawson-Townsend, K. 2019. Associations with social participation patterns, health and well-being for older adults. *SSM-population health*, *8*, 100424.

De Souza, L. N. N., Ferreira, M. E. C. and De Carvalho, P. H. B. 2018. A systematic review. Of subjective well-being and quality of life of physically active elderly people: *Journal of Physical Education and Sport*, *18*(3), 1615-1623.

Diener, E. (1984). Subjective well-being. Psychological Bulletin, 95(3), 542-575.

Diener, E., and Chan, M. Y. 2011. Subjective well-being contributes to longevity and health: Happy people live longer. *Applied Psychology: Health and Well-Being*, *3*(1), 1-43.

Diener, E., and Lucas, R. E. 2000. Subjective EWB. In M. Lewis and J. M. Haviland (Eds.), Handbook of emotions (2nd ed., pp. 325–337). New York: Guilford.

Dodge, R., Daly, A. P., Huyton, J., and Sanders, L. D. 2012. The challenge of defining well-being. *International journal of well-being*, *2*(3).

Dorjee, D. 2014. Defining contemplative science: The metacognitive self-regulatory capacity of the mind, context of meditation practice and modes of existential awareness. Frontiers in psychology, 7, 1788.

Douglass, R. 2015. The aging of Africa: challenges to African development. *African Journal of Food, Agriculture, Nutrition and Development*, *16*(1), 1-15.

Ebimgbo, S. O., Atama, C., Igboeli, E. E. Odo, C. O , C. O., and Obi-Keguna, C. 2021. Community versus family support in caregiving of older adults: implications for social work practitioners in South-East Nigeria. *Community Work & Family 25(4).*

Eby, J., Kitchen, P. and Williams, A., 2012. Perceptions of quality life in Hamilton's neighbourhood hubs: A qualitative analysis. Social Indicators Research, 108, pp.299-315.

Elkins, D. N., Saunders, C., Leaf, J. A., Hughes, L. L. and Hedstrom, L. J. 1988. Definition, measurement; and description: Toward a humanistic-phenomenological spiritualit. *Journal of Humanistic Psychology*, 28, 5–18.

Ellison, C. G., and Levin, J. S. 2012. Theory, evidence, and future directions: The religion–health connection. *Health Education and Behaviour,* 25, 700–720.

Emmen, R. A., Malda, M., Mesman, J., van IJzendoorn, M. H., Prevoo, M. J., and Yeniad, N. 2013. Socioeconomic status and parenting in ethnic minority families: testing a minority family stress model. J. Family Psychol., 27, 896–904. doi: 10.1037/a0034693

Enache, R. G. 2017. Social and psychological effects of aging. *Agora Psycho-Pragmatica*, *11*(1), 74-81.

Eraslan-Capan, B. 2016. The mediating role of hopelessness on flourishing and social connectedness. *Universal Journal of Educational Research*, *4*(5), 933-940.

Evans, M.D.R. and Kelley, J., 2004. Effect of family structure on life satisfaction: Australian evidence. Social indicators research, 69, pp.303-349.

Fajemilehin, B. R. and Odebiyi, A. I. 2011. Health practices, quality of life and its predictors among elderly persons in Nigeria. *International journal of Sociology and Anthropology*, *3*(7), 245-252.

Fakoya, O. O., Bello, I. S., Abioye-Kuteyi, E. A., Olowookere, S. A., Ezeoma, I. T. and Oyegbade, O. O. 2018. Quality of life' determinants of elderly patients attending a general practice clinic in Southwest Nigeria. *International quarterly of community health education*, *39*(1), 3-7.

Fareo, D.O., 2020. Influence Of Home Background On Academic Performance Of Senior Secondary School Students In Mubi South Local Government Area Of Adamawa State. International Journal of Innovative Research and Advanced Studies (IJIRAS) Volume 7 Issue 4, Page 101 -107.

Fassbender, I., and Leyendecker, B. 2018. Socio-economic status and psychological well-being in a sample of Turkish immigrant mothers in Germany. Frontiers in psychology, 9, 1586.

Ferguson, S. J., and Goodwin, A. D. 2010. Optimism and well-being in older adults: The mediating role of social support and perceived control. *The International Journal of Aging and Human Development*, *71*(1), 43-68.

Fontes, A. P., and Neri, A. L. 2015. Resilience in aging: literature review. *Ciencia and saude coletiva*, *20*, 1475-1495.

Fothergill, K. E., Juon, H. S., Green, K. M., Robertson, J., Ensminger, M. E. and Thorpe, R. J. 2011. A prospective study of community engagement: Effects of social integration on health among African American women. *Social Science and Medicine*, *72*(2), 291-298.

Franak, J., Malek, M. and Alireza, K. 2015. Elderly' self-esteem who are visiting the healthcare centers in Kermanshah-Iran 2012. *Global journal of health science*, *7*(5), 352.

Fredrickson, B. L., Coffey, K. A., Finkel, S. M., Cohn, M. A., and Pek, J. 2008. Open hearts build lives: build consequential personal resources, induced through loving-kindness meditation, positive emotions. *Journal of personality and social psychology*, *95*(5), 1045.

Full Frame Initiative. 2013. Five domains of well-being: Social connectedness. *Accessed online on*, *30*(09), 2017.

Galiana, L., Fernández, I., Oliver, A. and Tomás, J. M. 2020. Predicting Well-Being among the Elderly: The Role of Coping Strategies. *Frontiers in Psychology*, *11*, 616.

Gaveras, E. M., Kristiansen, M., Worth, A., Irshad, T., and Sheikh, A. 2014. Social support for South Asian Muslim parents with life-limiting illness living in Scotland: a multiperspective qualitative study. *BMJ open*, *4*(2), e004252.

Gefen, D., Boudreau, M. C. and Straub, D. 2000. Structural equation modeling and regression: Guidelines for research practice. *Communications of the association for information systems*, *4*(1), 7.

George, L. K., Ellison, C. G., and Larson, D. B. 2012. Explaining the relationships between religious involvement and health: Psychological Inquiry, 13, 190–200

Gerino, E., Brustia, P., Sechi, C. and Rollè, L. 2017. Loneliness, resilience, mental health, and quality of life in old age: A structural equation model. *Frontiers in psychology*, *8*, 2003.3

Giddens, A, 1988: Central Problems in Social Theory. McMillan Education ltd. Houndmills

Gintis, H., and Helbing, D. 2015. Homo socialis: An analytical core for sociological theory. *Review of Behavioural Economics*, *2*(1-2), 1-59.

Giordano, G. N., Björk, J., and Lindström, M. 2012. A study of temporal (causal) relationships of self-rated health and social capital. *Social science and medicine*, *75*(2), 340-348.

Glaser, D. N., and Dutcher, J. S. 1994. Literature review and recommendations for quality of life measurement of military outcomes (No. NPRDC-TR-94-3). *Navy personnel research and development center San diego* CA.

Glass, T. A., De Leon, C. F. M., Bassuk, S. S., and Berkman, L. F. 2006. Depressive symptoms and social engagement in late life: Longitudinal findings. *Journal of Aging and Health*, 18, 604-628

Glass, Y. N. 2014. African American women, stress, religiosity and psychological well-Being and (Doctoral dissertation, Kent State University).

Goldie, P. 2002. Feelings, intentionality and emotions. *Phenomenology and the Cognitive Sciences*, 1(3), 235–254.

Gonçalves, L. M., Tsuge, M. L. T., Borghi, V. S., Miranda, F. P., de Assis Sales, A. P., Lucchetti, A. L. G., and Lucchetti, G. 2018. Spirituality, quality of life, religiosity, and mental health among Pantaneiros: a study involving a vulnerable population in Pantanal Wetlands, Brazil. *Journal of religion and health*, *57*(6), 2431-2443.

González, M., Figuer, C., Malo, S., and Casas, F. 2014. Personal well-being and interpersonal communication of 12–16 year-old girls and their own mothers: Gender and intergenerational issues. In Gender, Lifespan and Quality of Life (pp. 7-24). Springer, Dordrecht.

Gonzalez, R. E. 2015. Risk factors associated with anxiety and depression in older adults of Mexican Origin.

Gräbel, B. F. 2017. A systematic review of the relationship between academic achievement and well-being. (Master's thesis, University of Twente).

Grover, S. 2016. Successful aging. *Journal of Geriatric Mental Health*, *3*(2), 87.

Haifeng, Li; Yang, Ji; and Tianyong, C. 2014. The roles of different sources of social support on emotional well-being among Chinese elderly. Retrieved from www.plosone.org on October 6, 2023.

Hair, J.F., Black, W.C., Tatham, R.L. and Anderson, R.E. 1998. Multivariate Data Analysis, fifth ed. Prentice Hall, New Jersey

Halaweh, H., Willén, C., Svantesson, U., and Dahlin-Ivanoff, S. 2018. Perspectives of Older Adults on Aging Well: A Focus Group Study. *Journal of aging research*, *2018*.

Han, K.T., Park, E.C., Kim, J.H., Kim, S.J. and Park, S., 2014. Is marital status associated with quality of life?. Health and quality of life outcomes, 12, pp.1-10.

Han, K., Gu, J., Han, J., Kim, K., Oh, H. and Lee, Y. 2015. Psychosocial factors for influencing healthy aging in adults in Korea. *Health and quality of life outcomes*, *13*(1), 31.

Harris, M. A., and Orth, U. 2019. A meta-analysis of longitudinal studies of the link between self-esteem and social relationships. *Journal of Personality and Social Psychology*.

Havighurst, R. J. 1963. Successful aging. *Processes of aging: Social and psychological perspectives*, *1*, 299-320.

Hernandez, B. C. 2011. The religiosity and spirituality scale for youth: development and initial validation.

Hill, E. 2015. The Relationship of subjective happiness, self-esteemand overall life Satisfaction (Doctoral dissertation, Dublin, National College of Ireland).

Hill, P. C., and Pargament, K. I. 2003. Advances in the conceptualization and measurement of religion and spirituality: Implications for physical and mental health research. American Psychologist, 58, 64–74.

Hodge, A. M., Flicker, L. English, D. R. and Giles, G. G., 2013. Social connectedness and predictors of successful ageing. *Maturitas*, *75*(4), 361-366.

Holmberg, L. 2014. Does happiness require real contact when seeking social connectedness online and offline?

Holt-Lunstad J, Robles TF and Sbarra DA.Advancing social connection as a public health priority in the United States Am Psychol, 72 (6) (2017).

Howell, R. T., and Howell, C. J. 2008. The relation of economic status to subjective well-being in developing countries: a meta-analysis. Psychological bulletin, 134(4), 536.

Hoyle, R. H. 1995. Issues, concepts and application in structural equation modeling Thousand Oaks, CA: Sage Publications.

Hsu, T. L., and Barrett, A. E. 2020. The association between marital status and psychological well-being: Variation across negative and positive dimensions. Journal of Family Issues, 41(11), 2179-2202.

Huang, L. 2011. Effects of social networkings on the health of family caregivers in later life: A cross-sectional study. Michigan State University, Social Work.

Huijts, T., and Kraaykamp, G. 2011. Marital status, nation marital status composition, and self-assessed health: a multilevel test of four hypotheses in 29 European countries. European Societies, 13(2), 279-305

Hupcey, J. E. 1998. The linkage between theory and research: Clarifying the social support. *Journal of advanced nursing*, *27*(6), 1231-1241.

Huxhold, O., Fiori, K. L., and Windsor, T. D. 2013. The dynamic interplay of social networking characteristics, subjective well-being, and health: The costs and benefits of socio-emotional selectivity. *Psychology and Aging*, *28*(1), 3.

Ibrahim, N., Ahmad, M., Ghazali, S. E., Din, N. C., Razali, R. Said, Z., ... and Shahar, S., 2013. The predictive role of depression and social support on the quality of life of the elderly living in a rural community in Malaysia. *Asia-Pacific Psychiatry*, *5*, 59-66.

Iciaszczyk, N. 2016. Social connectedness, social support and the health of older adults: A comparison of immigrant and native-born Canadians.

Inglehart, R. 2002. Gender, aging, and subjective well-being. International Journal of Comparative Sociology, 43(3-5), 391-408.

James, W. 1958. The varieties of religious experience. New York: Penguin.

Jogerst, G. J., and Wilbur, J. K. 2007. Care of the elderly. Rakel Textbook of Family Practice. Edited by Robert E. Rakel. Seventh Edition. Philadephia PA Saunders Company, 65-105.

Jopp, D., and Rott, C. 2006. Exploring the role of beliefs, resources and attitudes for centenarians: happiness adaptation in very old age:. *Psychology and aging*, *21*(2), 266.

Kahneman, D., and Deaton, A. 2010. High income improves evaluation of life but not EWB. *Proceedings of the national academy of sciences*, *107*(38), 16489-16493.

Kar, B. 2017. Factors affecting quality of life of elderly persons–a qualitative study from Bhubaneswar, India. *Journal of Geriatric Care and Research*, *4*(2), 47-54.

Kasiram, M., and Hölscher, D. 2015. Understanding the challenges and opportunities encountered by the elderly in urban KwaZulu-Natal, South Africa. *South African Family Practice*, *57*(6), 380-385.

Keating, N., Swindle, J., and Foster, D. 2004. The role of social capital in aging well. *University of Alberta, Edmonton*.

Khanam, M. A., Streatfield, P. K., Kabir, Z. N., Qiu, C., Cornelius, C., and Wahlin, Å. 2011. Prevalence and patterns of multimorbidity among elderly people in rural Bangladesh: a cross-sectional study. *Journal of health, population, and nutrition*, *29*(4), 406.

Khanbani, M., Asghar, A., Parvar, M.G. 2014, Examining the relationship between gender and psychological well-being. Journal of Sociological Research, 5(1), 53-58.

Kim, H. K. 2013. Factors affecting successful aging among male elders in Korea. *Journal of Convergence Information Technology*, *8*(14), 341.

Kim-Prieto, C., and Miller, L. 2018. Intersection of religion and subjective well-being. *Handbook of well-being. Salt Lake City, UT: DEF Publishers*.

Koenig, H. G. 2012. Medicina, religião e saúde. *Porto Alegre RS: LandPM*, 54-67.

Kourkouta, L., Iliadis, C., and Monios, A. 2015. Psychosocial issues in elderly. *Progress in Health Sciences*, *5*(1), 232-237.

Kourkouta, L., Iliadis, C., and Monios, A. 2015. Psychosocial issues in elderly. *Progress in Health Sciences*, *5*(1), 232-237.

Kreider, R.M., 2005. Number, timing, and duration of marriages and divorces, 2001 (No. 97). US Department of Commerce, Economics and Statistics Administration, US Census Bureau.

LaRocca, M. A., and Scogin, F. R. 2015. Cognitive behavioral therapy: The effect of social support on quality of life in older adults. *Clinical gerontologist*, *38*(2), 131-148.

Laureano, C., Grobbelaar, H. W., and Nienaber, A. W. 2014. Facilitating the coping self-efficacy and psychological well-being of student rugby players. *South African Journal of Psychology*, *44*(4), 483-497.

Lazarus, R. S., and Folkman, S. (1984). *Stress, appraisal, and coping*. Springer publishing company.

Iciaszczyk, N. 2016. Social connectedness, social support and the health of older adults: A comparison of immigrant and native-born Canadians (Doctoral dissertation, The University of Western Ontario (Canada)). Electronic Thesis and Dissertation Repository. 4042. Retrieved from https://ir.lib.uwo.ca/etd/4042 on July 18, 2022.

Lee, R. M., Draper, M., and Lee, S. 2001. Social connectedness, dysfunctional interpersonal behaviors, and psychological distress: Testing a mediator model. Journal of counseling psychology, 48 (3), 310.

Lee, M. 2006. *Promoting mental health and well-being in later life: A first report from the UK Inquiry into Mental Health and Well-Being in Later Life*. Mental Health Foundation.

Lee, R. M. and Robbins, S. B. 1995. Measuring belongingness: The Social Connectedness and the Social Assurance Scales. Journal of Counseling Psychology, 42(2), 232-241.

Leone, T., and Hessel, P. 2016. The effect of social participation on the subjective and objective health status of the over-fifties: evidence from SHARE. *Ageing and Society*, *36*(5), 968-987.

Li, H., Chen, T. and Ji, Y., 2014. The roles of different sources of social support on emotional well-being among Chinese elderly. *PloS one*, *9*(3).

Lin, N. 1999. Social networks and status attainment. Annual review of sociology, 25(1), 467-487.

Litwin, H. 2000. Activity, social networking and well-being: An empirical examination. *Canadian Journal on Aging/La Revue canadienne du vieillissement*, *19*(3), 343-362.

Lloyd-Sherlock, P., and Agrawal, S. 2014. Pensions and the health of older people in South Africa: is there an effect?. *The journal of development studies*, *50*(11), 1570-1586.

Low, B. J., and Low, M. D. 2006. Education and education policy as social determinants of health. AMA Journal of Ethics, 8(11), 756-761.

Lucchetti, G., Koenig, H. G., Pinsky, I., Laranjeira, R., and Vallada, H. 2015. Spirituality or religiosity: is there any difference?. *Brazilian Journal of Psychiatry*, *37*(1), 83-83.

Luo, Y., Hawkley, L. C., Waite, L. J., and Cacioppo, J. T. 2012. Loneliness, health, and mortality in old age: A national longitudinal study. *Social science and medicine*, *74*(6), 907-914.

MacKinnon, NJ, 2015. Self-esteem and beyond. Springer

Makhonza, L. O., Lawrence, K. C., and Nkoane, M. M. 2019. Polygonal ubuntu/botho as a superlative value to embrace orphans and vulnerable children in schools. *Sex and Behaviour*, *17*(3), 13522-13530.

Maloney, P., Grawitch, M. J., & Barber, L. K. (2011). Strategic item selection to reduce survey length: Reduction in validity? *Consulting Psychology Journal: Practice and Research*, 63(3), 162.

Maniragaba, F., Nzabona, A., Asiimwe, J. B., Bizimungu, E., Mushomi, J., Ntozi, J., and Kwagala, B. 2019. Factors associated with elderly persons' physical health in rural Uganda. *PloS one*, *14*(1).

Marks, N., and Shah, H. 2004. A well-being manifesto for a flourishing society. *Journal of Public Mental Health*, *3*(4), 9.

McAdams, K. K., Lucas, R. E., and Donnellan, M. B. 2012. The role of domain satisfaction in explaining the paradoxical association between life satisfaction and age. Social indicators research, 109(2), 295-303.

McNicholas SL. 2002. Social support and positive health practices. *West Journal of Nursing Research*. 24:772-87.

Midkiff, M. F., Lindsey, C. R., and Meadows, E. A. 2018. The role of coping self-efficacy in emotion regulation and frequency of NSSI in young adult college students. *Cogent Psychology*, *5*(1), 1520437.

Misheva, V. (2016). What determines emotional well-being? The role of adverse experiences: evidence using twin data. *Journal of Happiness Studies*, *17*(5), 1921-1937.

Mishra, S., Joby, P. A., Jha, M. and Pandey, D., 2014. Predicting effect of social support on psychological well-being in elderly. *Indian Journal of Health and Well-being*, *5*(10).

Mitchell, C. 2019. Effect of Religion on Domestic Violence Perpetration among American Adults.

Moatamedy, A, Sadeqpur, M. and Borjali, A. 2018. Stress management and social support as predictors of psychological well-being of the elderly in Iran. *Iranian Journal of Ageing*, *13*(1), 98-109.

Moorman, S. M., and Boerner, K. 2018. How social networking size and quality affect end-of-life surrogate preferences. *The Journals of Gerontology: Series B*, *73*(4), 704-712.

Moreno-Weinert, I. 2012. The Influence of Religiosity on Psychological Well-being and Life Satisfaction in an Elderly Population. Arizona State University.

Morewitz, S. J., and Goldstein, M. L. 2007. Psychological Problems in the Elderly. *Aging and Chronic Disorders*, 35-43.

Morgan, U. O. M., Etukumana, E. A., and Abasiubong, F. 2017. Sociodemographic factors affecting the quality of life of elderly persons attending the general outpatient clinics of a tertiary hospital, South-South Nigeria. *Nigerian medical journal: journal of the Nigeria Medical Association*, *58*(4), 138.

Murphy, M. A. I. 2017. From social connectedness to equitable access: An action research project illuminating the opportunities and the barriers to accessing music for young people with disability transitioning from school to adult life (Doctoral dissertation).

Murphy, C. M., Morrel, T. M. and Stosny, S. (2005). Change in physical aggression and self-esteem during treatment for partner violent men. *Journal of Family Violence*, *20*(4), 201.

Mustaffa, C. S. 2016. Examining the Differences of Gender on Psychological Well-being. International Review of Management and Marketing, 6(8S).

Navarro-Carrillo, G., Alonso-Ferres, M., Moya, M., and Valor-Segura, I. 2020. Socioeconomic status and psychological well-being: Revisiting the Role of Subjective Socioeconomic Status. Frontiers in Psychology, 11, 1303.

Neff, K. D. 2011. Self-compassion, self-esteem, and well-being. *Social and personality psychology compass*, *5*(1), 1-12.

Neill, C. M., and Kahn, A. S. 1999. The role of personal spirituality and religious social activity on the life satisfaction of older widowed women. *Sex roles*, *40*(3-4), 319-329.

Ng, C. G., Mohamed, S., See, M. H., Harun, F., Dahlui, M., Sulaiman, A. H., Zainal, N. H., Taib, N. A, and on behalf of the MyBCC Study group. 2015. Anxiety, depression, perceived social support and quality of life in Malaysian breast cancer patients: a 1-year prospective study. *Health and quality of life outcomes*, *13*(1), 205.

Ngamaba, K. H. 2017. The correlates of subjective well-being. The University of Manchester (United Kingdom).

Nor Ezdianie, O. 2010. Kesejahteraan Psikologi Dalam Kalangan Pelajar IPTS. Universiti Malaysia terengganu.

Novak, M. 2012. Issues in aging (3rd ed.). Upper Saddle River, NJ: Pearson.

Ogwumike, F. O., and Aboderin, I. 2005. Exploring the connections between old age and poverty in anglophone West Africa: evidence from Nigeria and Ghana. *Generations Review*, *15*(2), 7-15.

Ojagbemi, A., and Gureje, O. 2019. Social relationships and the association of loneliness with major depressive disorder in the Ibadan study of aging. *World Social Psychiatry*, *1*(1), 82.

Ojala, M. 2012. Regulating Worry, Promoting Hope: How Do Children, Adolescents, and Young Adults Cope with Climate Change?. International Journal of Environmental and Science Education, 7 (4), 537-561.

Ojembe, B. U., and Ebe Kalu, M. 2018. Describing reasons for loneliness among older people in Nigeria. *Journal of gerontological social work*, *61*(6), 640-658.

Okhakhume, A. S. and Aroniyiaso, O. T. 2017. Influence of Perceived Social Support and Coping Strategies on Depression among Elderly People in Kajola Local Government Area of Oyo State, Nigeria. *International Journal of Clinical Psychiatry*, *5*(1), 1-9

Okoye, 2012 Okoye, U.O. 2012 Family Care-Giving for Ageing Parents in Nigeria: Gender Differences, Cultural Imperatives and the Role of Education. International Journal of Education and Ageing, 2, 139-154.

Olajide, O. E., and Ayantunji, M. M. 2016. Gerontology and its implications for adult education. *European Scientific Journal*, *12*(13).

Olawande, T. I. 2017. Gender Differentials in the Perception and Treatment of Mental Illness among the Yoruba of Ogun State, Nigeria (Doctoral Dissertation, Covenant University).

Olowookere, J. 2003. Ageing and the keys to longevity. Triumph–Providential Publishers, Ilesa, Sagamu and Ibadan, 289.

Oluwabamide, A. J., and Eghafona, K. A. 2012. Addressing the problems facing aged people in Africa. *The Anthropologist*, *14*(1), 61-66.

Oluwagbemiga, O. 2016. Effect of Social Support Systems on the Psychosocial Well-Being of the Elderly in Old People's Homes in Ibadan. *J Gerontol Geriatr Res*, *5*(343), 2.

Omonijo, D. O., Anyaegbunam, M. C., Oludayo, O. O., and Nnedum, O. A. U. 2015. A Study of the Socio-Economic Status of Work-Study Students, Covenant University, Ota. European Journal of Scientific Research, 130(4), 376-388.

Omorogiuwa, T. B. 2016. The psychosocial problems of the elderly: Implications for social work practice. Journal of Nursing, Social Studies, Public Health and Rehabilitation, 3(4), 111-8.

Opara, J. 2003. Current possibilities of evaluation of quality of life in Parkinson disease. Neurologia I Neurochirurgia Polska, 37, 241-250.

Orth, U., and Robins, R. W. 2013. Understanding the link between low self-esteem and depression. *Current directions in psychological science*, *22*(6), 455-460.

Orth, U., Robins, R. W., and Widaman, K. F. 2012. Life-span development of self-esteem and its effects on important life outcomes. *Journal of personality and social psychology*, *102*(6), 1271.

Oyinlola, O., and Folaranmi, O. 2016. Assessment of the Effect of Information Access on Emotional Well-Being of the Elderly in Ibadan. Journal of Gerontology & Geriatric Research 5(3)

Pakulski, J. 2016. Confronting the prolems of ageing society. *Population Ageing*, *111*.

Park, N. S. 2019. The relationship of social engagement to psychological well-being of older adults in assisted living facilities. *Journal of Applied Gerontology*, *28*(4), 461-481.

Paskaleva, D., and Tufkova, S. 2017. Social and Medical Problems of the Elderly. *J Gerontol Geriatr Res*, *6*(431), 2.

Patil, B., Kamath, R., Shetty, N., Shah, H., Pinto, C. and Subramanyam, A. 2014. Study of perceived and received social support in elderly depressed patients. *Journal of Geriatric Mental Health*, *1*(1), 28.

Pavlova, I. A., Monastyrny, E. A. and Gumennikov, I. V., 2016. Composite indices as international approaches to elderly population well-being evaluation: evidence from Russia. *The European Proceedings of Social and Behavioural Sciences (EpSBS). Vol. 7: Lifelong Well-being in the World (WELLSO 2015). Nicosia, 2016. 72015*, 259-269.

Perez, J. A. 2012. Gender difference in psychological well-being among Filipino college student samples. International Journal of Humanities and Social Science, 2(13), 84-93.

Pierce, M., and Timonen, V. 2010. How theories of ageing can influence policy (Executive summary of the 'Discussion Paper on Theories of Ageing'). Centre for Ageing Research and Development in Ireland.

Pillemer, K., Moen, P., Wethington, E., and Glasgow, N. (Eds.). 2000. Social integration in the second half of life. Johns Hopkins University Press

Pinto, J. M., and Neri, A. L. 2017. A systematic review of literature on social participation trajectories in old age. *Revista Brasileira de Geriatria e Gerontologia*, *20*(2), 259-272.

Poudel, A., Gurung, B., and Khanal, G. P. (2020). Perceived social support and psychological well-being among Nepalese adolescents: the mediating role of self-esteem. *BMC psychology*, *8*(1), 1-8.

Powell, S. 2005. Extensive reading and its role in Japanese high schools. The Reading Matrix, 5(2).

PYA, A., Abuosi, A., Everink, I. H., Lohrmann, C., Halfens, R. J. and Schols, J. M. 2019. Instruments for assessing quality of life among older adults in African countries: a scoping review..

Quigley, R., and Thornley, L. 2011. Literature review on community cohesion and community severance: Definitions and indicators for transport planning and monitoring. Report to New Zealand Transport Agency.

Rajbhandari, S. 2014. *Social Integration Among Older Adults: A Focus on Socio-Demographic and Health Characteristics* (Doctoral dissertation, North Dakota State University).

Rajbhandari, S. 2014. *Social Integration Among Older Adults: A Focus on Socio-Demographic and Health Characteristics* (Doctoral dissertation, North Dakota State University).

Raju, S. S. 2011. Studies on Ageing in India: A Review. Building Knowledge Base on Population Ageing in India Working Paper: 2. United Nations Population Fund.

Ramchandra, M. U., and Salunkhe, A. H. 2018. A Study to Assess Physical Problems of Old Age with Special Emphasis on Psychosocial Problems of Geriatric Population among Nuclear Verses Joint Family in Selected Rural Area.

Rautenbach, E. 2019. *Perceived stress, coping self-efficacy and adaptive coping strategies of South African teachers* (Doctoral dissertation, North-West University (South-Africa) Vanderbijlpark).

Rayirala, A., Bhogaraju, A., Mandadi, G. D and Nallapaneni, N. R. 2016. A cross sectional comparative study assessing the quality of life in elderly living in old age homes and community and association of various factors with QOL. *Journal of Psychiatry*, *2*(1), 48-53.

Reasoner, R., 2005. The true meaning of self-esteem. From: The International Council for Self-Esteem.

Reed, J. W. 2019. Quality of life in a rural community: Perceptions of the role and contributions of the small, rural community college.

Ribeiro, M. D. S., Borges, M. D. S., Araújo, T. C. C. F. D., and Souza, M. C. D. S. 2017. Coping strategies used by the elderly regarding aging and death: an integrative review. *Revista Brasileira de Geriatria e Gerontologia*, *20*(6), 869-877.

Rondón García, L. M., and Ramírez Navarrro, J. M. 2018. The impact of quality of life on the health of older people from a multidimensional perspective. *Journal of aging research*, *2018*.

Rosenberg, R. D. 2018. Strengthening social networkings of youth aging out of foster care: Promoting positive adult outcomes.

Rosenberg, M. 1965. Rosenberg self-esteem scale. Journal of Religion and Health.

Rosi, A., Gamboz, N., Cavallini, E., Russo, R. and Vecchi, T. 2019. The impact of failures and successes on affect and self-esteem in young and older adults. *Frontiers in psychology*, *10*, 1795.

Ryan, R. M., and Deci, E. L. 2001. On happiness and human potentials: A review of research on hedonic and eudaimonic well-being. Annual review of psychology, 52(1), 141-166.

Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of personality and social psychology*, *57*(6), 1069.

Samuel, K 2014. What is isolation? Making the invisible visible in relation to poverty. Oxford Poverty and Human Development Initiative (OPHI).

Sandler, I. N., Ayers, T. Mehta, P., Tein, J. Y., and Wolchik, S., 2000. Coping efficacy and psychological problems of children of divorce. *Child development*, *71*(4), 1099-1118.

Sanuade, O. A., Ibitoye, O. G., and Adebowale, A. S. 2014. Psychological well-being of the Elderly in Nigeria. *The Nigerian Journal of Sociology and Anthropology*, *12*(1), 74-85.

Schöllgen, I., Gerstorf, D., Infurna, F. J., Morack, J. and Ram, N. 2016. Health sensitivity: Age differences in the within-person coupling of individuals' physical health and well-being. *Developmental Psychology*, *52*(11), 1944.

Schuessler, K. E, and Fisher, G. A. 1985. Quality of life research and soxiology. Annual Review (if Sociology, 11, 129-149.

Schwarzer, R., and Leppin, A. 1991. Social support and health: A theoretical and empirical overview. Journal of social and personal relationships, 8 (1), 99-127.

Schwarzer, R., Knoll, N., and Rieckmann, N. 2004. Social support. In A. Kaptein and J. Weinman (Eds.), Health psychology (pp. 158–181). Blackwell Publishing.

Schwartz, E., and Litwin, H. 2019. The reciprocal relationship between social connectedness and mental health among older European adults: a share-based analysis. *The Journals of Gerontology: Series B, 74*(4), 694-702.

Sedikides, C. and Gress, A.P., 2003. Portraits of the self.[Benliğin portreleri. M. A. Hogg ve J. Cooper'da (Ed.), Sage handbook of sosyal psikoloji] In M. A. Hogg and J. Cooper.

Segal, R. A. 2004. The place of religion in modernity. *History of the Human Sciences*, *17*(4), 131-149.

Senol-Durak, E., and Durak, M. 2011. The mediator roles of life satisfaction and self-esteem between the affective components of psychological well-being and the cognitive symptoms of problematic Internet use. *Social Indicators Research, 103*(1), 23-32.

Seppala, E., Rossomando, T., and Doty, J. R. 2013. Important predictors of well-being and health on social compassion and Social connection and compassion. *Social Research: An International Quarterly*, *80*(2), 411-430.

Sharma, K. N., Karunanidhi, S., and Chitra, T. 2015. Determinants of psychological well-being among retirees. *International Research Journal of Social Science*, *4*(3), 19-26.

Sherizadeh, Y., Sarkhoshi, R., Babazadeh, T., Moradi, F., Shariat, F., and Mirzaeian, K. 2016. The quality of life and its related factors in the elderly covered by health care centers in Khoy city, Iran. *Clin Med*, *4*(3), 139-45.

Shiota, M. N., Neufeld, S. L., Yeung, W. H., Moser, S. E., and Perea, E. F. 2011. Feeling good: autonomic nervous system responding in five positive emotions. Emotion, 11(6), 1368.

Şimşek, Ö. F. 2011. An intentional model of EWB: The development and initial validation of a measure of subjective well-being. *Journal of Happiness Studies, 12*(3), 421-442.

Singh, A. P., Singh, P. A. and Shukla, A. 2010. Perceived self-efficacy and mental health among elderly. *Delhi Psychiatry Journal*, *13*(2), 314-321.

Singh. R. 2015, Social conditions of elderly and problems, Journal of Research in Humanities and Social Science, 3(3).

Singha, S. 2017. *Effects of cancer on the social and emotional well being of a person: a study in northeast cancer hospital and research institute* (Doctoral dissertation, Assam Don Bosco University).

Sinha, B. K., Willson, L. R., and Watson, D. C. 2000. Stress and coping among students in India and Canada. Canadian Journal of Behavioural Science, 32, 218-225.

Smelser, N. J. 1989. Self-esteem and social problems: An introduction. The social importance of self-esteem , 1-23.

Smith, T. B., McCullough, M. E., and Poll, J. 2003. Religiousness and depression: evidence for a main effect and the moderating influence of stressful life events. *Psychological bulletin*, *129*(4), 614.

Solomon, R. C. 2006. Emotions in phenomenology and existentialism. In H. L. Dreyfus and M. A. Wrathall (Eds.), A companion to phenomenology and existentialism. London: Blackwell.

Steptoe, A., Demakakos, P. Wardle, J. and Shankar, A., 2013. Social isolation, loneliness, and all-cause mortality in older men and women. *Proceedings of the National Academy of Sciences*, *110*(15), 5797-5801.

Strawbridge, W. J., Kaplan, G. A., Cohen, R. D. and Shema, S. J. 2013. Religious attendance increases survival by improving and maintaining good health behaviors, mental health, and social relationships. *Annals of Behavioral Medicine*, *23*(1), 68-74.

Susniene, D., and Jurkauskas, A. 2019. The concepts of quality of life and happiness–correlation and differences. *Engineering Economics*, *63*(4).

Suragarn, U; Hain, D and, Pfaff, G. 2021 Approaches to enhance social connection in older adults: an integrative review of literature. Aging and health Research.

Swinton, J. 2011. Spirituality and mental health care: Rediscovering a ‘‘forgotten’’ dimension. London: Jessica Kingsley.

Szreter, S. 2000. Social Capital, the Economy, and Education in Historical Perspective. In Social Capital: Critical Perspectives, ed. Baron, S., Field, J. and Schuller, T., 56–77. Oxford and New York: Oxford University Press.

Tajvar, M. A. R. Y. A. M. 2015. *Family, social support and health status of older people in Tehran* (Doctoral dissertation, London School of Hygiene and Tropical Medicine).

Tamannaeifar, M. R., and Motaghedifard, M. 2014. Subjective well-being and its sub-measures s among students: The study of role of self-efficacy and creativity. *Thinking Skills and Creativity*, *12*, 37-42.

Tan, E. J., Rebok, G. W., Yu, Q., Frangakis, C. E., Carlson, M. C., Wang, T., ... and Fried, L. P. 2009. The long-term relationship between high-intensity volunteering and physical activity in older African American women. *Journals of Gerontology: Series B*, *64*(2), 304-311.

Tanyi, P. L., André, P., and Mbah, P. 2018. Care of the elderly in Nigeria: Implications for policy. *Cogent Social Sciences*, *4*(1), 1555201.

Tariq, A., Ali, S., Abbas, N., Beihai, T., Imran, M. and Yao, W. (2020). Role of perceived social support on the association between physical disability and symptoms of depression in senior citizens of Pakistan. *International journal of environmental research and public health*, *17*(5), 1485.

Tavares, D. M. D. S., Ferreira, P. C. D. S., Matias, T. G. C., Nascimento, J. S., Paiva, M. M. D. and Pegorari, M. S. 2016. Quality of life and self-esteem among the elderly in the community. *Ciencia and saude coletiva*, *21*, 3557-3564.

Theofilou, P. 2013. Quality of Life: Definition and Measurement. *Europe's journal of psychology*, *9*(1).

The University of Toronto Centre for Health Promotion 2018. Conceptual model of quality of life. Retrieved from http://sites.utoronto.ca/qol/qol_model.htm on March 5, 2023.

Togonu-Bickersteth, F., and Akinyemi, A. I. 2014. Ageing and national development in Nigeria: Costly assumptions and challenges for the future. *African Population Studies*, *27*(2), 361-371.

Toledano-González, A., Romero-Ayuso, D., and Labajos-Manzanares, T. 2019. Well-Being, Self-Efficacy and Independence in older adults: A Randomized Trial of Occupational Therapy. *Archives of gerontology and geriatrics*, *83*, 277-284.

Tomás, J. M., Melendez, J. C., Mayordomo, T. and Sancho, P. 2012. Resilience and coping as predictors of general well-being in the elderly: A structural equation modeling approach. *Aging and Mental Health*, *16*(3), 317-326.

Tripathi, M. and Asthana H., S. 2015. Loneliness. Self-Efficacy and Mental Health among Elderly. *International journal of psychosocial research (IJPR).* 4(1), 101-104.

Ugbe, A. I. 2021. Evidence-based ageing-related policies in Sub-Sahara Africa. National Beureau of Statistics.

Umlauf, M. G., Goode, P. S., and Burgio, K. L. 1996. Psychosocial issues in geriatric urology: problems in treatment and treatment seeking. *Urologic Clinics*, *23*(1), 127-136.

Umukoro, O. S., and Adejuwon, G. A. 2017. Mediatory role of social support on psychological antecedents of retirement satisfaction among police retirees in Nigeria. *International Journal of Caring Sciences*, *10*(3), 1402.

United Nations Economic Commission for Europe 2009. Integration and participation of older persons in society. *UNECE Policy Brief on Ageing No. 4.*

United Nations, Department of Economic and Social Affairs, Population Division 2015. Directory of Research on Ageing in Africa: 2004-2015 (ST/ESA/SER.A/391).

Vitman, A., Iecovich, E., and Alfasi, N. 2014. Ageism and social integration of older adults in their neighborhoods in Israel. *The Gerontologist*, *54*(2), 177-189.

Wacker, J. G. 1998. A definition of theory: research guidelines for different theory-building research methods in operations management. *Journal of operations management*, *16*(4), 361-385.

Wagner, J., Gerstorf, D., Hoppmann, C. and Ram, N. 2015. Self-esteem is relatively stable late in life: The role of resources in the health, self-regulation, and social domains. *Developmental Psychology*, *51*(1), 136.

Wahab, E. O. 2013. Old-Age Security Provision and Life Satisfaction among the Elderly in Nigeria. The Nigerian Journal of Sociology and Anthropology, 11(2), 23-39.

Waldrep, E. E. 2015. Coping Self-Efficacy as a Mechanism of Resilience following Traumatic Injury: A Linear Growth Model (Doctoral dissertation, Kent State University).

Wang, Y. and Ollendick, T.H., 2001. A cross-cultural and developmental analysis of self-esteem in Chinese and Western children. Clinical child and family psychology review, 4, pp.253-271

Weiten, W., Dunn, D., and Hammer, E. 2011. Psychology applied to modern life: adjustment in the 21st century. Cengage Learning.

Winstead, V., Anderson, W. A. Berkowsky, R. W., Cotten, S. R. and Yost, E. A. 2014. The impact of activity interventions on the well-being of older adults in continuing care communities. *Journal of Applied Gerontology, 33*(7), 888-911.

Won, D., Bae, J. S., Byun, H., and Seo, K. B. 2020. Enhancing subjective well-being through physical activity for the elderly in Korea: a meta-analysis approach. *International journal of environmental research and public health*, *17*(1), 262.

World Health Organisation (1993). WHO Report of the WHOQOL Focus Group Work.WHO (MNH/PSF/93.4). Geneva: World Health Organisation.

World Health Organization. 2011. Impact of economic crises on mental health (No. WHO/EURO: 2011-4645-44408-62759). World Health Organization. Regional Office for Europe.

World Health Organization. 2011. Impact of economic crises on mental health (No. WHO/EURO: 2011-4645-44408-62759). World Health Organization. Regional Office for Europe.

Yakubu, A. 2019. Formal social protection and old age vulnerability in Nigeria: the need for renewed focus on prospects of informal social protection. *International Journal of Applied Research in Social Sciences*, *1*(4), 138-158.

Yang, Y. C., Harris, K. M. Boen, C., Li, T., Gerken, K., and Schorpp, K., 2016. Physiological and social relationships determinants of longevity across the human life span. *Proceedings of the National Academy of Sciences*, *113*(3), 578-583.

Zainab, N., and Naz, H. 2017. Daily living functioning, wellness and social engagement of older adults. *Psychology, Community and Health*, *6*(1), 93-102.

Zelenev, S. 2009, Keynote Statement at the 2009 AARP-UN Briefing Series on Global Aging: Elderly persons and social integration.

Zenevicz, L., Moriguchi, Y., and Madureira, V. S. F. 2013. The religiosity and ageing. *Revista da Escola de Enfermagem da USP*, *47*(2), 433-439.

Zhang, W., Liu, L., Tang, F., and Dong, X. 2018. Sense of loneliness, social engagement and hopelessness: Findings from the PINE Study. *Gerontology and Geriatric Medicine*, *4*, 2333721418778189.

Zhang, Z., and Zhang, J. 2015. Subjective well-being and social participation among retirees in China. *Social Indicators Research*, *123*(1), 143-160.

Zhang, Z., Yang, Y., Zhao, N., and Zhang, J., 2019. Subjective well-being and social networking size: The mediating role of future time perspective among community-dwelling retirees. *Frontiers in Psychology*, *10*.

Zimet, G. D., Dahlem, N. W., Zimet, S. G., and Farley, G. K. 1988. The multidimensional scale of perceived social support. Journal of personality assessment, 52(1), 30-41.

Zimmer, Z., Chiu, C. T., Jagger, C., Ofstedal, M. B., Saito, Y. and Rojo, F. 2016. Religiosity, aging, spirituality and health in global perspective: A review. *SSM-population health*, *2*, 373-381.

Zou, T., Su, Y., and Wang, Y. 2018. Examining relationships between emotion experience, social capital and life satisfaction for sustainable community. *Sustainability*, *10*(8), 2651.

APPENDIX

UNIVERSITY OF IBADAN
DEPARTMENT OF ADULT EDUCATION

Dear Respondent,

I am a Ph.d student of the Department of Adult Education, University of Ibadan. I am currently carrying out a research on **Factors of social connectedness and psychological adaption on EWB of aged in Ibadan, Nigeria.** Your sincere and accurate responses to the items on the questionnaire below is highly appreciated. All responses will be handled with utmost confidentiality. Please NOTE that you are not right or wrong in your answer but just your opinions. Thank you for participating in this study.

Section A: Demographic information

Age (in years)……

Sex: Male [ ] Female [ ]

Marital status: Single [ ] Married [ ] Divorced [ ] Widow/Widower [ ]

Social economic status: High [ ] Moderate [ ] and Low [ ]

General health condition: Good [ ] moderate [ ] and critical [ ]

Section B: Emotional Well-being

1 = Strongly Disagree, **2** = Disagree, **3** = Agree, **4** = Strongly Agree

S/N	ITEMS	1	2	3	4
1.	The whole of my life gives me pleasure				
2.	I am not worried about anything else again at this age I feel				

3.	In general, I am happy with my life				
4.	I feel upset about my life				
5.	I am at peace with my whole life.				
6	I am very upset about my entire life among others				
7	So far, I have gotten the important things I wanted in life				
8	I feel I have wasted better part of my life				
9	I feel happy with my life				
10	The way I lived when I was younger frightens me				
11	I am not as happy as I should be, but I am not depressed				
12	I enjoy my life regardless of what I have being through				
13	I am satisfied with my life.				
14	I feel sad with my life				
15	I am very excited about my life				

Section C: Social Connectedness Scale

S/N	ITEMS	1	2	3	4
	Social integration				
1	I have sense of disconnection from the everyone me				
2	Even around people I know, I don't really feel belong				
3	I don't feel participated by anyone or any group				
4	I don't feel sense of sister/ brotherhood, even among my friends				
5	With my peers, I have sense of togetherness				
	Social networking				
6	I feel more loved by my friends				
7	I am bond with my family members than anyone else				
8	I am not valued by anybody				
9	I am socially respected by my neighbours				
10	The social club I belong cares more for me				
	Social supports				
11	I receive emotional and financial support often from people around me				
12	With my family and friends, I don't lack any supports				
13	I regularly receive supports from people who can provide it at all cost				
14	My friends and family are the major emotional as well as financial assistance				
15	A lot of people are ready to assist listen to me				

Section D: Psychological adaptation Scale

S/N	**ITEMS**	**Not at all**	**A little bit**	**Somewhat**	**Quite a bit**	**Very much**
	Coping efficacy					
1	I am confidence in my ability					

	to see positive aspect in all situation					
2	I can deal better with any uncertainty					
3	I have ability to adjust to things or situations I can't change					
4	Usually, I take thing as they come					
5	I know I don't have choice over some situation, so I have to accept fate.					
	Self esteem					
6	I trust my the ability to handle any difficulties					
7	I am comfortable with who I am					
8	My attitudes towards myself is positive					
9	I feel better about my ability to handle life problems					
10	There are a lot to be proud of about my life					
	Quality of life					
11	How would you rate your quality of life?	Very poor	Poor	Neither poor nor good	Good	Very good
12	How much do you enjoy life?	Not at all	A little	Moderate	Very much	Extremely much
13	How satisfied are you with yourself?	Very dissatisfied	Dissatisfied	Not sure	satisfied	Very satisfied
14	Have you enough money to meet your needs?	Not at all	A little	Moderate	mostly	completely
15	How frequently do you have undesirable feelings like anxiety, blue mood, depression despair among others?	Not ever	Rarely	Quite often	Very often	Always
	Religiosity	**Never**	**Sometimes**	**Not sure**	**Mostly**	**Always**
16	with my God, I do have a cordial affiliation					
17	I pray always because it gives me strength and hope					
18	I am happy with my religioious beliefs.					

19	My faith in God helps me calmdown, when I'm nervous or worried.					
20	Knowing God is with me keeps me from feeling lonely.					

ATOKA
UNIVERSITY OF IBADAN
EKA-EKO EKO AGBA

Oludahun,

Mo je akeekoo onipele to ga ju ti Eka-Eko Eko-Agba, ni Yunifasiti ti Ibadan. Mo n se iwadii lowolowo lorii **Awon okunfa ti isopo/ajosepo awujo ti asamubadogba opolo n ko lorii edun imolara/imuradasi edun awon arugbo/agbalagba ni Ibadan,Naijiria**. Idahun otito ati ododo si awon ibeere isale yii yoo je eyi ti a mo riri re pupo ju. Gbogbo idahun yin patapata ni yoo je itoju asiri to lagbara ju. E jowo, a fe ki e se AKIYESI pe ko si idahun ti o to tabi eyi ti ko to. Esheun ti e kopa ninu iwadi yii.

IPIN A: Alaye nipa Eniyan

Ojo ori (ni iye odun)……

Ako abi Abo: Ako [ ] Abo [ ]

Se o ti ni iyawo tabi oko: ko I ti I se igbeyawo [ ] Ti se igbeyawo [ ] Ko sile [ ] Opo [ ]

Ipo Oro Aje: O ga [ ] iwontunwonsi [ ] ati o kere [ ]

Ipo Ilera Gbogbogbo: o dara [ ] iwontunwonsi [ ] ati o buru jai [ ]

IPIN B: Imolara Alaafia.

1 = N ko fara mon on rara, **2** = N ko fara mo, **3** = Mo fara mon on, **4** = Mo fara mon on gan ni

S/N	IBEERE	1	2	3	4
1.	Gbogbo aye mi fun mi igbadun/idunnu				

2.	Inu mi dun pupo nipa igbesi aye mi				
3.	Mo ni itelerun pelu igbesi aye				
4.	Titi di asiko yii, mo ti ni awon ohun Pataki ti mofe ni ile aye mi.				
5.	Mo wa ni alaafia pelu igbesi aye mi.				
6	Inu mi ko dun rara nipa igbesi aye mi laarin awon miiran				
7	Inu n bi mi nipa igbesi aye mi.				
8	Mo lero pe mo ti padanu apakan ti o dara julo ninu igbesi aye mi.				
9	Inu mi dun si igbesi aye mi				
10	Bi mo se gbe igbe aye mi ni kekere n deru ba mi.				
11	Inu mi ko dun bi o se ye ki o dun, sugbon emi ko ni irewesi okan				
12	Mo gbadun igbesi aye mi laibikita awon ohun ti mo ti la koja				
13	Ni gbogbogbo, mo ni idunnu pelu igbesi aye mi.				
14	Ile aye mi n bami ninu je.				
15	Emi ko ni wahala nipa ohunkohun mo pelu ojo ori mi yii.				

IPIN D: Iwon ibasepo awujo.

S/N	IBEERE	1	2	3	4
	Idarapo mo Awujo				
1.	Mo ni imo ijino kuro ninu agbaye ni ayika mi				
2.	Paapaa ni ayika awon eniyan ti Mo mo, mi o lero pe mo je ara won.				
3.	Mo ni ero/ogbon isokan pelu awon elegbe mi.				
4.	Mi o lero pe Mo se alabapin pelu enikeni tabi eyikeyi egbe.				
5.	Mi o ri ara mi gege bii okunrin/obinrin, koda laarin awon ore mi.				
	Netiwoki awujo				
6	Mo ri ife pupo lati odo awon ore mi				
7	Mo sunmo awon ebi mi ju elomiiran lo				
8	Ko si eni to ponmile				
9	Awon ara adugbo mi bowo fun mi lawujo				
10	Egbe ti mo wa fi ife han si mi				
	Atileyin Awujo				
11	Mo gba atileyin edun ati owo lopo igba lati odo awon to rogba yimi ka.				
12	Pelu ebi ati ore mi, n ko saferi iranlowo Kankan.				

13	Mo n ri iranlowo loorekore lati odo awon eniyan to le see ni gbogbo ona.				
14	Awon ebi ati ore mi gan ni o n pese ojulowo irawo owo pelu atileyin edun fun mi.				
15	Opo eniyan ni o setan ati ran mi lowo ati lati gbo mi.				

IPIN E: iwon eko nipa ihuwa asamudogba

S/N	IBEERE	Rara	Kekere die	Bakan bakan	Die	Pupo pupo
	Ifaramo ipa					
1	Mo ni igbekele ninu agbara mi lati ri abala rere ni gbogbo ipo.					
2	Mo le wo daradara pelu eyikeyi aidaniloju					
3	Mo ni agbara lati se atunse si awon nnkan tabi awon ipo mi o le yi pada.					
4	Ni igba gbogbo,mo n gba awon nnkan bi won se wa					
5	Mo mo wipe n ko le se ohun kakan lori awon ipo kan ti mo ba ba ara mi, nitori naa, mo ni lati gba ayanmo mi.					
	Igberaga ara eni					
6	Mo ni igbagbo ninu agbara mi lati doju isoro eyikeyi					
7	Mo ni itelorun pelu irufe eni ti mo je					
8	Awon iwa mi si ara mi je eyi to dara					
9	Inu mi dun si bi mo se ni agbara lati doju ko isiro aye.					
10	Mo ni opolopo ohun lati fi se igberaga nipa aye mi.					
	Igbesi aye to dara					
11	Bawo ni o sele se idiyele didara igbesi aye re?	Ko dara rara	Ko dara	Ko dara beeni o dara	O dara	O dara gan
12	Bawo ni o se gbadun igbesi aye re?	Rara	Die	iwontun wonsi	Pupo pupo	O po ni alailop in.
13	Se o ni itelorun pelu ara re?	Itelorun pupo	Mi o ni itelorun	Ko daju	O temi lorun	O temi lorun gan ni
14	Nje o ni owo ti o le fir a gbogbo ohun ti o fe?	Rara	Die	iwontun wonsi	Ni opo igba	patapa ta
15	Bawo ni o se ma n ni awon ikunsinu bii, egan, irewesi okan, ibanuje, ijaya?	Rara	leekook an	Ni igba gbogbo	Ni gbog	Loore koore.

					bo igba	
	Igbagbo ninu esin	**Rara**	**Lekoo kan**	**Ko daju**	**Opo igba**	**Ni gbogbo igba**
16	Ibasepo mi dan moran pelu Olorun					
17	Mo n gbadura ni igba gbogbo tori pe o fun mi ni okun ati ireti.					
18	Igbagbo mi ninu esin mu inu mi dun.					
19	Nigba ti mo ba n daamu tabi ni aifokanbale, igbagbo mi n se itunu fun mi.					
20	Mimo pe oluwa wa pelu mi , ki i je ki n ro pe mo dawa.					

Itonisona fun iforowanilenuwo

Oruko mi ni **Olufunke Hassan, mo** je oluwadii lati Eka ti Eto Eko Agba , Eka-Eko Eto Eko ,Yunifasiti ti Ibadan. Mo n se iwadii lowo lorii **Awon okunfa ti isopo/ajosepo awujo ti asamubadogba opolo n ko lorii edun imolara/imuradasi edun awon arugbo/agbalagba ni Ibadan,Naijiria**. Ati pe emi yoo fe lati beere awon ibeere kan lowo yin nipa **awon okunfa ewu ti o ni ipa lori edun/imolara alaafia** . Mo fe fi dayin loju pe gbogbo eyikeyi alaye ti e pese,ise iwadii nikan ni a o loo fun ati wi pe e ni anfaani lati ma so ohunkohun ti ko ba ti inu yin wa, ati pe a le daa duro nigbakuugba. Tun we, o se Pataki fun yin lati mo pe ohunkohun ti e ba so je asiri, ati pe n o se agbasile ijomitoro naa ki n ma se gbagbe awon oro to se Pataki ninu ijiroro wa. Ko si idahun ti o to tabi ti ko to ninu ohunkohun ti a ba soro nipa loni. Ikopa yin ninu ijiroro yii je atinuwa. Nje o wu yin lati kopa ninu ijomitoro yii? Nje e ni ibeere eyikeyi fun mi saaju ki a to bere pelu ijomitoro bi?

Alaye nipa ara yin

- Ojo Ori
- Ipele Eto-Eko
- Esin

Ibeere

Ki ni ojo ogbo tumo si loju tiyin?
Ki ni idunnu, itelorun igbesi aye ati itelorun tunmo si?

Bawo ni e se le ro pe igbelaruge imolara alaafia le waye tabi mu irorun ba ojo ogbo?

Awon isoro wo ni e n doju ko gege bii agbalagba? (Owo, Ilera, edun/imolara alaafia, ihuwasi and ogbon awujo)?

Ki ni e ro pe e se ni odo , ti o le ni ipa lori ipo ti e wa lowolowo lorii edun/imolara alaafia yin?

Ki ni e ro pe o le sele si yin ni ojo iwaju ti e ba tesiwaju ninu ipo edun/imolara alaafia ti e wa lowolowo?

N je eni ohun ti e fe so fun mi ti o ro mo edun/imolara alaafia yin? Abi e ni ibeere Kankan fun mi bi?

Esheun pupo fun akiyesi ati akoko yin, eyi se iranlowo pupo fun ise mi ati wipe yoo tun se iranlowo lati je ki a ni afijusun ti o dara julo lorii bi awon oran yii se n nipa lori awon agbalagba yooku ni awujo.