PERCEPTIONS OF VULNERABILITY TO STRESS AND LOSS OF CONTROL AMONG THE ELDERLY IN BONDO DISTRICT, KENYA.

BY

BENJAMIN OTIENO

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DECLARATION

I declare that this project is my original work and has not been previously published or presented for a degree in any other university.

Benjamin:

23/5/06

BENJAMIN OTIENO

EM16/0509/02

DATE

RECOMMENDATION

This research project has been submitted for examination with my approval as university supervisor.

PROF. AGGREY M. SINDABI

25/5/06

DATE

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Last but not least, I also wish to thank the elderly persons who participated in the research for their co-operation.

DEDICATION

This project is dedicated to all men and women over 55 years who are willing to socially and psychologically enrich their twilight years.

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ABSTRACT

Surveys are indicating that many elderly people are so overwhelmed by the aging process and the pressures of their environment that their effective coping is threatened. Most elderly people have lost control over at least one thing they could control when they were young adults. They are also vulnerable to stress. Limited studies have been done on the counseling needs and coping mechanisms among the elderly. This project assessed their perception of vulnerability to stress and loss of control so as to recommend psychological intervention programmes that are acceptable to them. The project has also examined the perception of the elderly towards the implementation of such programmes. The survey was carried out in all the five administrative divisions of Bondo District. It used the *ex-post facto* research design. The population constituted 16,301 elderly persons. Purposive sampling was used to select a sample of 150 subjects to be included in the study. Participants who filled and returned the questionnaire were 145, representing a response rate of 96.7 %. Data was collected using a questionnaire developed by the researcher. The illiterate and semi-literate participants were personally helped to fill the questionnaire by the researcher. Data was analyzed using Karl Pearson co-efficient of correlation and frequency distribution. The statistical package for social sciences, a computer package was used for analysis. The study established that many elderly people perceive vulnerability and loss of control as a reality of the aging process and would participate in psychological intervention programmes that help them develop personal competence, self regulation and feelings of success. The study has recommended several psychological intervention programmes that can reduce vulnerability among the elderly and help them increase control over their environment. The findings may be useful to hospices, doctors and caregivers who wish to help the elderly restore their confidence and self-control.

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CHAPTER ONE
INTRODUCTION

1.1 Background Information

It is estimated that in 2005 there were 2,109,731 elderly persons in Kenya, making up 6.31 % of the entire population (Republic of Kenya, 1996a). Although some are still active and in gainful employment, in Kenya, retirement is mandatory for civil servants and teachers employed by the Teachers Service Commission upon attaining the age of 55 years (Republic of Kenya,1977). This applies mainly to employees of the Kenya government. Among studies of the impact of stressors on psychological adjustment of the elderly, retirement has been found to produce strain as evidenced by decreased self-esteem, satisfaction and activity in men and women (Atchley, 1971).

Many elderly people undergo a six – phase developmental sequence of retirement: pre retirement phase, honeymoon, disenchantment, reorientation, stability and termination (Atchley, 1985). The pre retirement phase involves fantasies about retirement – positive and negative. Company pre retirement programs and retired friends can foster adjustment by providing accurate information about post retirement lifestyles and financial realities. The Kenya civil service and teaching service have no official pre retirement programs and retirees have to individually grapple with their own fantasies. The honeymoon phase involves the euphoria that accompanies newfound freedom. It is a busy period during which people do things they had fantasized doing once they had the time-as financial resources permit. In the disenchantment phase as one's schedule slows down, one discovers that the fantasized activities are less stimulating than anticipated. In the reorientation phase now a more realistic view of the possibilities of retirement develops. Retirees in this phase frequently join volunteer groups and increase civic involvements (Atchley, 1985). In the stability phase the retirement role has been mastered. Routine and stability set in; the self-awareness of one's needs and strengths and weaknesses is more accurate. In the termination phase, retirement comes to an end either through assumption of the sick role because of disability, return to work or death. Atchley, (1985) further theorizes that going through these six phases can make retirees feel vulnerable and insecure.

On the other hand, Streib & Schneider (1971) found little or no evidence of such effects. In another study (Heyman & Jeffers, 1968), about half of the wives of the retirees were sorry that their husbands retired, especially if they were from lower socio-economic groups. Kerckhoff (1964) established that wives of retirees had less satisfaction than their retiring husbands.

Many people over 55 years are overwhelmed by several problems apart from retirement. Severe events like World Wars, migrations, major relocations, serious illnesses, genetic diseases, sensory-motor losses, major cognitive deficiencies, orphaned grandchildren, a number of intimate relationships, political changes, rapidity and frequency of social change among other things, have made the elderly be vulnerable to stress. (Streib & Schneider, 1971).

There are many preconceptions, myths and stereotypic beliefs concerning control capabilities, control motivations and performance expectancies of the elderly. For example many young people believe that the elderly lose their ability to think abstractly or make sound judgments as they advance in age. It is also believed that the elderly are poorly coordinated, feel tired most of the time and easily fall prey to infections. Other misconceptions are that they have no desire for or interest in sexual relationships and that they can neither remember the simplest things nor learn new skills and facts. It is further assumed that they are touchy, self-pitying, grouchy and cranky. It is postulated that these myths and stereotypic misconceptions of the effects of aging on performance and outcome expectancies contribute significantly to a sense of vulnerability in later life.

Old age brings new problems some of which are physical. Muscular responses are weaker. To some extent, the problems of adjustment are not quite so great because it is expected that the elderly person will be weaker and slower. These physical changes are gradual and the elderly person may not accept or even recognize his aging because it is not a clear-cut change. Many of the changes the elderly face make their adjustment to everyday life more difficult because they represent a loss of control over the environment. When the elderly are unable to maintain what they value most – recognition in the community, good health, privacy, visits from family and friends, life suffers dramatically, along with their self-image, (Shanas, 1979).

The roles of husband and wife are likely to change during this period. Whereas the man is likely to be dominant during the early years of marriage, both husband and the wife see the wife as becoming dominant in old age (Neugarten, 1977). Whether

this is the cause of changes in the secretion of sex hormones, the generally better health of women, the man's loss of self esteem and purpose when he retires, or some other factor, such a change involves learning new adjustment skills in family relationships.

1.2 Statement of the Problem

Misapplied and compensatory models have set unrealistic expectations for and efficacy among elderly people and this has had catastrophic results. Pressures of their environment are beyond their capacity. Perpetuating a myth of control and responsibility can lead to anger (Janoff, Bulman and Brickman, 1982), loss of self-esteem and eventual depression and vulnerability. The elderly person is likely to become dependent upon his family for physical or financial help. Among the residents of Bondo District, physical and financial independence have a high cultural value and so the dependency status is one that arouses many conflicting feelings and the resulting irritability may cause even greater problems in the old adult's relationship with his family. Moreover, their values of productivity, service and the out going social activity are those modeled after the well-adjusted middle-aged person. They may be inappropriate for the elderly but they are so widely held that the old adult's self-esteem suffers from his diminishing capabilities to attain these goals. The elderly face these problems of adjustment with reduced abilities to adjust to new situations. The habits are so well learned that it is difficult to change them.

Demands on elders to be self-reliant have made elderly persons feel guilt and shame for their lack of self-sufficiency and may be so overwhelmed by negative emotions that their effective coping is threatened. Many studies on the elderly have only focused on their emotional and psychological problems. Very limited research has been done on their counseling and reconstruction. Effective counseling can only be done if the way elderly people perceive vulnerability to stress and loss of control is taken into account (Atchley, 1971). It is hoped that this study provides sufficient information that could be used to recommend the development of a vulnerability management programme and psychological intervention programme. This study assessed the perception of vulnerability and loss of control among the elderly in Bondo District, Kenya.

1.3 Purpose of the Study

The purpose of this study was to assess the perception of vulnerability to stress and loss of controls among the elderly. The expectation is that with the assessment, psychological intervention programmes and vulnerability management programmes acceptable to the elderly can be recommended.

1.4 Objectives of the Study

The objectives of the study were as follows:

i. To determine the attitude of the elderly towards aging
ii. To determine the perception of the elderly towards the implementation of psychological intervention programmes.
iii. To establish if vulnerability to stress depends on the gender of the elderly person.
iv. To identify factors that cause vulnerability and loss of controls among the elderly persons
v. To establish ways of psychological interventions that can reduce vulnerability among the elderly.

1.5 Research Questions

This study aimed at answering the following questions:

i. What is the attitude of the elderly towards aging?
ii. What is the perception of the elderly towards implementation of psychological intervention programs?
iii. Is vulnerability to stress determined by gender of the elderly person?
iv. What factors cause vulnerability and loss of controls among the elderly persons?
v. Are there psychological interventions that can reduce vulnerability among the elderly?

1.6 Significance of the Study

The study hopes to contribute to increased understanding of the tribulations of old people so that preventive and corrective intervention and counseling programs can be put in place to help aging individuals cope with crises and problems of self esteem associated with vulnerability in later adulthood. It is also hoped that doctors, hospices and caregivers will use it to help aging individuals restore their self-confidence and self-control. The study expects to benefit the elderly by sensitizing them on anxiety associated with loss of control and its consequences. Teenagers and young adults may also benefit by being prepared for what to expect when they become old adults and help them get along with and enrich the lives of older people in their lives. The government may also use the findings of this study to develop special care programmes targeting elderly persons.

1.7 Scope of the Study

The study was limited to men and women aged 55 years and above, who are permanent residents of Bondo District. Data was collected through questionnaires. For illiterate elderly persons, the questionnaires was read and translated by the researcher, who also recorded their responses. The findings of the study may be generalized to any other population with caution.

1.8 Limitations of the Study

The group of interest was adults aged over 55 years. The limitation expected in this study was locating them in their homes, which are far flung. However, the researcher managed to meet a sizable number at pension pay points in the district headquarters, markets and places of worship. Another limitation was that some respondents were not fully conversant with English. The researcher had to translate the contents of the questionnaire to a language they could understand.

1.9 Assumptions of the Study

The study was based on the following assumptions:

(i)The respondents cooperated with the researcher and provided genuine and accurate information.

(ii)Women and men aged over 55 years are experiencing vulnerability to stress and loss of control.

1.10 Definition of Terms

The following terms used in the study are defined as follows:

Adult child - A financially independent man or woman aged between 18 and 55 years upon whom an elderly parent is dependent.

Ageism - Prejudice against the elderly.

Anxiety - Fear caused by uncertainty about aging.

Control - Ability to influence what one wants or intends to do.

Inheritance - A cohabitation arrangement in which a widow temporarily stays with a male caretaker.

The Elderly - Men and women aged 55 years and above. They are invariably referred to as elderly persons; elders or old adults

Psychological Intervention Programme - A series of techniques designed to help an individual cope favourably with stress and vulnerability.

Stress - An elderly person's perceptions of his / her inability to cope with an event or situation that produces psychological strain.

Vulnerability -A pathological feeling that one is exposed to stress.

Young adults - Men and women who have not celebrated their 55^{th} birthday.

CHAPTER TWO
LITERATURE REVIEW

2.1 Introduction

This chapter examines the social stressors in old age, gender differences and vulnerability, conceptualization of aging and established social theories of aging. It also has a theoretical framework on which the research was based.

2.2 Social Stressors in Old Age

The role of elderly people has changed considerably over the past few decades and change is known to be associated with stress (the balance between demand and resources). Many of the social, political and economic changes have taken place during their adult lives. Instead of being part of the extended family, the elderly are likely to live by themselves and have more time for their own pursuits than ever before. There are fewer family members nearby to turn to for social support. There is a large number of elderly poor, the frail and the physically incapacitated who may be the most stressed and in need of support of any age group. Social pathologies of old age are social isolation and loneliness (Neugarten, 1977). In the last several years gerontologists have focused on the social networks of the elderly (Snow & Gordon, 1980), recognizing the importance of social support for continued functioning, especially in times of stress and crises (Caplan, 1974).

Although it seems rather obvious that social support would be beneficial for well-being, studies have produced mixed findings (Liang, Dvorkin, Kahana & Mazian, 1980). Lowenthal and Robinson (1976) pointed out that any attempt to measure social interaction should include a subjective dimension of quality of the interaction. Having a friend diminishes the impact of role loss, since people can still feel needed and influence others. Cantor (1975) found that the most important neighboring activity of elderly in inner city New York was that of emergency assistance or crisis intervention. Reviewing 30 years of research Larson (1978) found that when the actual tabulation of visits from family, friends and neighbors was taken, a positive association was found with well-being. Indeed some studies (Shanas, Townsend & Wedderburn, 1968; Edwards & Klemmack, 1973) indicated that morale in older age may be more highly associated with having friends than with having

children. Still, for major needs people are more likely to turn first to family, then to friends and neighbors and last to social agencies (Shanas, 1979).

Departure of the last child from home is also believed to be stressful (Lowenthal & Robinson, 1976). However, Glenn (1975) concluded that the empty nest syndrome did not typically have an enduring negative effect. In a report of life stressors (Linn, Linn & Harris, 1981) elderly with high stress scores differed from those with low stress scores on symptoms of somatization, depression and anxiety. Cultural groups of Anglo, Black and Cuban elderly differed on social participation and dysfunction. Controlling for social class diminished some of the differences between cultures and holding locus of control constant diminished differences between high and low stress groups. The fact that symptoms differentiated high and low stress groups similarly in each culture suggested that reactions to stresses such as death and illness, which occurred frequently among these older persons, may be a common response that transcends cultural differences.

Many gerontologists believe that widowhood is the most disruptive of all stressors (Parkes, 1973). The Holmes and Rahe Schedule of Life Events assigns "death of a spouse" the highest weight of any life changes in regard to its potential strain (Holmes & Rahe, 1967). However, no long-term detrimental effects were found for those widowed during a longitudinal study (Heyman & Gianturco, 1973). Elderly women are the most likely to be widowed and their adjustment depends to a great extent on their ability to cope with this event and its consequences.

Several researchers including some who are gerontologically-oriented have been concerned to present acceptable definitions of control having relevance for understanding the development of strength and vulnerability throughout life – course. Lazarus and Folkman (1984) argued that a person has power or control if he can reverse the state of affairs if he so desires. Baron and Rodin (1978) and Rodin (1979) operationally define control as the ability to regulate or influence intended outcomes through selective responding. The crucial component of this view is the assumption that they are responsible for the outcomes that accrue to them through their own effort.

2.3 Gender Differences and Vulnerability

In old age, the roles of husband and wife are likely to change. Neugarten (1977) pointed out that whereas the man is likely to be dominant during the early years of marriage; both husband and wife see the wife as becoming dominant in old age. For men dependency seems often frightening. It is often a visceral and intense reminder of infant vulnerability and helplessness. Retirement for men usually entails some move to a social structure centered around the family, a move which robs the older man of arenas of effective activity and a move in which the adaptive skills of social intimacy and dependence may not be readily available (Kerckhoff, 1964).This may lead the aging man to develop feelings of disappointment, cynicism, helplessness, hopelessness, fear of death and feeling that there is insufficient time to start anew. Conversely, Heyman and Jeffers (1968) established that many women are financially and all women are physically in a position of vulnerability in relation to men. Thus, by the time a man and a woman become elders, the man finds adjustment to vulnerability more painful and difficult than the woman (Atchley, 1971).

Widowhood presents many difficulties for the elderly. Many widowers are unable to cope with the effects of the loss of a wife (Lopata, 1980). Problems like loneliness and grief are common. Perhaps because widows are more common, they seem more able to reconstruct their lives and their support systems to ensure a social space following the grief work. (Lopata, 1980). An explanation for this discrepancy between widows and widowers may be found in a study by Powers and Bultina (1976). They reported that aged women, more often than men, turn outside the family for emotional and social support

2.4 Conceptualization of Aging

The perception of control will likely depend on the assessments made in advance of or during an experience and in these circumstances they should add to the mental workload. Based on empirical and experimental evidence, various models of perceived and actual control (learned helplessness: Seligman (1975); Self efficacy; Bandura, (1982) have been proposed to explain the potential role that various factors associated with reduced control might have in the acceleration of the aging process. The learned helplessness view suggests that passivity in old age is an iatrogenic disease brought about by the severe deprivations of

the constrained environments in which the elderly live and especially the presumed non-contingent behavior – environment relationship thrust on the elderly. The casual chain that seems to be implicated in current conceptualizations of vulnerability with regard to late life development is as follows:

(i) Deprivation of control.

(ii) Perceived loss of control.

(iii) Motivational deficit.

(iv) Performance deficit and

(v) Accelerated aging (Langer and Rodin, 1976; Schulz and Flanusa, 1980)

Long term hospitalization may lead to loss of both actual and perceived control; in part because hospitals require patients to forfeit control over most of the tasks they normally perform (Peterson, 1982; Taylor, 1979). This surrender of control may result in increased feelings of depression, apathetic reactance and long-term sense of vulnerability.

Lachman and McAuthur (1986) describe attribution patterns of controls reflecting a stereotypic view of elderly as being less competent than the young. Such expectancies for control efficacies do not necessarily square well with the perceptions of the elderly themselves and have given rise to many anxieties and fears about adjustments in old age. Younger adults' preconceptions about the aging process and the expectancies for controls have also contributed to the development of a number of myths and stereotypic views of risks, crises and vulnerability factors associated with aging and old age.

Some studies on aging have shown that some people see aging as a downward trajectory of controls. Aging is regarded as a period of diminutions in functioning and ability. This has led to myths surrounding the elderly individuals' inevitable decline in cognitive control in a number of domains such as memory (Craick, 1977: Walsh, 1975), information processing and action control (Oyer and Oyer, 1978). Elderly people with little personal cognitive resources and capacities will characteristically surrender to anxieties about their inability to maintain control over their activities.

2.5 Social Theories of Successful Aging

2.5.1 Disengagement Theory

Disengagement theory was developed by Cumming and Henry (1961) from data gathered from a longitudinal study known as Kansas City Studies on Adult Life. It states that aging is a mutual withdrawal by the old person who experiences a desire to cut down on activities and commitments and by society, which forces retirement and encourages segregation by age. The elderly individual welcomes this segregation and withdrawal from both people and roles into increased introspection, thus morale is high. Disengagement is a normal process, which helps the elderly maintain their equilibrium, and both the individual and the society find it beneficial. An elder who insists on remaining active in work, community activities and social relationships creates problems for himself and his environment and risks experiencing very low morale.

Hochschild (1975) conversely, disagrees with the disengagement theory and contends that it is a rationalization on the part of a society that wants to justify a lack of attention to the needs of the elderly.

2.5.2. Activity Theory

Activity Theory is based on the principle that the more active old people remain, the more successful they age. So long as the elder is involved in as many roles and relationships as possible, morale is very high. When loss occurs through retirement or death, substitute activities and relationships must be sought (Havighurst et al, 1963). According to this theory, optimal aging requires that people remain middle-aged in character. Those who cannot maintain this active middle-aged role would be seen as unsuccessful middle-agers.

2.5.3. Role Exit Theory

This theory was proposed by Blau (1973) as a variant of 'Activity Theory'. Self-esteem is decreased when roles are lost either by choice or out of necessity. The elderly are required to seek substitutes to remedy this situation, because if the losses are too frequent or too close in time, the results may be too serious to overcome.

2.5.4. Continuity Theory

Developed by Neugarten (1977), the theory describes successful aging as the ability to continue in habits and preferences built over a lifetime. Successful aging involves a positive relationship between personality and lifestyle. The withdrawn, secluded young person will be the older disengaged person. Biological, sociological and psychological factors may interact to create change in the direction an individual will take; therefore the possibilities of variation are limitless.

2.6 Theoretical Framework

The theory of human development formed by Erick Erickson and further developed by Robert Peck is paradigmatic on the life course perspective and so it holds a considerable promise as a conceptual framework within which to understand helplessness and lack of control in the context of the realities of normal aging. Erickson claims that ego development proceeds according to a sequence of eight conflicts, stages, crises or turning points at each of which the individual acquires new qualities that are essential to the individual's behaving, experiencing and unconscious motivation. The eight stages are:
Trust versus mistrust, autonomy versus shame and doubt, initiative versus guilt, accomplishment and industry versus inferiority, identity versus role confusion, intimacy versus isolation, generativity versus absorption and integrity versus despair.

Within Erickson's theory, issues of helplessness and lack of control are most fundamental to and are resolved not in the 8th stage of aging but in the 2nd stage of shame and doubt. Autonomy signifies free choice, self-reliance, self-determination, independence and freedom from the influence or control of others. Lack of autonomy signifies dependence on others, helplessness and lack of self-control. Shame follows from the consciousness of being so exposed, vulnerable and defenseless and doubt follows from the fact of domination by the will of others (Erickson, 1985).

Many elderly persons fall in the 8th stage of Erickson i.e. integrity versus despair. In this stage, there is the growing awareness of death. As a young adult, an individual looks forward to almost infinite opportunities. In adulthood only a few of these are realized and in old age comes the awareness that many possibilities have been passed by. Erickson discusses this final crisis of development:

> "Despair experiences the feeling that time is now short, too short for the attempt to start another life and to try out alternate roads to integrity. Although aware of the relativity of all the various life styles which have given meaning to human striving, the possessor of integrity is ready to defend the dignity of his own life style…For he knows that an individual life is the accidental coincidence of but one life cycle with but one segment of history and that for him all human integrity stands or falls with one style of integrity of which he partakes…In such final consolidation, death loses its sting" (Erickson, 1985)

Erickson's theory has a few weaknesses, though. Its representation as a simple, conjunctive sequence is still not adequate because it rests upon the assumption that each successive crisis can result in only a successful resolution or outcome. It assumes that one can resolve a crisis i.e. developmentally progress without having resolved a preceding crisis successfully. Further, it assumes that one must always be in one of the stages. It has no provision for between crisis or non-crisis stages.

Peck (1955) expanded Erickson's discussion of psychological development in late life, emphasizing three major adjustments that people must make. These adjustments allow people to move beyond concerns with work, physical well-being and mere existence to a broader understanding of the self and life's purpose.

The three adjustments are:

(i) Broader self-definition versus preoccupation with work roles. The issue in this adjustment is the degree to which people define themselves by their work. They need to recognize that their ego is more diverse and richer than the sum of their tasks at work.

(ii) Transcendence of the body versus preoccupation with the body. People who have emphasized physical well being as the basis of a happy life may be plunged into despair by diminishing faculties or aches and pains. Those who focus on relationships and on activities that do not demand perfect health adjust better. Retaining emotional flexibility helps the elderly to adjust to changing family relationships and the ending of a career; while retaining mental flexibility helps the old adult form new social relationship and undertake new leisure activities.

(iii) Transcendence of the ego versus preoccupation with ego. This is the hardest adjustment – going beyond concern with themselves and their present lives and to accept the certainty of death. Keeping involved and active and concerned about others helps the elderly person not become preoccupied with physical changes or the approach of death.

Elderly persons are vulnerable to stress. Many have lost control over tasks they would normally perform as young adults. There is also the awareness that death is imminent, as the time left is growing shorter and shorter. The theoretical framework below shows that success

of psychological programmes depends on the perception of elderly persons to vulnerability to stress. It also depends on their perception of loss of control and their attitude towards aging.

Elderly persons who successfully undergo psychological intervention programs live a life of integrity and the ability to influence what they intend to do. Those who do not, live lives of despair, helplessness, lack self control, are vulnerable to stress and live in fear of domination by the will of others.

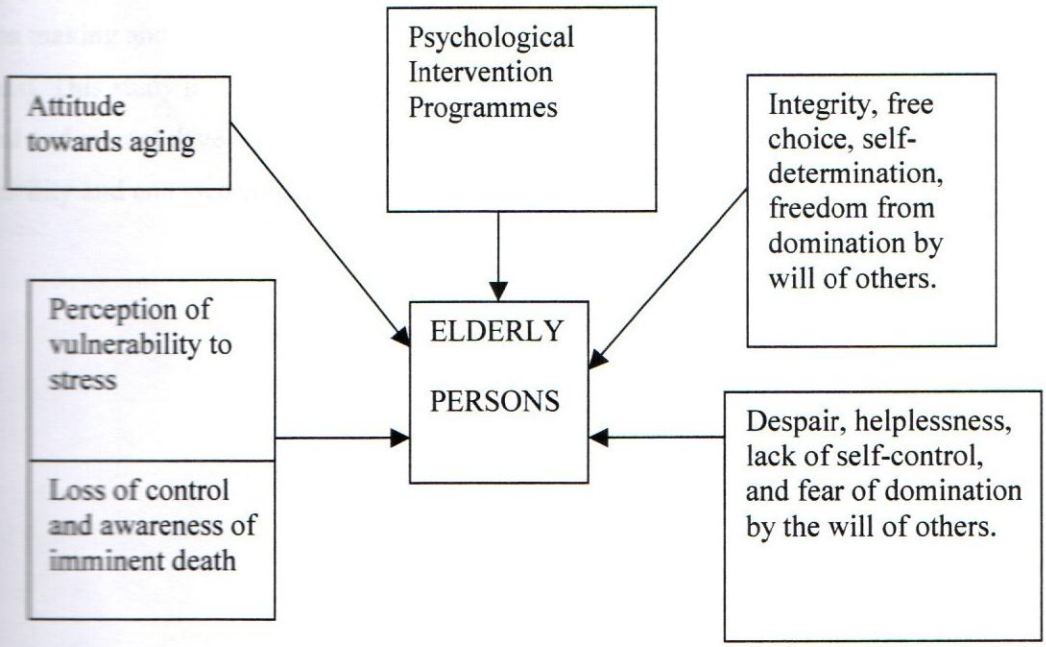

Fig 1.Relationship between vulnerability, loss of control and psychological intervention programmes

2.7 Summary

In Kenya, the elderly are faced with involuntary retirement, a lack of respect, an absence of participatory control and lack of defined roles. Such experiences could contribute to a loss of personal control in later life and increase the likelihood of a greater sense of vulnerability and helplessness associated with aging. The elderly individuals are a reservoir of wisdom and many times their wise counsel has proved an invaluable alternative to conventional counseling. When young adults, teenagers and children are disturbed, they turn to the older adults for counsel. The older adults

have no one to turn to, partly because of the perceptions younger people have about them.

Regaining personal control through engagement, involvement and action has been stressed by people who believe encouraging individuals to take charge of their present lives will promote a sense of personal control and self efficacy for future developments. Brandtstadter, Krampen and Heil (1986) believe that old age need not be characterized by experienced loss of control over developmental outcomes of self esteem if adults can be encouraged to engage in ongoing personal evaluations of such developmental goals as decision making and commitment to ideas (be they humanistic, sociopolitical or religious). This study investigated the perception of the elderly towards their own physical and mental development and establishing therapeutic interventions that can reduce vulnerability and enhance control among the elderly.

CHAPTER THREE
RESEARCH METHODOLOGY

3.1 Introduction

This chapter focuses on the research design, location of the study, sample and sampling procedure as well as instrumentation, data collection and data analysis.

3.2 Research Design

The study used the *ex-post facto* research design. *Ex- post facto* research design was used because the participants were not subjected to any treatment before the administration of the instrument (Kathuri & Pals). The researcher had no direct control over the independent variables since their manifestations had already occurred. Although purposive sampling was used in order to minimize costs, systematic error was avoided so that the study becomes free from bias. To explain the magnitude of the relationship between the attitudes of the elderly towards aging and their social status, Karl Pearson co-efficient of correlation was used. Karl Pearson co-efficient of correlation was also used to determine the relationship between the perceptions of the elderly and the implementation of psychological intervention programs. Frequency distributions were used to explain if vulnerability to stress depends on the gender of the elderly. The distributions were also used to determine the factors that cause vulnerability and loss of controls among the elderly. To determine if there are psychological interventions that can reduce vulnerability, frequency distribution was used.

3.3 Location of the study

The study was carried out in all the administrative divisions in Bondo district; namely Usigu, Rarieda, Maranda, Nyangoma and Madiany. Bondo District was chosen because the work place of the researcher is located in the district.

3.4 Population

The population of study was the elderly persons of Bondo district. The 1999 Population and Housing census report gives the following projections for 2004:

Table 1.

Estimated Population Distribution of the Elderly in Bondo District

AGE (In years)	CLUSTER		TOTAL
	MALE	FEMALE	
55-59	2473	2041	4514
60-64	2007	1760	3767
65-69	1475	1364	2839
70-74	975	986	1961
75-79	616	647	1263
80+	867	1090	1957
TOTAL	8413	7888	16301

Source: Analytical Report on Population Projections: Republic of Kenya, 1996a

3.5 Sample and Sampling Procedure

Purposive sampling was used to collect a sample size of 150 with a distribution of 30 respondents from each administrative division. In each case 16 were male and 14 were female. The subjects were clustered into 6 age groups that is 55 – 59, 60 – 64, 65 – 69, 70 – 74, 75-79 and those who are eighty and above. From each of the six age groups, five subjects were chosen in every administrative division. Approximately 80% of the subjects were met at the pension pay point in Bondo Post Office. The pension pay point was chosen because it was possible to get reliable information regarding the years of birth of the participants and their approximate monthly earnings, which reflected their social status. The other 20 % were selected at a weekly central cattle market where buyers and sellers produce their national identity cards before conducting any commercial transaction. The list of names put in the sampling process was obtained from the population and housing census report, 1999 and updated with the registrar of births and deaths in Bondo District. Those who were

chosen for the study were treated in accordance with ethical standards of APA in the "Ethical principles of psychologists and code of conduct," (APA, 1992). Purposive sampling was used to cut down on costs but systematic error was minimized by using a table of random numbers generated by Nassiuma (1998) to ensure randomness in selecting the sample. The sampling distribution table is outlined in table 2.

Table 2.

Sample distribution

STRATA	CLUSTER		TOTAL
	MALE	FEMALE	
Usigu	16	14	30
Rarieda	16	14	30
Maranda	16	14	30
Nyangoma	16	14	30
Madiany	16	14	30
	80	70	150

3.6 Instrumentation

The required information was collected through the use of a questionnaire. In cases where respondents were illiterate or semi-literate, the researcher administered the questions and personally indicated the respondent's item of choice. The researcher designed the questionnaire which attempted to obtain information on gender, understanding of vulnerability, loss of control and their effects on their health, respondents' attitude towards themselves and their physical as well as psychosocial development. The questionnaire had twenty-one items with the first five forming the personal data section. The scores were obtained by summing across all scale and then used to find an individual's attitude towards himself or herself or vulnerability states of the elderly. The scores were also used to identify factors that cause vulnerability among the elderly towards the implementation of psychological intervention programmes.

3.7 Data Collection Procedure

The researcher administered the questionnaires to the subjects. The researcher explained about the study and its objectives to the respondents. The respondents answering on their own were given about one hour to respond to the questionnaires. The researcher collected back the questionnaires personally as soon as the respondents finished filling in. Permission to collect data was obtained from the Office of the President, Bondo district.

3.8 Data Analysis

Inferential and descriptive statistics were used to analyze the data. Statistical package for social sciences (SPSS) was used. Karl Pearson co-efficient of correlation was used to determine the attitude of the elderly towards aging and their perceptions towards the implementation of psychological intervention programs. To determine if vulnerability to stress is determined by the genders of the elderly persons and the factors that cause vulnerability and loss of control, frequency distribution is used. It was also used to find out if there are psychological interventions that can reduce vulnerability among the elderly.

CHAPTER FOUR
RESULTS AND DISCUSSION

4.1 Introduction

This chapter presents the analysis of data and results that were obtained from the administration of questionnaires on perception of vulnerability and loss of control among the elderly in Bondo District. The study targeted 150 elderly persons who are permanent residents of Bondo District. Only 145 returned the questionnaire. This represents 96.67 % of the anticipated data. The 3.33 % loss does not make a statistically significant difference in the population sample. The elderly persons' age range was 55 to 80+. The data was collected personally by the researcher and analyzed using Karl Pearson co-efficient of correlation and frequency distributions. SPSS, a computer statistical package for social sciences was also used.

4.2 Demographic data of the subjects

The demographic data of the sample used for the study is outlined on Table 3. The data consisted of 145 elderly people of which 74 were male and 71 were female. The sampling was purposive and random.

Table 3

Demographic Data of the Subjects.

Age (in years)	CLUSTER		TOTAL	PERCENTAGE
	MALE	FEMALE		
55 – 59	14	13	27	18.6
60 – 64	13	12	25	17.2
65 – 69	13	11	24	16.6
70 – 74	12	12	24	16.6
75 – 79	11	11	22	15.2
80 +	11	12	23	15.9
	74	71	145	100.0

The subjects were also classified according to their marital status. The result was as follows:

Table 4.

Demographic Data on Marital Status of Participants.

Marital status	Frequency	Percentage	Cumulative percentage
Single	1	0.7	0.7
Married	94	64.8	65.5
Widowed	41	28.3	93.8
Separated	4	2.8	96.6
Divorced	5	3.4	100.0
Total	145	100.0	-

4.3 Analysis of the Research Questions

4.3.1 Attitude of the Elderly Towards Aging

The first research question was: what is the attitude of the elderly towards aging? The independent variable was aging and attitude of the elderly was the dependent variable. The participants were asked whether they felt happy, unhappy, shy or respected about getting older. They were also asked to specify if they had any other feeling. Table 5 shows their response.

Table 5.

Feelings of the Elderly Towards Aging

Feeling	Frequency	Percentage	Cumulative percentage
Happy	67	46.2	46.2
Unhappy	37	25.5	71.7
Respected	23	15.9	87.6
Shy	9	6.2	92.8
Others	9	6.2	100.0
Total	N = 145	100.0	

Forty-six point two percent (N=67) of the participants said they were happy about aging while 25.5% (N=37) reported being unhappy. A further 15.9 % (N=23) viewed aging positively and felt respected. 6.2 % (N=9) felt shy about aging and a similar percentage reported various feelings.

They were also asked to indicate their frequency of wishing they were younger. Table 6 shows their response.

Table 6

Frequency of wishing to be Younger

Wish to be younger	Frequency	Percentage	Cumulative percentage
Almost always	25	17.2	17.2
Frequently	18	12.4	29.6
Occasionally	21	14.5	44.1
Rarely	52	35.9	80.0
Never	29	20.0	100.0
Total	N = 145	100.0	

All the participants who reported feeling happy about aging (N=67) as indicated in Table 5 also reported that they rarely or never wished they were younger. They are contented and seem to find a high level of satisfaction with aging. Those who reported other feelings apart from happy, unhappy, shy or respected indicated varied feelings. One reported feeling abandoned and had chosen to react by disengaging himself from most commitments and taking a "rocking chair" approach to old age. Five reported feeling threatened by aging and finding adjustment to old age difficult. As such they resorted to holding on to the patterns of life used in their 40's and early 50's. They also reacted by reducing their number of social interactions and closing themselves off to almost any new experience. The other three in this category reported feelings of apathy. They indicated low levels of satisfaction with their old age status.

The participants were further asked if they felt that respect by children, siblings, spouse, other relatives, former workmates and other people had increased or reduced after

celebrating their 55th birthday. They also had the option of indicating if there was no change in the respect they perceived by the various groups. The question sought to establish how the elderly perceive themselves in the eyes of others around them. Table 7 shows how elderly people perceive respect by own children.

Table 7

Elderly Persons' Perception of Respect by Children

Responses	Frequency	Percentage	Cumulative percentage
More	83	57.2	57.2
Less	34	23.4	80.7
No change	28	19.3	100.0
Total	145	100.0	

Participants who felt their children respected them more since their 55th birthday were 83 (57.2 %). This represents more than half of the elderly persons. 23.4% (N=34) felt that respect by children had declined while 19.3 % felt there was no change in the way children respected them.

Elderly persons were also asked to state how they perceived respect by siblings. Table 8 shows their response.

Table 8.

Elderly Persons' Perception of Respect by Siblings.

Responses	Frequency	Percentage	Cumulative percentage
0.00	1	0.7	0.7
More	46	31.7	32.4
Less	33	22.8	55.2
No change	65	44.8	100.0
Total	145	100.0	

One participant chose not to respond because he had no sibling.31.7 % (N=46) perceived more respect by siblings from the time they turned 55; while 22.8 % (N=33) felt

siblings respected them less. 44.8 % (N=65) did not see any change in the way siblings respected them. The 65 participants could have felt that way because in Bondo social interactions with siblings reduce when people age and put up their own homes.

Elderly persons were further asked to indicate their perception of respect by their spouses. Their responses are outlined in Table 9.

Table 9.

Elderly Persons' Perception of Respect by Spouse

Responses	Frequency	Percentage	Cumulative percentage
0.00	1	0.7	0.7
More	55	37.9	38.6
Less	35	24.1	62.7
No change	54	37.2	100.0
Total	145	100.0	

One participant did not respond because she was single and had no spouse.37.9 % (N=55) perceived increased respect while 24.1 % (N=35) felt respect had decreased with the new old adulthood status. Those who did not feel any change in respect by spouse were thirty seven point two percent. Table 10 shows how elderly persons perceive respect by other relatives.

Table 10.

Elderly Persons' Perception of Respect by Other Relatives

Responses	Frequency	Percentage	Cumulative percentage
0.00	2	1.4	1.4
More	70	48.3	49.7
Less	40	27.6	77.2
No change	33	22.8	100.0
Total	145	100.0	

Two participants chose not to respond. Almost a half (48.3 %) felt that relatives respected them more from the time they celebrated their 55th birthday. Only 27.6 % (N=40)

perceived less respect from relatives while 22.8 % (N=33) felt there was no change in the respect relatives had for them.

The elderly persons were also asked to state how they viewed respect by former workmates. Table 11 shows their response.

Table 11

Elderly Persons' Perception of Respect by Former Workmates

Responses	Frequency	Percentage	Cumulative percentage
More	31	21.4	21.4
Less	73	50.3	71.7
No change	41	28.3	100.0
Total	145	100.0	

Respondents who felt former workmates respected them more were only 21.4% (N=31). More than half of all respondents (50.3 %) felt that their former workmates respected them less since they celebrated their 55th birthday. This could be happening because in Bondo people tend to define themselves by their work roles in society. Upon retirement and surrendering of the work titles, one also surrenders the respect that went with the position. Twenty-three point eight percent (N=41) of the elderly persons felt there was no change in respect by former workmates.

Elderly persons were also asked to indicate how they perceived respect by neighbours from the time they turned 55. Table 12 shows how they perceive respect by neighbours.

Table 12.

Elderly Persons' Perception of Respect by Neighbours

Responses	Frequency	Percentage	Cumulative percentage
More	45	31.0	31.0
Less	48	33.1	64.1
No change	52	35.9	100.0
Total	145	100.0	

Thirty-one percent (31%) of the respondents felt neighbours respected them more, while 33.1% (N=48) felt respect by neighbours had waned.35.9% (N=52) did not perceive any change in respect by neighbours. Most probably the lifestyle adopted by the elderly person and his or her personality could be determining factors in the perception of respect by neighbours.

Lastly, elderly persons were asked to state their perception of respect by other people. Table 13 shows their response.

Table 13.

Elderly Persons' Perception of Respect by Other People

Responses	Frequency	Percentage	Cumulative percentage
0.00	4	2.8	2.8
More	6	4.1	6.9
Less	58	4.0	46.9
No change	77	53.1	100.0
Total	145	100.0	

Four participants did not respond, while 4.1 % (N=6) felt that other people respected them more.40 % (N=58) felt respect had reduced. More than half of all the respondents (53.1%) did not feel there was any change in respect people had for them.

The dependent and independent variables were also tested using Karl Pearson co-efficient of correlation to determine the relationship between aging and attitude of the elderly towards aging. The result was as follows.

Table 14

Relationship between Aging and Attitude of the Elderly Towards Aging

	Age	Feelings towards aging
Age Pearson correlation	1.000	.057
Sig. (2- tailed)	.	.500
N	145	145
Feelings towards aging Pearson correlation Sig. (2- tailed)	.057 .500	1.000 .
N	145	145

The results indicate a positive attitude of the elderly towards aging. Correlation is significant at the 0.01 level (2 - tailed).

4.3.2 Perception of the Elderly Towards Implementation of Psychological Intervention Programmes

The second research question was: What is the perception of the elderly towards the implementation of psychological intervention programs? The independent variable was implementation of psychological intervention programs while perception of the elderly was the dependent variable. The participants were asked to indicate whether they would prefer group therapy with fellow elderly persons, individual therapy with a trained counsellor stationed at a particular office, a home based therapy, all the three or none of the three. They also had the option of indicating any other type of psychological intervention program they would most actively participate in. Their responses were as outlined in Table 15.

Table 15.

Preference for psychological intervention programs

Type of therapy	Frequency	Percentage	Cumulative percentage
Group therapy with fellow elders	23	15.9	15.9
Individual therapy away from home	15	10.3	26.2
Home based individual therapy	36	24.8	51.0
All of the above	69	47.6	98.6
None of the above	2	1.4	100.0
TOTAL	145	100.0	

A combination of group therapy and individual therapy either at home or away from home is the most popular (47.6 percent). Most likely the type of therapy preferred would be dictated by the nature of the problem. 1.4 percent indicated they would not prefer group therapy with elderly persons, individual therapy with a trained counsellor stationed at a particular office; home - based individual therapy or a combination of three. This may mean

that they would wish to participate in any other type of therapy. When asked to state the frequency with which they turn to other elderly persons for social support when stressed, they said they almost always do. This means that their preference would be individual therapy with fellow elderly persons.

4.3.3 Vulnerability to Stress and Gender Differences

The third research question was: Is vulnerability to stress determined by gender of the elderly person? Gender of the elderly person was the independent variable while vulnerability to stress was the dependent variable.

The participants were asked to state their marital status. 53.8 percent (N=78) of all women aged 60 and above are widows. The figure was 13.9 % for men. Widowhood can be stressful because whereas the society in Bondo District permits a widower to remarry, an old adult widow can only expect to be inherited. Widowhood causes an identity crisis for many women especially those who have defined themselves primarily in terms of being a wife. Such women often continue to judge their own actions and life choices against the values of their dead husbands. A widower on the other hand does not suffer this crisis especially if he chooses to remarry. The values of the new wife often eclipse the values of the deceased spouse.

Table 1 shows that after age 70, there were more elderly females than elderly male adults. This shows that women live longer than men on the average, and are thus faced more often than men with widowhood and loneliness. The changing family roles have also led to elderly females being on their own rather than being a part of the extended family as in the past. Coping with stress in a changing world might be expected to present problems to the old female adults.

The participants were also asked to state whether they had been an inpatient in a hospital since their 55th birthday and whether they are covered by any medical scheme. A cross tabulation was also done to determine the percentages by gender. The results were as shown in Table 16.

Table 16.

Data of Elderly Persons Covered by a Medical Scheme and those Hospitalized as In- patients

	Yes			No			Total (N)
	Male	Female	Total	Male	Female	Total	
In-patient	36 (24.8%)	40 (28.0%)	76 52.8 %	38 (26.2%)	31 (21.0%)	69 (47.2%)	145
Cover by medical scheme	19 (13.1%)	4 (2.8%)	23 (15.9 %)	55 (37.9%)	67 (46.2%)	122 (84.1 %)	145

A total of 52.8 % of elderly persons have been hospitalized as inpatients since their 55th birthday. Out of this, 28.0 % were female while 24.8 % were male. Yet only 15.9% of the respondents were covered by a medical scheme. Out of the 15.9 percent, only 2.8 percent are female while 13.1% are male. The Kenya government does not give free medical care to people over 5 years of age. Thus, elderly persons who are not covered by any medical scheme have to depend on their own financial resources to fund their treatment. This can be quite stressful to elderly persons, majority of who live on pension, small-scale investments or good will from friends and relatives.

Going by the data on Table 16, more female elderly persons were in-patient than their male counterparts, while fewer female elders are covered by medical scheme than male elders. It might suggest that when confronted with serious illness more female elderly persons would be stressed by the financial burden of covering their own medical expenses than their male counterparts. Based on this alone it would appear female elders are more vulnerable to stress than male elders. Table 17 shows that 37 out of 145 elderly persons found change in financial circumstances to be the most stressful. Out of the 37, 34 (91.89 %) were male and only 3 (8.10 %) were female. For many elderly persons, going beyond 55 years means retirement and thus reduced income. For men dependency is often undesirable and creates a

feeling of hopelessness (Kerckhoff, 1964). Male elders are bound to be stressed more by reduced earnings than female elders.

In conclusion therefore, there are gender differences in reaction stress. The type of vulnerability to stress is determined by the gender of the elderly person. What stresses most male elders is hardly a stressor for many female elders, and vice versa.

4.3.4 Causes of Vulnerability and Loss of Control Among Elderly Persons

The fourth research question was: what factors cause vulnerability and loss of control among elderly persons? The independent variable was aging while causes of vulnerability and loss of control were the dependent variables. To find out causes of vulnerability among elderly persons, they were asked to state what they found most stressful. Their responses were as shown in Table 17.

Table 17.
Elderly Persons' Most Stressful Event

Stressful event	Frequency	Percentage	Cumulative percentage
Change in financial status	37	25.5	25.5
Death of a family member	34	23.4	48.9
Personal injury/sickness	25	17.2	66.1
Fear of physical attack	20	13.8	79.9
Revision of personal habits	14	9.7	89.6
Change in social activities	13	9.0	98.6
Others	2	1.4	100.0
TOTAL	145	100	

Change in financial status was a source of stress among 25.5% (N = 37) of the respondents. Most civil servants and teachers employed by the Kenya government retire upon attaining the age of 55 years. When they retire they get a lump sum gratuity and a pension, which is half of the basic salary at retirement. House allowance, medical allowance and other benefits earned previously are not given to the retiree any more. Worse still, the money is not paid immediately one retires. Thus, there is a time when the elderly individual has to survive on past savings and good will of people around him. The inherent reduction of income is often frightening and stressful to the retiree because the period of waiting is not even definite. The elderly persons who are not civil servants or teachers still have to grapple with the fear of reduced income because there are certain income - generating activities they can no longer zealously pursue. A negative change in financial status is likely to bring about dependency and domination by the will of others and this would make elderly person be vulnerable to stress (Kerckhoff, 1964).

Twenty- three percent (23.4 %) of the elderly (N = 34) reported death of a family member as the most stressful. For major needs, people are more likely to turn first to family, then to friends and neighbours and last to social agencies (Shanas, 1979). Thus when a family member dies, apart from the feeling of loss of an acquaintance, there is a reduction in the number of people an elder can turn to for major needs.

Widowhood presents many difficulties for the elderly. Many widowers are unable to cope with the effects of the loss of a wife (Lopata, 1980). Such problems as loneliness and grief are common. Widows, perhaps because they are more common, seem more able to reconstruct their lives and their support systems to ensure a social space following the grief work (Lopata, 1980). An explanation for this discrepancy between widows and widowers may be found in a study by Powers and Bultina (1976). They reported that aged women, more often than men, turn outside the family for social and emotional support. Death of a family member may also be stressful because of the elderly person's loss of role, in particular the role of parenting.

The third most stressful event for the elderly is personal injury or sickness. 17.2 % (N= 25) indicated it as a source of stress. This may be because the health facilities in Bondo District are far flung and accessing them for elderly persons may involve a lot of uncomfortable travel. Treatment for injury or sickness also involves money and with reduced incomes, raising money may make the elderly person be vulnerable to stress.

Participants who reported fear of physical attack as the most stressful were 13.8 % (N=13). As one ages, there is a growing awareness of death (Erickson, 1963) and reduced

physical strength. The elderly person feels vulnerable because he may not be able to protect himself and his property. Maslow (1970) proposes safety needs as the most basic after physiological needs. Thus when even security needs are not met, the elderly individual remains chained at the bottom of the hierarchy of needs. Such an individual will be vulnerable to depression and stress, as other needs will not be met.

Those who found revision of personal habits stressful were 9.7 %. They found changing from long-established patterns of life undesirable and are content with their life style. Thus, any new change is bound to give them stress.

Change in social activities stressed 9.0 % (N=14) of the elderly. Female elders find it easier to develop new intimacies in which personal and emotional concerns are verbalized and controls are achieved (Kerckhoff, 1964). Men on the other hand get into retirement with a life long pattern of looking to the structured situation of work to provide a common ground for companionship. The loss of that structure through retirement undermines male patterns of interacting and self-maintenance profoundly (Kerckhoff, 1964). In Bondo district, many people define themselves with their occupations, and so in retirement where change of title means change in social activities, the retiree may find it quite stressful. It is not surprising given that 50.3 % of the elderly persons felt that their former workmates respected them less than they did before retirement (Table 11).

Only 1.4 percent (N=2) reported other causes of stress. One said she was most stressed by sickness or injury of her dog and the other by the sound of thunder.

These factors that cause vulnerability also make them feel a sense of loss of control and helplessness. Change in financial status makes an elderly individual feel he can no longer influence the buying of goods or services he may wish to possess. Death of a family member may lead to loss of parenting role or that of a spouse. Personal injury or sickness may lead to long-term hospitalization during which an elderly person may have to forfeit control over many of the tasks they normally perform. Change in social activities may force the elderly person to get into a new social network, making him lose control over the choice of people to interact with. Likewise, revising personal habits forces an elderly person to surrender control over some activities he would not wish to surrender.

To determine factors that cause loss of control among elderly persons, they were asked to state what they had lost control over and were causing them anxiety. The result was as shown in Table 18.

Table 18

Factors Causing Loss of Control and Anxiety Among Elderly Persons

Cause of anxiety	Frequency	Percentage	Cumulative percentage
Walking speed	45	31.0	31.0
Sleeping time	40	27.6	58.6
Family	33	22.8	81.4
Toilet manners	24	16.6	98.0
Others	3	2.1	100.0
Total	N =145	100.0	

Thirty-one percent (31.0 %) of elderly persons indicated losing control over their walking speed. As one ages, muscular responses become weaker and weaker. The elder therefore finds he or she cannot move with agility that was there before. He or she cannot move as fast as he or she would have liked. This can cause anxiety especially if the elderly person is trying to escape from danger or rushing to keep an appointment or beat a deadline. This was the cause of anxiety with the highest frequency. Reduced walking speed for an elderly person residing in Bondo district can be stressful because of under developed infrastructure and poor state of roads. Many elderly persons have to walk several kilometers to reach the pension pay point in Bondo town, the district hospital or the nearest water source.

Twenty-seven point six percent (27.6 %) of participants reported losing control over their sleeping time as the greatest source of anxiety. This means they don't sleep when they would like to and sleep when they would wish to remain awake. Balancing mental exhaustion and physical exhaustion with sleep when it is required thus becomes a problem.

Twenty-two point eight percent (22.8 %) reported losing control over their families. This could be as a result of children leaving home either to develop their careers or build their own families. Under such circumstances the role of the parents declines drastically. Whereas many elders get satisfaction in seeing their children become socially and economically independent, when children leave home there is a loss felt when the role of parent declines.

Furthermore, when an aged parent is forced to live with child because of dependency, the parent-child relationship often becomes reversed. The child takes over the role of caregiver and authority figure. The old parent is expected to be grateful for the assistance and

to follow the wishes of the child. This can be very difficult and a source of anxiety for a person who is accustomed to making his or her own decisions. Consequently, dependency often strains the parent - child relationship. Stress may also result when the care taking relationship is experienced as confining and the adult child feels he always has to be available.

The participants who reported losing control over their toilet manners as the leading cause of anxiety were 16.6 % of the total number. Inability to control bladder or bowel movements can be a humiliating experience especially in public. For many elderly persons it is not out of choice but due to gerontological and geriatric complications. The district hospital in Bondo does not have a geriatrician and the elderly person has to learn to live with this embarrassing phenomenon. Furthermore, the society in Bondo holds elders in high esteem. Thus when an elder loses control over his or her toilet manners in the presence of the young adults or children, the guilt feeling is bound to last a long time and cause stress. The perception of the elderly person towards aging and his social status is likely to be negative unless psychological intervention comes.

There is also a further 2.1 % who said their cause of anxiety was losing control over other things. None of them stated the factor in spite of being asked to specify.

The elderly persons were also asked to state the tasks they feel they can no longer do without assistance. The purpose of this question was to determine which activities they had lost control over. The results were as indicated on Table 19.

Table 19.

Tasks Elderly Persons Cannot Perform Without Help.

Age /Task	Climbing stairs	Getting into a matatu	Bathing	Eating	Other	Total
55 –59	4	9	2	1	11	27
60 – 64	3	14	2	-	6	25
65 – 69	10	9	3	-	2	24
70 –74	3	12	4	2	3	24
75 –79	9	8	3	1	1	22
80+	4	4	8	6	1	23
Total	33	56	22	10	24	145

The task 38.6 % of elders could not perform without help was getting into matatu. Whereas only 17.3 % of adults aged 80 and above could not perform this task, 50.0 % of adults in the 70-74-age bracket had a similar problem. This might be attributed to the fact that after reaching 80 year and reaching the Erickson's 8th stage of integrity versus despair, elderly persons rarely travel and if they do, they hardly use public means.

The task of getting into a matatu could have been chosen by these 56 out of the 145 respondents as the most taxing because of all the tasks listed it is the most physically demanding. In most cases the matatu crews are young adults who are often in a hurry to get to their destinations. Coping with the hurry often forces the elderly persons to seek help.

The least demanding task for elderly persons was eating, with only 6.9 % indicating they could not do it without help. Other activities were climbing stairs (22.8 %), bathing (15.1 %) and others (16.6 %). Those who indicated there were other tasks they could not do without help gave activities like passing a thread through the eye of a needle, tying a seat belt in a vehicle, cooking and balancing a pot of water on the head.

The responses reveal that there is at least one task every elderly person could do without help as a young adult but is now a difficult task to accomplish without help. There is also at least one thing every elderly person has lost control over and is causing anxiety to him or her. To determine their perception of loss of control, participants were also asked how they feel about the fact that sometimes people them in doing physical activities they could do themselves.

Table 20 shows their responses.

Table 20.

Elderly Persons' Feeling about Being Helped to Perform Physical Activities they could do themselves.

Feeling	Frequency	Percentage	Cumulative percentage
Appreciated	40	27.6	27.6
Loved	39	26.9	54.5
Respected	32	22.1	76.6
Belittled	31	21.4	98.0
Others	3	2.1	100.0
Total	145	100.0	

Elderly persons who felt appreciated when helped were 27.6 % (N=40). These seem to be the elders who had a well-integrated personality and found satisfaction from people around them. They regard the help positively and find their lives enriched by the helping persons.

Respondents who felt loved (N=39) were 26.9 %. This might mean they enjoyed being helped and did not mind surrendering control over tasks they normally perform. This can easily lead to what Seligman (1975) calls learned helplessness. The young adults around them may find themselves unable to meet the expectations of the elder and a strained relationship occurs. What was once perceived as a source of love now turns into a source of stress when the young adult can no longer provide love.

Participants who felt respected by the people who help them do what they can do were 22.1 % (N=32). In a society like the one in Bondo District where elderly persons expect respect from peers and younger persons, this feeling is very much in line with norms of the society. The only problem is that resentment may occur if the elder does not see this help coming when it is expected.

Elderly persons who felt belittled were 21.4 %. They took offence at being helped to do things they could easily do on their own. Most probably being helped denies them the feeling of autonomy and made them feel dependent and helpless. So whereas people around the elder might be acting out of concern, the elder found this a stress point.

The remaining 2.1% (N = 3) gave feelings as those of guilt, shame and being spoilt. In giving details, the respondent who reported feeling guilty indicated that it made her feel as if she is so old that she cannot even control her destiny when she is only 58 years old. The other one who said he felt ashamed saw unsolicited help as an intrusion into his private life. The one who indicated feeling spoilt said he was being made to feel more important than he really thinks he is.

It seems therefore, the perception of the elderly persons to loss of control depends on the cause of loss of control and the social networks of the elderly person.

4.3.5 Psychological Interventions That can Reduce Vulnerability

The fifth research question was: are there psychological interventions that can reduce vulnerability among elderly persons? The psychological interventions were the independent variable and vulnerability was the dependent variable.

One question the participants were asked was how they react in case they feel stressed. The purpose of the question was to determine how they cope currently and if their coping skills can be developed to enable them enrich their twilight years. Their response was as indicated on Table 21.

Table 21.

Elderly Persons' Reaction To What they perceive as Stressful Situations

Reaction	Frequency	Percentage	Cumulative percentag
Drink or smoke	45	31.0	31.0
Curse	33	22.8	53.8
Seek counsel	26	17.9	71.7
Cry	25	17.2	88.9
Does not share the problem with anybody	16	11.0	100.0
Total	145	100.0	

Elders who resorted to drinking or smoking when they felt stressed were 31.0 % (N=45). Alcohol exerts depressant action on the brain -judgment, self-criticism, the inhibitions learn from earliest childhood – are depressed first and the loss of control results in the feeling of excitement in the early stages (Karechio, 1996). The elderly person who takes alcohol to relieve stress gradually becomes less alert, awareness of the environment becomes dim and hazy, muscular coordination deteriorates and sleep is facilitated. He thus gets a temporary feeling of relief. If repeated over time, it may become a learned response to crisis and alcoholism develops.

Smoking of tobacco may also provide a short-term relief from stress, as nicotine calms and relaxes the nerves (Karechio, 1996). Chronic alcohol abuse may lead to cirrhosis or scarring of the liver since it appears to predispose a person to the development of liver cancer (Karechio, 1996). Whereas the elderly person smokes or drinks in order to get relief from stress, this does not solve the problem in the long run. Psychological interventions would include de-addiction and detoxification programs as well as counselling to help the old adult learn other coping skills, which can be useful. Elderly persons can be assisted with information about the positive or negative outcomes of their choices, their behaviour or

stressful experiences. Interventions would be designed to increase the sense of predictability of environmental influences or outcomes.

Respondents who said they curse when confronted with stressful situations were 22.8% (N =33). This could either be directed inwards or to people around the individual or to the environment. Irrespective of the recipient, a curse is likely to be harmful psychologically to the elderly person. Psychological interventions can be developed to help elderly persons control their environment so that the latter can be made to become more responsive to their needs.

Elders who sought counsel when confronted by what they perceive as stressful were 17.9 % (N=26) Most of this counsel is got from fellow elders and is often informally done. Non-formal counselling may also come from immediate family members. In Bondo district, there is no trained counsellor stationed in a particular place who can assist elderly persons cope with stress. The elderly persons have to rely on social networks to fill this void.

Psychological intervention models that hold individuals responsible for their actions are likely to increase individuals' actual and perceived competence in the domain of self–esteem and self-concept. Schulz (1976) has shown that effective exercise of responsibility for decision-making and information seeking also results in a more predictable and informative environment and contributes to improved well being and ability to tolerate stress and conflict.

Many elderly persons would wish to remain independent as long as possible (Bandura, 1982). Elderly persons who turn to their families for counsel can achieve this through reciprocal networks. In this exchange process the elders receive comfort, help, affection and support from their families. In return they provide help to their children in the form of gifts and money, affection, baby-sitting services and advice. They can be made the centre of family activities, serving to hold the family together.

Elders who turn to friends can maintain their independence by establishing social networks based on a balanced reciprocity. All members of the network socialize with one another, share feelings and offer mutual support and assistance. They can also remain active in community life e.g. by forming networks with many volunteer groups like churches, clubs or community based organizations.

Social practices among female elders in Bondo District may be a definite advantage in the aging experience. Women in general find confidants and social support among friends, relatives and members of their own socio-economic groups (Powers & Bultina, 1976). The general tendency is for the female elder to view her own support network as an extension of

an on going life-long exchange system in which she relies on help from those to whom she has given or will give help in return.

Those who cried in response to stress were 17.2% (N=25). Whereas crying can be a good outlet for pent up emotions, it is also an outward sign that the individual has sunk psychologically, emotionally or mentally until he or she feels there is no further sinking space. It can also be a sign that the elder feels helpless and has lost control over the environment. Psychological interventions can be designed either at group or individual level, which promote feelings of personal competence, success and self-regulation. Bandura (1982) has suggested three ways of improving self – efficacy among vulnerable individuals:

a) Observing other elders engaged in leadership roles and meaningful activities in order to enhance social consciousness of the concerned individual.
b) Reminiscence about present and past performance accomplishments. Group participation in reminiscences may help reinforce the sense of competence by encouraging individuals to recount life experiences and achievements in a creative and self-enhancing way.
c) Helping elderly persons regain control over their physiological responses.

These interventions would serve elderly persons better if they encourage active involvement rather than passive listening.

The remaining 11.0 % (N=16) said when stressed they regard it as their own problem and they don't share it with any one. Most probably this happens because there are no people around them who they can confide in. It could also be caused by their introvert traits or just personal pride. Psychological interventions can still be put in place to assist such people. The interventions would be those that make them feel responsible for the decisions they have made. Regrettably, no trained counsellor has openly come up with such programs on a full time basis in Bondo district.

Respondents were also asked the type of relaxation they have engaged in, in the last one year. Their response was as follows:

Table 22

Mode of Relaxation of Elderly Persons in the last One Year.

Relaxation method	Frequency	Percentage	Cumulative percentage
Massaging	33	22.8	22.8
Yoga-type meditation	5	3.4	26.2
Sauna	4	2.8	29.0
Hot tub	2	1.4	30.4
Jacuzzi	2	1.4	31.8
Others	99	68.3	100.0
Total	N=145	100.0	

The purpose of the question was to determine which method of relaxation is popular with elders. Majority of elders in Bondo District (68.3%) have not engaged in Jacuzzi, hot tub, massaging, sauna or yoga type of meditation in the last one year. This could be attributed to either inability to access the facility or ignorance about their role in stress management.

Respondents who said they had had a massage in the last one year were 22.8 % (N=33). The reason could be that massaging can easily be done at home and does not involve a lot of monetary expenses.

Yoga-type of meditation may have not been popular at only 3.4 % (N=5) because it requires guidance of an expert for it to be effective. Guides on meditation are not readily available in Bondo.

Sauna, chosen by 2.8% of respondents (N=4) isn't available either, as a public facility. Most probably it is permanent residents of Bondo who frequently visit Kisumu or Nairobi who may have had a sauna.

For both Jacuzzi and hot tub, the percentage was only 1.4 for each. This could be because the only places where the two facilities are available are private residences and no public health clubs in Bondo District have them.

In conclusion, there are many psychological interventions that can help elders enrich their lives but they have to be tailored to suit the requirements of individuals. This requires a thorough understanding of how the individual elder perceives vulnerability and loss of control over his environment.

CHAPTER FIVE
SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter summarizes the findings of the study and makes recommendations that if implemented can help elderly persons cope with vulnerability to stress and loss of control .The purpose of the study was to assess the perception of vulnerability to stress and loss of control among the elderly so that psychological intervention programs and vulnerability management programs acceptable to them can be recommended. 145 elderly persons above 55 years provided the necessary data.

The objectives of the study were:

i. To determine the attitude of the elderly towards aging.
ii. To determine the perception of the elderly towards implementation of psychological intervention programs.
iii. To establish if vulnerability to stress depends on the gender of the old adults.
iv. To identify factors that cause vulnerability and loss of control among old adults
v. To establish ways of psychological interventions that can reduce vulnerability among the elderly.

5.2 Summary

The findings of this study indicate that many elders are vulnerable to stress. As they age, they lose control over certain functions they could perform comfortably as young adults. They also lose control over many people and things in their environment. Efforts to increase psychological support and social support could help old adults cope better with vulnerability and loss of control. The elderly persons need information leading them to believe that they are cared for, loved, esteemed and valued.

In old adulthood, many people evaluate their lives. Those who accept the way they have lived without regret and see death as an inevitable end to a life lived well are not threatened by aging. This requires being aware of the positive and negative aspects of identity but not being threatened by this knowledge. The elderly persons who fail to meet

this crisis are definitely afraid of aging and death. Such elders can easily despair and so psychological interventions are necessary.

5.3 Conclusions

The findings of this study indicated that:

i. Elderly persons had various attitudes towards aging. Most elderly persons felt happy but there were others who felt unhappy, respected, shy, abandoned, threatened or indifferent about aging. More than half of all retirees felt that former workmates respected them less after retirement.

ii. Most elderly persons would prefer a combination of group therapy and individual therapy either at home or away from home. There are also a few elders who prefer individual therapy only with fellow elders.

iii. Vulnerability to stress was greatly determined by the gender of the elderly person. Whereas many male elders found changes in financial circumstances, stressing, few female elders found it stressing. Instead, death of a family member stressed female elders more than it stressed male elders.

iv. Causes of vulnerability to stress were: change in financial status, death of a family member, personal injury or sickness, revision of personal habits, change in social activities and fear of physical attack. Other minor causes of vulnerability were identified as sickness or injury of the elderly individual's pets and sound of thunder. Elderly persons were also reported to have lost control over their walking speed, family, sleeping time and toilet manners and the loss was causing them anxiety. Tasks they could only manage when helped included getting into a matatu, climbing stairs, bathing and eating.

v. There were also psychological intervention programs that can reduce vulnerability among the elderly. The programs would depend on the perception of the elderly towards vulnerability. One such program would be one that promotes feeling of personal competence, success and self - regulation. Models that hold individual elders responsible for their actions and those that help them control their environment would also be useful to them. Intervention programs would also be designed to increase the predictability of environmental influence or outcomes.

5.4 Recommendations

Based on the research findings the study made the following recommendations to help elderly persons cope with vulnerability and loss of control in late adulthood:

i.Preparation for retirement, which should actually begin before by structuring life to make it productive and enjoyable, providing for financial, needs, anticipating physical or emotional problems and discussing how retirement will affect a spouse. Teachers Service Commission and Public Service Commission should have pre-retirement workshops for workers who are about to retire.

ii. For many elderly persons, illiteracy is often accompanied by frustration, embarrassment and sometimes even danger. The elderly persons mostly depend on the young adults and children for help with reading and writing. The study recommends strengthening of adult education programs to enable elderly persons acquire skills that can help them enjoy their twilight years.

iii. Formation of organized social networks. To improve the health and well being of a large number of the elderly, it may be more feasible to foster social supports than to try to reduce stressors. The social support groups can expand their activities to operate a credit union and lobbying for drug discount and free medical care in public hospitals. The elderly individual in network groups needs to be helped to recognize his problem and what is happening when he allows his frustrations to dominate his relationships with others. He also needs to be trained on how to exercise mental self control and verbalize his problem rationally and calmly.

iv. Elders mainly rely on socialization to adjust to life after 55. They face new roles without guidance about how they should behave. They need training on how to plan for their free time, keep busy, relax and deal with frustrations, depression, stress and anxiety.

v. Most young adults who surround the elderly person may not be available when he needs them. The elderly persons thus have a lot of time for internal monologues. Many thoughts can cause stress. Thus the elderly person needs to be trained to handle them e.g. by practising true meditation to achieve mental peace. This can be done by training the individual to isolate himself from daily obligations to concentrate on a point of focus to eliminate stress.

vi. There are many ageist beliefs that psychologically hurt the elderly. A social worker that accepts depression as expected in old age in effect abandons an elderly client. A patronizing, overprotective adult child encourages an aging parent to become infantile. Even positive stereotypes of picturing old age as a carefree childhood spent idly on rocking chairs or sitting in front of shops waving to passers-by are not helpful either. These ageist beliefs can be fought through the media, roadside shows and even the school curriculum. If the ageist beliefs are successfully reduced, the young adults would enrich the lives of elders around them and the elders would positively regard aging.

vii. Elders using drugs or alcohol to relive stress need to be informed of the consequences of their action and those who are addicts, taken through detoxification programs.

viii. Elders who suffer from role loss can be exposed to other roles they can effectively play. Former or retired teachers can still contribute to management of educational institutions as governors in the school boards or committees. Those who feel they have lost parental roles when their children become young adults can be made foster parents of orphaned children or relatives.

ix. Laws could be enacted to protect specifically elderly persons from discrimination, ageism or any form of physical, social, psychological or emotional harassment.

5.5 Recommendations for Further Research

Further research should be conducted to determine if confining old adults to old age homes under expert care of social workers and counsellors can help them cope better with vulnerability and loss of control. Research could also be conducted to establish whether family background and upbringing has an effect on an individual in old age.

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APPENDIX A

QUESTIONNAIRE FOR THE ELDERLY

Perceptions of Vulnerability to Stress and Loss of Control Among the Elderly in Bondo District

Please place a tick (↔) next to the response that applies to you. Don't write your name anywhere on this questionnaire.

A. PERSONAL DATA

1. Age

   55 – 59 _____

   60 – 64 _____

   65 – 69 _____

   70 – 74 _____

   75 –79 _____

   80 + _____

2. Gender

   Male _____

   Female _____

3. Marital Status

   a) Single _____

   b) Married _____

   c) Widowed _____

   d) Separated _____

   e) Divorced _____

4. Have you been an in-patient in a hospital since your 55th birthday? Yes _____ No ____

5. Are you covered by any medical scheme? Yes _____ No _____

B. VULNERABILITY TO STRESS AND LOSS OF CONTROL INVENTORY.

6. What do you feel about the fact that you are getting older and older?
   a) Happy _____
   b) Unhappy _____
   c) Shy _____
   d) Respected _____
   e) Others (please specify) _____

7. Do you at times wish you were younger?
   a) Almost always _____
   b) Frequently _____
   c) Occasionally _____
   d) Rarely _____
   e) Never _____

8. Which tasks do you feel you can no longer do without assistance?
   a) Climbing stairs _____
   b) Getting into a matatu _____
   c) Bathing _____
   d) Eating _____
   e) Others (please specify) _____

9. What have you lost control over in the last one-year, and is causing you anxiety?
   a) Family _____
   b) Walking speed _____
   c) Toilet manners _____
   d) Sleeping time _____
   e) Others (please specify) _____

10. How do you feel about the fact that sometimes some people help you in doing physical activities that you could do yourself?
   a) Loved _____
   b) Belittled _____
   c) Appreciated _____
   d) Respected _____
   e) Others (please specify) _____

11. In case you feel stressed, how to you react?

a) I cry _____

b) I curse _____

c) I drink alcohol or smoke _____

d) I seek counsel from others _____

e) I regard it as my problem and I don't share it with anybody _____

12. When confronted with an emotionally involving difficulty, what do you do?

a) I threaten _____

b) I curse _____

c) I seek counsel ____

d) I fling objects _____

e) Others (please specify) _____

13. Do you feel free to share your emotional or psychological problems with a younger adult?

a) Yes, always _____

b) Yes, sometimes _____

c) Yes, rarely _____

d) No, never _____

14. State whether the following respect you more or less than they did before you reached 55 years:

	More	Less	No change
a) Children	_____	_____	_____
b) Siblings	_____	_____	_____
c) Spouse	_____	_____	_____
d) Other relatives	_____	_____	_____
e) Former workmates	_____	_____	_____
f) Neighbours	_____	_____	_____
g) Others	_____	_____	_____

15. Which of the following do you find most stressful?

a) Personal injury / illness _____

b) Change in financial circumstances _____

c) Death of a family member _____

d) Change in social activities _____

e) Revision of personal habits _____

f) Fear of physical attack _____

g) Others (please specify) _____

16. Which of the following ways of relaxation have you engaged in, in the last one-year?

a) Yoga – type meditation _____

b) Sauna _____

c) Massaging _____

d) Hot tub _____

e) Jacuzzi _____

f) None of the above _____

For the next four questions, state the frequency with which you do what is indicated in the statement.

17. When stressed, I seek information about the situation so as to understand it and predict events related to it.

a) Almost always _____

b) Frequently _____

c) Occasionally _____

d) Rarely _____

e) Never _____

18. I directly manipulate or alter my relationship to a stressful situation by changing setting.

a) Almost always _____

b) Frequently _____

c) Occasionally _____

d) Rarely _____

e) Never _____

19. I inhibit action by doing nothing about the stressful events I encounter

a) Almost always _____

b) Frequently _____

c) Occasionally _____

d) Rarely _____

e) Never _____

20. When stressed I turn to other elders for social support.

a) Almost always _____

b) Frequently _____

c) Occasionally _____

d) Rarely _____

e) Never _____

21. Which psychological intervention programme would you most actively participate in?

a) Group therapy with fellow elders _____

b) Individual therapy with a trained counsellor stationed at a particular office _____

c) Home-based individual therapy _____

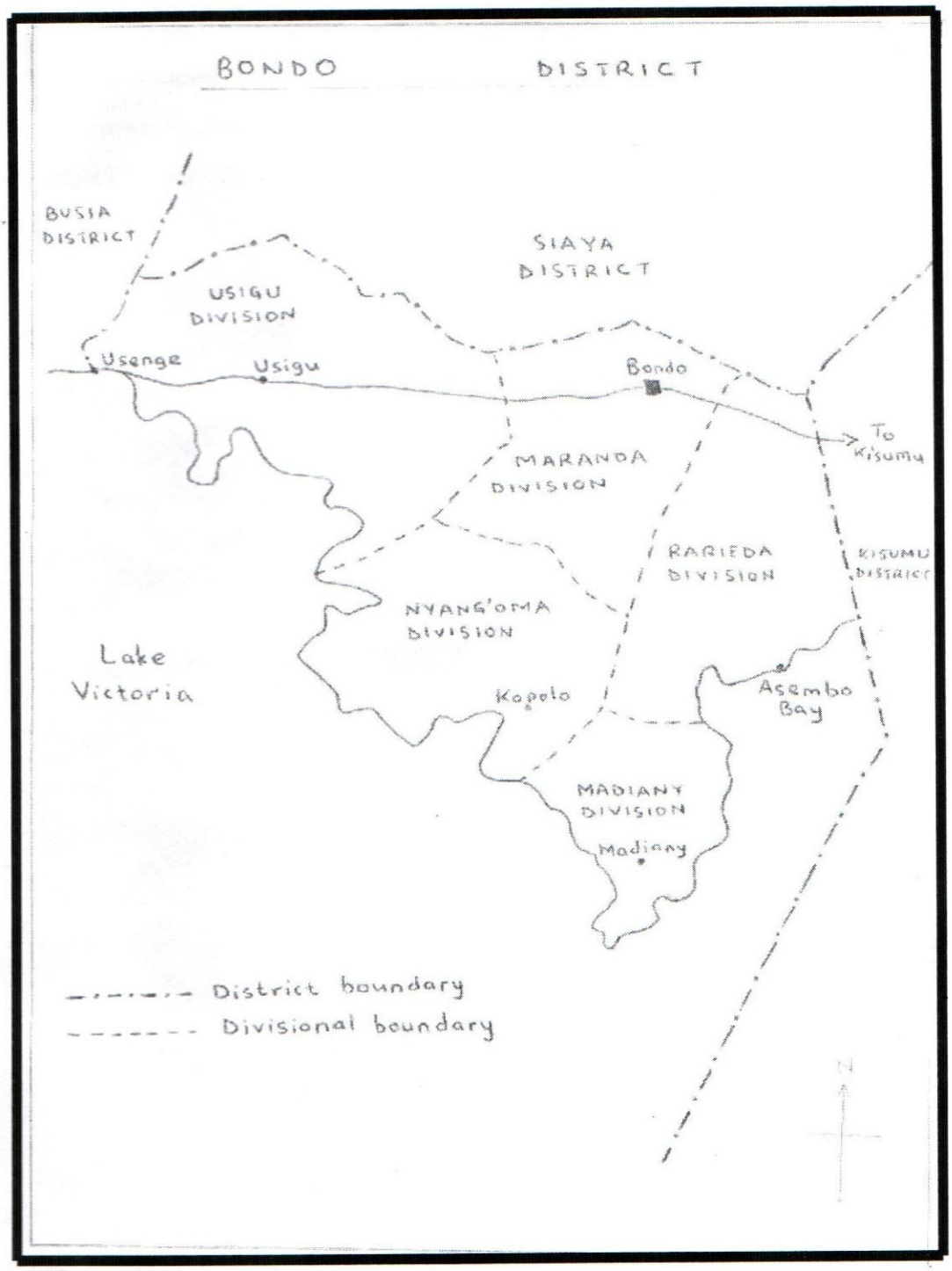
d) All the above _____

e) None of the above _____

f) Others (please specify) _____

_____

(Questionnaire developed by the researcher)


BONDO DISTRICT
BUSIA DISTRICT
SIAYA DISTRICT
USIGU DIVISION
Usenge
Usigu
Bondo
To Kisumu
MARANDA DIVISION
RARIEDA DIVISION
KISUMU DISTRICT
NYANG'OMA DIVISION
Lake Victoria
Kopolo
Asembo Bay
MADIANY DIVISION
Madiany
District boundary
Divisional boundary
N

OFFICE OF THE PRESIDENT

Telephone: 057520058
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REF: BON/ED/15/3 VOL.I/93

REPUBLIC OF KENYA

Office of the
District Commissioner
P.O. Box 236
BONDO

22nd March 2004

Benjamin Otieno,
Bondo Teachers' Collage,
P.O. Box 424,
BONDO.

RE: RESEARCH AUTHORIZATION

Reference is made to your letter dated 22/03/04 on the above subject.

Authority is hereby granted to you to carry out research on Perception of Stress and loss of control in this district.

By copy of this letter the O.C.P.D and the Divisional D.Os are notified of the intended research activity.

(P. K. LELEY)
For: DISTRICT COMMISSIONER
BONDO.