



## Family Social Support System and the Psychological Well-Being of the Ageing (60years and Above) in the Nso Community, North West Region of Cameroon

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**Abstract:** How people view and perceive the ageing process varies greatly from culture to culture. In Europe and America, older adults spend their later years in assisted living facilities or nursing homes. On the other hand, in traditional African societies, the aged are perceived to be the mediators between this world and the next, hence eldercare is supposed to be the responsibility of family members, provided within an extended family home. In traditional African societies, family social support systems exist where the younger and older generations live in sustained mutual cooperation and coordination that benefits members of each of these generations. The younger generation sees the aged as those who are weak, need care and support from the younger generation. The family in Africa is a complex institution and one cannot describe it without falling into the trap of generalisations and reductionism. Nevertheless, the family in Africa is the basic social unit founded on kinship, marriage, adoption, and other relational aspects. The preeminent theory emerging from these and other results is socio-emotional selectivity theory, which posits that as people age, they accumulate emotional wisdom that leads to selection of more emotionally satisfying events, friendships, and experiences. Thus, despite factors such as the death of loved ones, loss of status associated with retirement, deteriorating health and reduced income – though there is also a likelihood of reduced material needs - older people maintain and even increase self-reported well-being by focusing on a more limited set of social contacts and experiences. This article substantiates the importance of the family as a social support system for the old with an empirical study conducted amongst the Nso of the North West Region of Cameroon. The study used a mixed research design with a sample of 192 respondents. A questionnaire and an interview guide were used for the study. The findings of the study revealed that family social support systems significantly influence the psychological wellbeing of old people especially in rural communities of the Nso Fandom. Since old people have often been viewed from a negative perspective because old age is a period of decline in the physical and psychosocial well-being of old people, it is recommended that old people be given attention by the young such that there is a reciprocal relationship between them, for their psychological well-being.

**Keywords:** Family; social support system; psychological wellbeing; old age.

### Introduction

As people approach the end of life, changes occur and special challenges arise. Growing older means confronting psychological, emotional, and social issues that come with entering the last phase of life (Feldman, 2003). As people age, they become more dependent on others. Elderly people need

assistance in meeting daily needs as they age, and over time, they may become dependent on caregivers such as family members, relatives, friends, health professionals, or employees of senior housing or nursing care. As people enter the final stages of life, they have what Erikson (1963) describes as a crisis over integrity versus despair. They review the events of their lives and try to come to terms with the mark (or lack thereof) that they have made on the world. People who believe they have had a positive impact on the world through their contributions live the end of life with a sense of integrity. Those who feel they have not measured up to certain standards—either their own or others’—develop a sense of despair (Biggs & Phillipson, 2009).

How people view and perceive the ageing process varies greatly from culture to culture (Asiazobor, 2015). In Europe and America, older adults spend their later years in assisted living facilities or nursing homes, which can have social and emotional impacts on their well-being. Given that they are isolated in old people’s homes, the elderly may be subject to many different types of abuse, including physical, emotional, or psychological. Approximately one in ten older adults report being abused, and this number rises in the cases of dementia or physical limitations (Carstensen, 1992). On the other hand, Asiazobor (2015) explains that in traditional African societies, the aged are perceived to be the mediators between this world and the next, the representatives of the ancestors and the guardians of the cultural traditions. This belief made people cater for them and hold them in high esteem. Africans believe that old age is an ancestral blessing bestowed on those who live righteously. It is thus culturally acceptable that the young must cater for the aged who are unable to fend for themselves if they (the young ones) expect to grow old (Lamb, 2000).

Hence, different cultures posit different support systems that are available for the well-being of old people. The form of eldercare provided varies greatly among countries in Sub-Sahara Africa like Cameroon, Gabon, Djibouti, Cape Verde, Gambia, Ghana, Mauritania, Togo, and Senegal and is changing rapidly, because these countries are experiencing high rates of ageing population. (UN Economic Commission for Africa, 2005). Even within the same country, Regional differences exist with respect to care for the elderly, often depending on the resources available in a given community or area (Johnson, 2005). Traditionally, eldercare was the responsibility of family members and was provided within an extended family home. Increasingly, in western societies, eldercare is being provided by state or charitable institutions. On the other hand, in most African cultures, eldercare is still left in the hands of the family, extended family, neighbours, and the community at large (Giddens, 2009).

In Africa and in Nso land in particular, the elderly were and are still revered for their having reached such a level. At the family level, mothers and fathers made their children know that their grandparents had to be respected and served without any reservation. The children were also expected to sit with them to listen to their stories and advice thus bringing about socialisation that equipped the children with folkways and mores to integrate successfully into the society in which they lived. This also brought about social participation on the part of the elderly as they got involved in recreation, cultural, educational and spiritual dispensation (WHO, 2007). At the family level, the elderly are made to stay in abodes they have been used to. This is a support system that makes them feel at home as a result of the familiarity of the environment which can enable them get access to whatever item they want even in the dark. This support system may however be ignored by some of the elderly especially those who are experiencing Erikson’s (1963) positive eighth stage of psychological development (integrity). Such old people may rather prefer engaging in activities involving inventorying and organising belongings, completion of projects, and maintenance of habits and routines that go a long way to preserve their dignity (Naumang, 2006).

This article examines how family support systems influence the psychological wellbeing of old people amongst the Nso Fondom of the North West Region of Cameroon. The article begins by highlighting the context of family support and old age development within the Nso community. It then goes further to examine the concepts of family support systems and psychological well-being of old people. The conceptual considerations of this article are substantiated with an empirical study that was carried out by Ngalim (2023) amongst the Nso people of the North West Region of Cameroon. In this regard, the

method and procedures of the study are highlighted. The article concludes with the findings of the study, discussions and recommendations.

### **Background to the study**

Africentric social support systems differ from community to community in Africa. In Nso land for example, the cornerstone of the social support system is the family, with accompanying efforts from the community ecological setting to that effect. Children at the family level are made to understand that the old are repositories of wisdom and cultural know-how and should therefore be taken care of and listened to without any reservations. When the children do this, the elderly reciprocate hence, there is intergenerational harmony that gives every reason for the elderly to continue living and for the young to imbibe their cultural imperatives that will prepare them for effective living in their environment as acceptable members of the society. The young equally get traditional counselling and also watch the elderly perform the same role with other members of the extended family and the community at large. Because of their spiritual involvement, the elderly are encouraged in the form of community social support system to play leading roles in cultural groupings thus enabling them socialise freely and happily as acceptable members of the society (Mzeka, 1980). Therefore, apart from the foundation laid by the family, the community lends its own support in allowing the elderly advise (in the real sense of the world) members of the community and handle cultural groups with their crystallised intelligence so as to ensure the perpetual existence of such groups and the perpetuation of cultural identity. Given this scenario, institutionalisation of the elderly is an unthought-of phenomenon.

Within African cultures, literature on family care and support for the aged has consistently found that all societies engage in some level of family social support systems (Udegbe, 1990). Most of these literatures confirm that throughout the developing world, the family has been the key institution for the aged, their living arrangements as well as a determinant of their well-being (Cowgill, 1986; Albert & Cattel, 1994). In traditional African societies, family social support systems exist where the younger and older generations live in sustained mutual cooperation and coordination that benefit members of each of these generations (Newman et al., 1997). The younger generation sees the aged as those who are weak, need care and support from the younger generation. It was not surprising that the old-old were not allowed to engage in hard work (Abanyam, 2013). There were strong relationships between the aged and the young adults. These relationships do not necessarily have to be familiar as they cut across families and communities. In these societies, children provide care and support for their aged parents “as a means of repaying the tremendous debts ... owed their parents for producing and caring for them in infancy and childhood (Lamb, 2000:46). Much like the young, the aged tend to require support for instrumental (i.e. functional) tasks such as cooking and shopping, as well as material and psychological support to ensure their survival in old age. When they are no longer capable of the ability to carry out tasks necessary for daily survival, they depend on their children (Oppong, 2006).

Thus, while support comes from a combination of public and private sources in the developed countries, the family tends to be the cornerstone of social support in the developing countries (Zimmer & Dayton, 2003). This is particularly true in countries like Nigeria with weak institutional security mechanisms (Fajemilehin, 2000) and where children help their parents in economic activities and household chores and assist the family in carrying out farming activities (Eke, 2003). In traditional African societies, the aged are perceived to be the mediators between this world and the next, the representatives of the ancestors and creators and the guardians of the cultural traditions. This belief makes people cater for them and hold them in high esteem. Africans believe that old age is an ancestral blessing bestowed on those who live righteously. It is thus culturally acceptable that the young must cater for the aged who are unable to fend for themselves if they (the young ones) expect to grow old (Lamb, 2000).

Thus, the ability of the aged persons to cope with changes in health, income, and social activities depend largely on the care and support they receive from the young family members (Asiazobor, 2015). It is not amazing that children take care of their aged parents no matter what their perceptions

and feelings towards the latter may be. They dare not shirk this duty without running the risk of being socially sanctioned. According to Camaroff (1985), negative perception of an aged parent was regarded as estrangement from the most potent source of effectiveness in everyday life. For instance, among the Esan of South-south Nigeria, it was believed that the spirits of their ancestors are always around them to bless and favour those who take care of their aged parents and punish those who abandon their elderly parents (Okojie, 1994). Thus, in traditional Esan society, old age is perceived as a blessing and those who care for their aged parents will partake from the blessing.

The family in Africa is a complex institution and one cannot describe it without falling into the trap of generalisations and reductionism. Nevertheless, the family in Africa is the basic social unit founded on kinship, marriage, adoption, and other relational aspects. The family is also marked by tensions between African cultural values, Christian teachings, secularism, religions, and other ideologies. The family is a unit of production, consumption, reproduction, and accumulation. In its simplest form, it consists of a husband, wife and children, and in its complex and most common form, it is extended to include grandparents, uncles, aunts, brothers and sisters who may have their own children and other immediate relatives. Literature on family care and support for the aged has consistently found that all societies engage in some level of family social support systems (Udegbe, 1990). Most of these literatures confirm that throughout the developing world, the family has been the key institution for the aged, their living arrangements as well as a determinant of their well-being (Cowgill, 1986; Albert & Cattel, 1994). In traditional African societies, family social support systems exist where the younger and older generations live in sustained mutual cooperation and coordination that benefit members of each of these generations (Newman et al., 1997). The younger generation sees the aged as those who are weak, need care and support from the younger generation. It was not surprising that the old-old were not allowed to engage in hard work.

Previous research, predominantly from Western populations, indicates that social support is associated with physical and mental health (Kendler et al., 2005; Wilkinson & Marmot, 2003; Cooper et al., 1999; Cohen, 1988) and mortality (Blazer, 1982; Berkman & Syme, 1979) and a lack of social support may have negative effects on health among general populations (Lakey & Cronin, 2008; Cooper et al., 1999) and older populations (Adams et al., 2000; Grundy et al., 1996). Social support is of particular importance for older people, as later life is associated with an increased risk of exposure to various stressors such as the onset of chronic conditions and functional limitations, loss of sources of income, and loss of spouse and confidants (Nemeroff et al., 2010). Social support may be particularly important for mental health because as well as having a direct influence, social support may buffer the deleterious effects of stress (Hatfield et al., 2013; Hsu & Tung, 2010; Lakey & Cronin, 2008; Cooper et al., 1999; Cohen et al., 1997). Consequently, there is a concern that the well-being of older people, particularly their mental health, may be adversely affected if smaller family sizes lead to a reduction in the support available to them.

Apt (1996) elucidates this perception of caring in crisis in her recent book on Ghanaian elderly. In contrast, however, survey-grounded data show that throughout much of the developing world, especially in Africa and East Asia, the aged are, for the most part, still entwined in multigenerational living arrangements, most often with an adult child. In certain contexts, the discourse of neglect is part of a traditional pattern of reminding community members about expected ideals of support; in other cases, it is a window through which one can see how the modern world has profoundly altered the accepted social contract between generations. Among the most common processes to provoke this reaction in the developing world is the delocalisation of economic resources that sustain and connect families with their natal communities. Throughout Africa, Latin America, and Asia, increasing numbers of a family's young adults must seek employment far from their native home (Vatuk, 1996; Kalache, 1995).

Viewing this process in Africa, Weisner (1997) uses a construct of 'multilocal' families to think more realistically about the support of children. This social pattern, the contours of which are still emerging, has great applicability to an analysis of how the old are sustained in most developing countries. The present study focuses on how families are trying to adapt traditional patterns of living arrangements to

the powerful changes encountered in Cameroon. Although support exchange typifies family social support systems between parents and their children across the lifespan, the consequences of providing and receiving support during times when adult children may become more providers and parents more recipients are unclear. Characteristics of family social support systems remain important throughout the whole life span (Merz et al., 2007) and are associated with well-being in both generations (Dehart et al., 2004; Treboux et al., 2004). These relationship characteristics, such as support exchange and caregiving, are likely to vary according to developmental stages and phases during the life course and might be associated with well-being differently according to these life stages. In elderly parent–adult-child dyads, the balance of the family social support systemship is tipped toward children giving more support to their parents than receiving (Merz et al., 2008).

Older parents' mental and physical state deteriorates, whereas their children gain in knowledge, experience, and other personal resources (Colin, 1996; Doherty & Feeney, 2004; Merz et al., 2007). Based on the existing cross-sectional studies, however, an estimation of the rate at which these changes occur is hard to give, nor can the possibility be excluded that differences between age groups reflect cohort differences, not the effects of ageing. Additionally, not all dimensions of parent-child relationships may be related with age. Affective characteristics such as quality most of the time remain strong and family social support systems are usually characterised by frequent contacts and emotional closeness (Schwarz et al., 2005). Starting from infancy, parent–child interactions translate into mental representations of attachment that tend to self-perpetuate and entrench the quality of the relationship (Sroufe et al., 1999). Not only might the quality of relationships be relatively stable but might also be more strongly interwoven with emotional functioning and well-being than dimensions of relationships related to intergenerational support.

Related to well-being, it has been found that providing intergenerational support to elderly parents is weakly associated with lower levels of well-being among adult children (e.g., Cicirelli, 1993; Townsend & Franks, 1995). Behind these small effects, considerable variability may exist, however, where providing support may in some groups lead to more well-being if the parent–child relationship is, and has been, open and emotionally secure (Merz et al., 2007). In addition, older parents may continue to fulfil their parental role, especially concerning emotional support and giving advice. Intensified contact because of their support needs may even provide increasing opportunities to do so. This may partially compensate for the burden that occurs when the members of the younger generation provide support to their parents. Such complexity suggests that much remains to be understood regarding the associations among intergenerational support exchange, relationship quality, and well-being.

Intergenerational support is a complex construct and indeed, emotional and instrumental support may have different associations with well-being (Zunzunegui et al., 2001). It has been found that receiving emotional support is less negatively associated with the well-being of older adults than receiving instrumental support. Reinhardt et al. (2006) say emotional support may be more associated with empathy, affection, and emotional commitment within the relationship than with an increased dependency on the parent's side. Generally, caring for older family members has been found to put considerable burden on caregivers. Explanations for this burden range from having to cope with the disruptive life event of becoming a caregiver, the disruption of marital and family life, competition among different roles and duties to the costs in terms of time spent with caregiving tasks (Tooth et al., 2005). These explanations imply that different types of support might have different effects on well-being.

The concept of well-being refers to optimal psychological functioning and experience. It is the focus not only of everyday interpersonal inquiries (e.g., “How are you?”) but also of intense scientific scrutiny. Although the question, “How are you?” may seem simple enough, theorists have found the issue of well-being to be complex and controversial (Dolan et al., 2011). Indeed, from the beginnings of intellectual history, there has been considerable debate about what defines optimal experience and what constitutes “the good life.” Obviously, this debate has enormous theoretical and practical implications. How we define well-being influences our practices of government, teaching, therapy,

parenting, and preaching, as all such endeavours aim to change humans for the better, and thus require some vision of what “the better” is.

As an individual starts growing old, he/she faces a lot of problems, not only physical but psychological too. They may start feeling lonely, as the young generation does not have time for them. They also feel insecure whether anyone will take care of them or not. At times, it has been reported in news that due to this insecurity, loneliness and lack of confidence towards life, the elderly become depressed. They have very limited network to share their feelings and find it difficult to adjust according to the fast running life of their children. The many physiological, economic, emotional, and interpersonal facets of ageing influence the social functioning and well-being of individuals in different ways. Changing traditional values, mobility of the younger generation, changes in family structure, and role of women have contributed to a ‘crisis in caring’ for the elderly (Prakash, 2005). Many facets of the generation gap contribute to marginalisation of older persons and their wisdom by the younger generation, leading to conflicts, lack of respect, and decline of authority, neglect, and sometimes even exploitation or abuse. Chadha (1999) emphasises that psychological and environmental problems including feelings of neglect, loneliness, being unwanted, all related to loss of power, are usually associated with old age. Imbalance in the reciprocal relationship makes the aged feel unwanted and neglected. With current trends such as encouraging seniors to live longer at home or in the community, a highly mobile society and fewer children per family, the issue of social isolation takes a new importance. Well-being research seems especially prominent in current empirical psychology. In part, this reflects the increasing awareness that, just as positive affect is not the opposite of negative affect (Cacioppo & Berntson 1999), well-being is not the absence of mental illness. For much of the last century, psychology’s focus on the amelioration of psychopathology overshadowed the promotion of well-being and personal growth. But beginning in the 1960s with a shift in focus toward prevention, and continuing to the present, a few researchers have been studying growth (Deci, 1975), well-being (Diener, 2000), and the promotion of wellness (Cowen, 1991).

The field of psychological well-being has witnessed the formation of two relatively distinct, yet overlapping perspectives and paradigms for empirical inquiry into well-being that revolve around two distinct philosophies. The first of these can be broadly labelled hedonism (Kahneman et al., 1999) and reflects the view that well-being consists of pleasure or happiness. The second view, both as ancient and as current as the hedonic view, is that well-being consists of more than just happiness. It lies instead in the actualisation of human potentials. This view has been called eudemonism (Waterman, 1993), conveying the belief that well-being consists of fulfilling or realising one’s daimon or true nature. The two traditions: hedonism and eudemonism are founded on distinct views of human nature and of what constitutes a good society. Accordingly, they ask different questions concerning how developmental and social processes relate to well-being, and they implicitly or explicitly prescribe different approaches to the enterprise of living. As we shall see, the findings from the two intersect, but they also diverge at critical junctures.

Psychological or subjective well-being is a multifaceted concept; it is generally agreed that three aspects can be distinguished (Dolan et al., 2011; Kahneman & Deaton, 2010): Evaluative well-being, involving global assessments of how people evaluate their lives, or their satisfaction with life. Affective or hedonic well-being, involving measures of feelings such as happiness, sadness and enjoyment. There is compelling evidence that positive indicators are not simply the opposite of negative indicators, but that both carry valuable information (Kahneman & Krueger, 2006). Eudemonic well-being focuses on judgements about the meaning or purpose of one’s life, and appraisals of constructs such as fulfilment, autonomy and control. Although there is a broad association between the three domains, they do represent distinct aspects of psychological function, and correlations between them are frequently modest. These domains also relate differently to other experiences. For example, there is evidence that ratings of life satisfaction and affective well-being react differently to events such as marriage, bereavement, unemployment and retirement, and also vary in the extent to which there is long-term adaptation following such experiences (Luhmann et al., 2012).

Well-being can be viewed from two dimensional perspectives: hedonistic well-being and eudemonic well-being.

Hedonic well-being refers to the subjective experience of pleasure and the absence of pain or negative emotions. It focuses on maximising positive emotions and minimising negative ones. In the context of ageing persons, hedonic well-being involves pursuing enjoyable activities, engaging in leisure and recreational activities, and maintaining good physical health. It emphasises immediate happiness and satisfaction (Ryan & Deci, 2001).

Equating well-being with hedonic pleasure or happiness has a long history. Aristippus, a Greek philosopher from the fourth century B.C., taught that the goal of life is to experience the maximum amount of pleasure, and that happiness is the totality of one's hedonic moments. Many others have followed his early philosophical hedonism. Hobbes argues that happiness lies in the successful pursuit of our human appetites, and DeSade believed that pursuit of sensation and pleasure is the ultimate goal of life. Utilitarian philosophers such as Bentham argued that it is through individuals' attempting to maximise pleasure and self-interest that the good society is built. Hedonism, as a view of well-being, has thus been expressed in many forms and has varied from a relatively narrow focus on bodily pleasures to a broad focus on appetites and self-interests.

Eudemonic well-being goes beyond the pursuit of pleasure and emphasises personal growth, meaning, purpose, and self-realisation. It has to do with living a life in accordance with one's values, engaging in activities that contribute to personal development, and fulfilling one's potential. For older adults, eudemonic well-being may involve activities such as volunteering, continued learning, pursuing meaningful relationships, and engaging in activities that provide a sense of purpose (Waterman, 1993).

Despite the currency of the hedonic view, many philosophers, religious masters, and visionaries, from both the East and West, have denigrated happiness per se as a principal criterion of well-being. Aristotle, for example, considered hedonic happiness to be a vulgar ideal, making humans slavish followers of desires. He posited, instead, that true happiness is found in the expression of virtue—that is, in doing what is worth doing. Fromm (1981), drawing on this Aristotelian view, argues that optimal well-being (*vivere bene*) requires distinguishing between those needs (desires) that are only subjectively felt and whose satisfaction leads to momentary pleasure, and those needs that are rooted in human nature and whose realisation is conducive to human growth and produces eudemonia, i.e. “well-being.” In other words... the distinction between purely subjectively felt needs and objectively valid needs—part of the former being harmful to human growth and the latter being in accordance with the requirements of human nature (p. xxvi).

The term eudaimonia is valuable because it refers to well-being as distinct from happiness per se. Eudemonic theories maintain that not all desires—not all outcomes that a person might value—would yield well-being when achieved. Even though they are pleasure producing, some outcomes are not good for people and would not promote wellness. Thus, from the eudemonic perspective, subjective happiness cannot be equated with well-being. Waterman (1993) states that, whereas happiness is hedonically defined, the eudemonic conception of well-being calls upon people to live in accordance with their daimon, or true self. He suggests that eudaimonia occurs when people's life activities are most congruent or meshing with deeply held values and are holistically or fully engaged. Under such circumstances, people would feel intensely alive and authentic, existing as who they really are—a state Waterman (1993), labelled personal expressiveness (PE). Empirically, Waterman (1993) shows that measures of hedonic enjoyment and PE are strongly correlated, but are nonetheless indicative of distinct types of experience. For example, whereas both PE and hedonic measures are associated with drive fulfilments, PE is more strongly related to activities that afforded personal growth and development. Furthermore, PE is more associated with being challenged and exerting effort, whereas hedonic enjoyment is more related to being relaxed, away from problems, and happy.

Psychological well-being and health are closely related, and the link may become more important at older ages, due mainly to the fact that the prevalence of chronic illness increases with advancing age. As life expectancy increases and treatments for life-threatening diseases become more effective, the

issue of maintaining well-being at advanced ages is growing in importance. Studies of older people indicate that evaluations of quality of life are affected by the person's state of health, but the frequent finding that average self-reported life evaluation in the population increases with age suggests that psychological well-being is affected by many factors other than health. These include material conditions, social and family relationships, social roles and activities - factors that also change with age. There is a growing research literature suggesting that psychological well-being may even be a protective factor in health, reducing the risk of chronic physical illness and promoting longevity. It has also been argued that psychological well-being should be addressed in measures of health valuation, and be considered in health-care resource allocation (Dolan & White, 2007).

What is the association between well-being and age? The best information available is from large-scale international surveys that have asked about life evaluation, although more recent surveys have also included measurement of hedonic and eudemonic well-being. One recent study examined assessments of life evaluation (broadly-defined "happiness" with life or life satisfaction) in several European, American, Asian, and Latin American cross-sectional surveys over several time-periods, and replicated prior findings of a U-shaped association between age and well-being with the nadir at middle age and higher well-being in younger and older adults (Blanchflower & Oswald, 2008). The U-shape of life evaluation is often taken to be a standard finding, and has recently been replicated in non-human primates, but there a number of studies with different results, and one analysis of longitudinal data from Britain, Germany, and Australia find no such shape once individual fixed effects are incorporated. Life evaluation followed the U-pattern with a nadir in the mid-50s; however, the occurrence of 'a lot of stress' or 'a lot of anger' yesterday declined throughout life, more rapidly so after age 50. Worry remained elevated until age 50 and declined thereafter, whereas two positive emotions were similar in pattern to that of life evaluation. These findings are consistent with other results such as a recent study on income and well-being, and argue that hedonic and evaluative well-being are essentially different, so multiple indicators should ideally be assessed (Kahneman & Deaton, 2010).

One particularly intensive study supports the finding of hedonic well-being improving with advancing age. Analyses of five momentary samples of affect (using the format 'how are you feeling right now?') per day, recorded over seven days, showed that the frequency of negative emotions decreased at middle age, although their intensity did not. The high density of affect recording enabled distinctions to be made between severity and frequency, a contrast that is not possible with 'yesterday' or longer reporting periods, providing new insight into the lives of older people and dispels the idea that the intensity of experiences diminishes with age (Carstensen et al., 2003).

The preeminent theory emerging from these and other results is socio-emotional selectivity theory, which posits that as people age, they accumulate emotional wisdom that leads to selection of more emotionally satisfying events, friendships, and experiences. Thus, despite factors such as the death of loved ones, loss of status associated with retirement, deteriorating health and reduced income and perhaps also reduced material needs older people maintain and even increase self-reported well-being by focusing on a more limited set of social contacts and experiences. Although the findings support this notion, it is notable that the theory only predicts higher well-being in older ages, but does not predict the U-shape pattern of life satisfaction or the flat and then decreasing pattern for stress. Yet it offers an explanation of how, in spite of declining health and income with age, psychological well-being may improve. By contrast, economic theory can predict the dip in well-being in middle-age; this is the period at which wage rates typically peak and is the best time to work and earn the most, even at the expense of current well-being, in order to have higher wealth and well-being in later life (Carstensen et al., 2003). These findings suggest that older populations, although less healthy and less productive in general, may be more satisfied with their lives, and experience less stress, worry, and anger than do middle-aged people. However, our on-going research shows that these patterns of psychological well-being are not universal across populations. It is therefore important to look at the concept of old age from a cross-cultural perspective in order to ascertain how support systems can foster well-being.



**Method**

**Participants**

The target population of this study included the ageing (60+) and youth (between 20-30 years) selected from one urban (Kumbo) and one rural (Nkum) settlements of the Nso Fondom with the population of 83,479 and 44,059 respectively. The accessible population in both urban and rural settlements were 200 and 184 respectively. The sample of the study was calculated at 95% confidence level and 10 confidence interval (Krejcie & Morgan, 1970, and The Research Advisors, 2006). Hence, from a total accessible population of 384, a sample of 192 respondents was chosen for the study. This is represented in Table 1 below:

**Table 1. Population and sample of the Study**

S/N	Settlement	Target population	Accessible population	Sample
1	Kumbo (Urban)	83,479	200	96
2	Nkum (Rural)	44,059	184	96
<b>Total</b>		127,538	384	192

**Source: National Institute of Statistics and field data**

Based on table 1 above, a purposive sampling technique was adopted first to choose the various settlements and the participants of the study. In this regard, specific elements which satisfied particular criteria of the study were considered. Hence, the researcher took extra care to select those villages that satisfy the requirements of the research purpose, namely, village settlements where indigenous support systems are still highly practised and urban settlements where support systems are fast dying down, with the aim of comparing the well-being of old people in rural and urban settlements, and the ageing persons and youth. The ageing persons (old) who were 60 years and above as well as the youth who were between 20 and 30 years engaged in an economic activity and living either with the parents or around them.

**Procedure**

The concurrent nested mixed method research design was used in conducting this study. In this light, both quantitative and qualitative research paradigms were adopted in the study. To begin with, in order to collect quantitative data, the survey design, with the aid of a questionnaire made up of close ended items, was used to collect data from the participants of this study. This study made use of the survey design because it required a representative sample of the ageing population from which numeric descriptions were collected and analysed, and further used to generalize self-perceptions of the ageing population with regards to Africentric Social Support Systems and their psychological well-being in the Nso community. In order to collect qualitative data, the phenomenological approach, with the aid of an Interview Guide made up of open-ended questions, was adopted to gather information that explains how individuals experience a phenomenon and how they feel about it.

Two types of statistical methods were used in analysing collected data, that is, both descriptive and inferential statistics. Descriptively, the data were presented on tables in the form of frequencies, percentages, and mean score. With respect to inferential statistics, the linear regression analysis was used to check the influence of africentric social support system on the psychological well-being of ageing persons in Nso. The choice of linear regression analysis was due to the fact that the phenomenon under study is current and determines the influence of the independent variable on the dependent variable, as well as establishes the relationship between the variables. Qualitative data were analysed using thematic content analysis.

**Findings**

**Demographic Information**

**Table 2. Background Information**

Category	Indicator	Number	Percentage
Settlement type	Rural	95	54.2
	Urban	80	45.8
Sex	Female	96	54.8
	Male	79	45.2
Marital status	Married	144	82.2
	Single	31	17.1

According to level of education, 54.2% of the respondents were living in rural settlements while 45.8% were living in urban settlements. In terms of sex, 54.8% were female and 45.2% were male. In relation to marital status 82.2% were married and 17.1% were single.

**How does family social support system influence the psychological well-being of the ageing in Nso?**

**Table 3. Family Social Support Systems**

Items	Always (A)	Often (O)	Sometimes (S)	Never (N)	Mean	Stdev	Ranking
In my society old and young people live together and young people take care of the old.	25 (14.3%)	100 (57.1%)	50 (28.6%)	0 (0.0%)	2.84	0.65	4
Old people receive support from young people for their security needs.	40 (22.9%)	80 (45.7%)	45 (25.7%)	10 (5.7%)	2.84	0.84	4
Old people receive support from young people for their health needs.	45 (25.7%)	70 (40.0%)	50 (28.6%)	10 (5.7%)	2.84	0.87	4
Old people receive support from young people for their personal hygiene and cleaning.	25 (14.3%)	90 (51.4%)	45 (25.7%)	15 (8.6%)	2.70	0.82	7
Old people have the opportunity to share stories with young people.	20 (11.4%)	150 (85.7%)	5 (2.9%)	0 (0.0%)	3.07	0.39	2
Old people have the opportunity to attend social gatherings with young people.	20 (11.4%)	150 (85.7%)	5 (2.9%)	0 (0.0%)	3.07	0.39	2
Old people have the opportunity to attend traditional ceremonies with young people.	25 (14.3%)	150 (85.7%)	0 (0.0%)	0 (0.0%)	3.13	0.38	1
Old people interact with young people who help them in domestic chores.	45 (25.7%)	75 (42.9%)	30 (17.1%)	25 (14.3%)	2.78	0.98	5
Old people interact with young people who help them in farm duties.	25 (14.3%)	100 (57.1%)	30 (17.1%)	20 (11.4%)	2.73	0.84	6

Young people are available and run errands for old people.	45 (25.7%)	95 (54.3%)	25 (14.3%)	10 (5.7%)	2.96	0.91	3
<b>Multiple Response Set (MRS)</b>	<b>315 (18.0)</b>	<b>1060 (60.6%)</b>	<b>285 (16.3%)</b>	<b>90 (5.1%)</b>			

Table 3 presents respondents’ opinion on family social support systems. Based on family social support systems, findings showed that 60.6 % (1060) often and 18.0% (315) always experience family social support systems. Technically, 100 (57.1%) often and 50(28.6%) sometimes live together and young people take care of the old. Also, findings showed that 80 (45.7%) often and 45(25.7% ) sometimes receive support from young people for their security needs. 70 (40.0%) often and 50 (28.6%) sometimes receive support from young people for their health needs. Similarly, findings showed that 90(51.4) often and 45(25.7) sometimes receive support from young people for their personal hygiene and cleaning. 150(85.7%) often and 20(11.4%) always have the opportunity to share stories with young people. Also, 150(85.7%) often and 20(11.4%) have the opportunity to attend social gatherings with young people. Similarly, 50(85.7%) often and 25(14.3%) often have the opportunity to attend traditional ceremonies with young people. 75 (42.9%) often and 45 (25.7%) always interact with young people who help them in domestic chores. Furthermore, 100(57.1%) often and 30(17.1%) sometimes interact with young people who help them in farm duties.

**Predictive power of background indicators on family social support systems**

**Table 4. Likelihood Ratio Test On Background Indicators**

Effect	Model Fitting Criteria	Likelihood Ratio Tests		
	-2 Log Likelihood of Reduced Model	Chi-Square	df	Sig.
Settlement type	109.131	3.027	4	.003
Gender	132.621	25.438	16	.489
Marital status	113.776	7.673	8	.466

According to this test, the lesser the test ratio, the greater its predictive value. Thus, according to the likelihood ratio tests, it was seen that settlement type was the most predictive element on family social support systems with a significant ratio of 0.003. This was followed by marital status 0.466, and gender 0.89, But marital status and gender were not significant predictors of family social support systems. Hence, settlement type has a high effect on family social support systems where rural settlements are more inclined to family social support systems than urban settlements.

**Hypothesis: There is no significant influence between family social support systems and psychological well-being of the ageing in Nso**

**Table 5. Model Summary**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.654 <sup>a</sup>	.427	.412	15.11412

The model summary Table shows that a moderate positive relationship (R = 0. 654) exists between family social support systems and psychological well-being of the ageing in Nso . Furthermore, R-Square for the overall model is 0.427 with an adjusted R of 0.412.

**Table 6. Coefficients**

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	30.097	3.470		8.672	.000
	family social support systems	.306	.058	.654	5.326	.000

The Table for regression coefficients indicates that the regression equation is given psychological well-being = 30.097+ 0. 306 x family social support systems. Thus when there is an increase in family social support system, the psychological well-being of the ageing in Nso is at 30.097 but when family social support system increases by one unit, the psychological well-being increases by 0.306. This increase is significant as indicated by the p-value of 0.000.

**Table 7. ANOVA**

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	6479.413	1	6479.413	28.364	.000 <sup>b</sup>
	Residual	8680.587	38	228.436		
	Total	15160.000	39			

The ANOVA table shows that F (28.364) with p = 0.000. This suggests that there is a significant influence between family social support systems and psychological well-being of the ageing in Nso. Consequently, the null hypothesis was rejected and it can therefore be concluded that family social support systems has a significant influence on the psychological well-being of the ageing in Nso.

**Qualitative Findings**

**Table 14. Thematic Analysis of Aspects of Family Social Support Systems**

Category	Themes	Code descriptions	Grounding	Quotations
Family social support systems	Family relationships	Immediate family	Almost all of the respondents	<p><i>“One of the ways by which old people relate with the young is through the immediate family. Because we can relate at family level, it promotes the well-being of the old”</i></p> <p><i>“unlike in other societies where old people are placed on some facilities, old people here live with their families and are well taken care of, this promotes the psychological well-being of the old,</i></p>
		Extended family	Majority of the respondents	<p><i>“As an old person, one is not only restricted to the immediate family, there is equally the extended family whereby we can relate with other children of the family. This promotes our well-being as we are not just left alone”</i></p>

	Societal relationships	Rites of passage	Almost all	<p><i>“rites of passage are common ways by which old people relate with the youths. E.g during a rite like naming of child, it is often the old that names the child and then this child grows in a relationship with the old person that gave the name”</i></p> <p><i>“we have transition rites and initiation rites and they are a source of interactions between the old and the youth. The old people are responsible for initiating the young into various traditional societies”</i></p>
		Cultural festivals	Almost all	<p><i>“During cultural festivals there are always great interactions between the young and the old people. The young learn how to practice the culture from the old”</i></p>

Accordingly, family and societal relationships were identified as various media of interactions between the old people and the young. These family social support systems happen via the immediate family, extended family, rites of passage and cultural festivals.

### Discussions

According to the findings of the study, the majority of the respondents were of the opinion that the presence of family social support systems had a positive influence on the psychological well-being of the ageing in Nso. In general, the test of hypothesis revealed that family social support systems significantly influence the psychological well-being of the ageing. The findings of the present study are consistent with those carried out by Peil (1985) during the 1980s, which showed consistently high levels of co-residence and family-based support in both rural and urban areas. She reported that about 80 per cent of her respondents over age 60 were receiving help from children, grandchildren or siblings, through family social support systems. This shows that family social support systems are mostly practised in family circles, where the old receive support for their psychological well-being from their children, grandchildren, and siblings.

Hence, unlike in western cultures where old people are mostly placed in care giving centres, care for the old in African cultures is done at family levels. In this regard, it is very common to find co-residences where the old frequently interact with the young. Albert and Cattell (1994) in this light had similar findings from surveys carried out in the mid-1990s, which show a continuing pattern of high co-residence in most cultures in Africa. Oral traditions in African history are replete with accounts of avid concern for and actual cultivation of communities built on the foundation of intergenerational solidarity. Africans, in general, believe firmly in the ethos of establishing healthy, inclusive societies in which the community shares very warmly in achievements and challenges as they come. Africans have, therefore, established, maintained, and cherished family social support systems fostered by the dependence of the young on the older generations at some point in the lifespan and the dependence of older persons on the young in a reciprocal manner.

Traditionally, it was common to find that, anywhere one went in the subcontinent, older persons contributed financially, physically, socially, emotionally, and spiritually to the upbringing of the younger generations. In pre-colonial days, the informal learning systems and curricula relied extensively on the machinery of family social support systems, as knowledge was freely shared

between the young and the old during moonlight stories at the village square. The cultivation of inclusive societies was the duty of everyone, young and old, grandchildren and grandparents alike, and social tensions and frictions were rare. African informal family- and community-based care systems were so treasured that Africans had little desire or need for the dominant structuring of formal public welfare systems.

It can therefore be inferred from the findings of this study that in most African communities, interactions between generations were based on a hierarchical age structure, whereby respect and status were accorded on the basis of one's age. The norm was the greater the age, the higher the status. This was further complimented by a gender-based system of awarding status whereby men were given higher status. This was the case largely because most communities, except a few in the southern part of Africa, subscribed to a patriarchy system. As a result, family relationships were subject to a strict order of seniority, with the eldest men at the helm. It is however important to note that children and women also had their place in society.

The findings are consistent with those of Muia, Maina and Mwangi (2010) who found out that in most cultures in Africa, women were referred to as the carriers of generations due to their roles of bearing and rearing of children. They were thus often assigned adoring names. On the other hand, children were valued as they were the promise of continuity of the community. It is for this reason that there were elaborate ceremonies to welcome children into the community. Children belonged to the community and the larger society. Again, it was unexpected for married couples to live without a child, hence the acceptance of polygamy especially in those cases where a wife never bore children. At the family level, the relationships were based on reciprocity and exchange. Children were taken care of in the expectation that they would in turn take care of their parents in old age. Caring for one another among generations was thus an expected obligation, and indeed duty. This reality has endured in most parts of Africa and thus, it is still believed that older and younger generations of a community should live in mutual cooperation and coordination for the benefit of the two groups. This situation is characterised by mutual honor, adoration and respect of the old by the young and is underpinned by a strong socialisation culture. Further, it is supported by an institutionalised system of gerontocracy. Hence, in such a milieu of co-existence, each generation 'owes' the other.

Despite the above positive views, a critical reflection of family social support systems in Sub-Saharan Africa, however, shows that these values are currently being threatened and eroded by modernism, post-modernism, globalisation, and numerous socioeconomic challenges. This is consistent with the findings of the present study, which indicated that settlement type was the most predictive element on family social support systems, with those in rural settlements experiencing greater family social support systems than those in urban areas. In this light, Cruz-Saco et al. (2010) equally found out that family social support systems and action in Sub-Saharan Africa is being dwarfed in importance and visibility by urbanisation and its effect of exclusivity in family relations. The extended family and intergenerational ties that made Africans very proud in the past are being thrown overboard. The emergence of urbanisation and industrialisation has meant that young Africans seek economic solace in the big towns and cities, leaving the rural areas almost exclusively to the aged. Intergenerational ties are weakened daily by the increasing changes in African value systems as communities are opened up to cultural globalisation (Cruz-Saco et al., 2010).

The changing pattern of family social support systems experienced in urban areas as visible in this study are equally discussed by Muia, Maina and Mwangi (2010) who found out that in colonial period in Africa, family social support systems became shaped by Western values and practices. The attendant changes were more or less determined by the western powers in charge of each territory after the scramble for Africa. Newer systems of generational relationships therefore emerged and became even more pronounced in the British-ruled colonies in Africa. Some of the notable changes affecting intergenerational dynamics included the introduction of homes for the elderly as well as remand homes for law breakers of that time. This meant that the elderly Africans were isolated from the rest of the community members, their children, grandchildren, and even great grandchildren. This needs to be understood within the context that in traditional African society, care was given within the community

and offenders were equally rehabilitated within the community. It was only in extreme cases that one would be excommunicated or expelled from the community.

Oduaran and Oduaran (2004) have argued that the modern world seems to be industrial, expansionist, capitalistic and bureaucratic and is therefore not supportive of the communal and mutual cooperation characteristics of pre-colonial societies. As industrialisation and urbanisation, expansionism, capitalism, and bureaucracy continue to flourish, generational relationships in Africa continue to change in an unprecedented way. At the same time, family structures are getting dismantled as the role of the extended family in fostering harmonious generational relationships is continually being challenged.

### Conclusion

Despite the fact that the family and community remain the key providers of support for the old, there is a tacit phenomenon where institutionalisation seems to be creeping in as alternative forms of social support for the old. Hence, there is need to examine the merits and demerits of both so as to make the right choices for the old in our community. Beginning in the 1990s, neo-liberal economists began to expand their catastrophic view of the ageing crisis to the global arena (Peterson, 1999). The basic argument, as put forth by the World Bank (1994) in *Averting the Old Age Crisis*, is that informal and public sector programmes are incapable of handling the impending demographic imperatives brought about by ageing in the developing world. Their stress is on allowing the private and voluntary sectors to fill the coming needs in social welfare and reducing state provision of support to only the most extreme cases of need. A presumption in such a model is that universal public pensions and other public support programmes undercut informal, family-based systems of support for the elderly.

The work of Lloyd 22 Sherlock (1997) provides a strong critique of this perspective based on his work in Latin America. Another important examination of this issue was carried out by Briller (2000) during the mid-1990s in rural Mongolia. She showed that pensions can have a positive effect in reinforcing the pre-existing family-centred sentiments and practical support of the aged and do not spell out traditional systems of filial devotion and assistance. The reality of how living arrangements can continue to sustain elders in the developing world has been succinctly described by African sociologist Nana Apt. In a keynote address, she chided international donor organisations, including the United Nations, for operating in a policy void that ignores the workings of traditional welfare systems in favour of modern forms. She observed: “it is not enough to talk about the bind of tradition, and it is not enough to talk about its disintegration. We must find ways and means of transforming it into a modern form that will make multigenerational relationships much more viable” (Apt, 1998, p. 14). It should be added that traditional systems will only be sustained if they blend local meaning with regionally-based economic systems to give both youth and elders reason to support one another.

Gerontology has often been viewed from a negative perspective as a period of decline of the physical and psychosocial well-being of old people. This study shows that if old people are given attention by the young and there is a reciprocal relationship between them, the psychological well-being of old people can be assured. There is need to respect the status of old and engage more in community-based social problems with constant relationships with the family and community at large. African conception of well-being may differ from views held in western cultures. With a community social support system of life, it is recommended that the well-being of old people can easily be fostered with them participating in communal activities like traditional ceremonies, cultural festivals, rites of passage, and relating reciprocally with the younger generation.

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