

Research Paper

Psychological implication of enrollment of the elderly into old persons' cash transfer in Makueni county

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ABSTRACT

This study explored the relationship between enrolment into old person's cash transfer and psychological wellbeing of elderly persons' caregivers in Makueni Sub-County, Makueni County, Kenya. The study adopted Bowen's Family Systems theory and used mixed method embedded design that combined correlation survey and phenomenology. The target population was caregivers, elderly persons and family members in 339 household families of elderly people receiving care at home. The sample size was 40 households in which 40 caregivers and family members each as well as 10 elderly were all sampled using purposive sampling. The 40 caregivers and family members were identified by virtue of the households while the elderly persons were identified on the basis of ability to respond to the questions. Data was collected using the Ryff's scale of psychological wellbeing (to measure wellbeing of caregivers) with reliability Cronbach's alpha of 0.86 and McMaster family device to assess the family interaction patterns of household family members with 0.7 cofisien. Data analysis was done using Statistical Package for Social Sciences (SPSS) - quantitative data was analyzed using univariate analyses and Pearson correlation. The findings of the study may be used in developing policies on care and protection of elderly people, but more importantly in enhancing counselling interventions for handling caregivers' psychological issues, hence facilitate family systems that support mental wellness of caregivers.

Keywords: *Old person's cash transfer, psychological wellbeing, family functioning*

It has been found that caregivers of the elderly persons support the elderly with both basic and instrumental activities of daily living (Jesus, Orlandi & Zazzetta, 2018). Accordingly, the study realized that the independence of the elderly persons is linked to the ability of caregivers to perform daily activities without assistance, autonomy, freedom and decision making capacity, of which functioning capacity has been found by existing research as a key indicator of health among the elderly that is linked with the level of caregiving (Jesus, et al. 2018). As such, functional incapacity indicates risk of social

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vulnerability that underscore difficulties in management of care and access to obtaining specialized services.

Psychological reaction towards caregiving role to the elderly family members at home by caregivers has components that relate to their wellbeing. Diener, Oishi and Lucas (2003) grouped the definition of wellbeing into three categories. First, wellbeing is defined by external criteria such as virtue of holiness. In this normative definition, wellbeing is not thought as a subjective state but rather as one possessing some desirable qualities. Secondly, social scientists have focused on the question of what leads people to evaluate their lives in positive terms. This definition is related to life satisfaction and relies on the participants to determine what a good life is. Thirdly, the meaning of wellbeing comes closest to the way the term is used daily and refers to a providence of positive and negative affect, which infer to pleasant emotional experience.

The burden on family caregivers to the elderly members is complicated by the emergence of conflicts and disasters that include drought, floods, accidents, landslides and industrial hazards as well as terrorism being experienced in Kenya. In addition, HIV/AIDS pandemic has added to the challenges experienced by caregivers affecting their psychological wellness. The study evaluated the Kenyan Government support in giving old person's cash transfer to the elderly against non-recipients' towards catering for their financial needs in response to psychological wellbeing of caregivers. Household family conflicts that emerge from this cash aimed at benefiting the elderly and other financial support systems in families were examined as ways to find better strategies were explored to attain psychological wellbeing for caregivers in the study.

Inheritance of property owned by elderly members at times raise family wrangles and conflicts that complicate caregivers' emotional wellness. Some family members may associate caregivers' support to be manipulations by caregivers to benefit from elderly person's wealth. Such cases are even serious if the elderly members suffer from amnesia or dementia, an increasing mental health condition of aged persons in Makueni Sub-County, Kenya. Some caregivers providing needed financial support to their elderly relatives are at times blamed to cause their mental disorders commonly misconceived to be caused by witchcraft within the community for failing to understanding mental health conditions.

Financial expenses are at most times not shared equally among family members of elderly person. In many poor families, financial burden of care giving has led to household members avoiding to take the responsibility hence neglecting or abandoning the elderly persons. An option of placing elderly member in homes for elderly is not considered by some families because of cultural perception of community as they are considered to neglect them (Mathenge, 2014). According to Gitonga (2013), cost of caring for the elderly in institutional homes for the elderly is also not affordable to many families leaving caregivers with anxiety and hopelessness.

In conclusion, global change of social structures in society such as urbanization, employment and decline of family social fabrics place significant psychological burden on family caregivers of elderly persons. There exists limited option of care for elderly people in study area considering religious and cultural perceptions of the local community. Placing elderly family members under homes for elderly is perceived as a foreign culture and a neglect to them if household systems are functional to offer support. This study therefore

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aimed to examine household support systems that improve psychological wellness of caregivers.

METHODOLOGY

Sample

This study adopted mixed method approach. An embedded design using correlational and phenomenological study was used with an approach of two phases in data collection for both quantitative and qualitative research questions within the study (Hanson, 2005). The procedure offered a snapshot of the current state of affairs by seeking to establish a relationship between households' support systems and caregivers' wellbeing. The design was found appropriate for this study because it enabled the researcher to describe the circumstances of the caregivers and elderly people's household socioeconomic statuses as they were in Makueni Sub-county at the time of data collection and relate it to the levels of caregivers' wellbeing using their phenomenological expressions.

Multistage sampling was used in preference to simple random sampling because the population was geographically diverse. First and foremost, the researcher used cluster sampling in defining the elderly persons across the 12 villages in Makueni Sub-County. Then, out of total 339 households in the 12 villages with elderly persons, 40 households were sampled; 20 households with recipients under the OPCT programme and 20 non-OPCT recipients. This consideration of the recipients and non-recipients of OPCT was important in highlighting the socio-economic demographics as an indicator of caregivers' levels of wellbeing. Hence, in total 40 caregivers participated in the study.

Instruments

Data was collected using the Ryff's scale of psychological wellbeing (to measure wellbeing of caregivers) with reliability Cronbach's alpha of 0.86 and McMaster family device to assess the family interaction patterns of household family members with 0.7 alpha.

Procedure

The Psychological Wellbeing of the elderly together with their family functioning were assessed using the Psychological Wellbeing Scale and Family assessment Device respectively. This was then related with enrolment and non-enrolment to the Old Persons Transfer programme.

RESULTS

Table 1 Status of enrollment into OPCT differences and psychological wellbeing

Old Persons Cash Transfer		Autonomy	Environmental mastery	Personal growth	Positive relations	Purpose in life	Self-acceptance
Recipient of OPCT	Mean	3.8909	4.2078	4.9545	4.1667	5.4091	4.5303
	N	22	22	22	22	22	22
	Std. Deviation	.76277	.87034	.82965	1.04780	.73414	.87836
Non-Recipient of OPCT	Mean	3.9444	4.6429	5.3056	4.6944	5.8889	5.1481
	N	18	18	18	18	18	18
	Std. Deviation	.84799	.71218	.80693	1.03572	.47140	.83213
Total	Mean	3.9150	4.4036	5.1125	4.4042	5.6250	4.8083
	N	40	40	40	40	40	40
	Std. Deviation	.79212	.82281	.82809	1.06276	.66747	.90232

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According to the results, the respondents who were offering care to the elderly enrolled under the OPCT programme indicated higher psychological wellbeing in all the six domains than those taking care of the elderly not enrolled under OPCT formed the minority. On aggregate, purpose in life (mean= 5.6250; SD=.66747) scored higher than the other six indicators of psychological wellbeing. Autonomy dimension was lowest for both categories; recipient of OPCT (mean= 3.8909; SD=.76377) and non-recipient of OPCT (3.9444; SD=.84799). Results indicated levels of psychological wellbeing was above average in all dimensions, meaning that the caregivers' self-evaluation across the dimensions was positively evaluated cognizant to their roles.

Subsequently, the study findings indicates that enrollment of the old persons to the OPCT programme enhanced a sentimental effect in their caregiving that is important in caring on the elderly persons. The researcher acknowledges the role that financial motivation plays in general levels of satisfaction among caregivers that is itself an indicator of the caregiver's level of psychological wellbeing. Table 2 shows the family functionality in relation enrolment in cash transfer programmes.

Table 2 Status of enrollment into OPCT differences and Family Interaction Patterns

Old Persons Cash Transfer		Problem solving	Communication	Roles	Affective responsiveness	Affective involvement	General functioning
Recipient of OPCT	Mean	3.1455	3.1182	2.5273	3.0545	2.5455	3.4091
	N	22	22	22	22	22	22
	Std. Deviation	.82850	.77499	.72911	.77627	.54574	.91647
Non-Recipient of OPCT	Mean	3.5444	3.4556	3.0778	3.3889	2.8556	3.8000
	N	18	18	18	18	18	17
	Std. Deviation	.83400	.74140	.82359	.68418	.56488	1.21037
Total	Mean	3.3250	3.2700	2.7750	3.2050	2.6850	3.5795
	N	40	40	40	40	40	39
	Std. Deviation	.84451	.76935	.81169	.74626	.56910	1.05810

Findings of the study showed that families who were non-recipients of OPCT had better functioning interaction patterns than recipient families in all dimensions but indicated below average performance on affective involvement (mean= 2.8556; SD= .56488). Their highest score was general functioning (mean= 3.800; SD= 1.21037). Households where elderly family member was benefiting from OPCT performed lowest on roles (mean= 2.5273; SD= .72911) and affective involvement (mean= 2.5455; SD= .54574). It was possible for the researcher to note that OPCT recipients were identified by government among vulnerable households with relatively poor socioeconomic status an important variable in the current study that was likely to have influenced functionality among family members on general interaction.

DISCUSSION

The psychological wellbeing in relation to Old persons cash transfer is supported by existing research (Kaplan et al., 2008; Schulz & Sherwood, 2008; Oluwagbemiga, 2016) that recommended initiation of social support towards informal caregiving, towards enhanced levels of psychological wellbeing. In other words in the researcher's view, given the centrality of social support service to the caregiving role, OPCT services need to be strengthened to better help and management of elderly persons' needs. As a result, the

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caregivers' psychological wellbeing is likely to be more positively influenced. Nonetheless, in some instances the implementation of the OPCT programme is hindered by care recipient status of health such that in circumstances where they are unable to move or travel to collect the ascribed financial support, the dependence on others makes them become susceptible to manipulation and eventually miss out on independent ability to use the money thus received. This level of independence is subject to ineffective use of the monies.

On family functionality, caregivers were generally appreciative of the role of caregiving, as also highlighted by Addo, Agyemang, Tozan, & Nonvignon (2018) who found out that there is an increased role for caregivers, mostly family members, in managing persons with mental illness. In the context of this study, the elderly condition of the elderly persons predisposes them to need care by significant others in the household. More often than not, in the writer's view, those who volunteered to the role of caregiving did so willingly and happily, with perceived gains at the end of the entire caregiving process.

In addition, Fauth, Hess, Piercey, Norton, Corcoran, Rabis and Tschanz (2012) in a study on closer relationships between caregivers of elderly dementia care noted that recipients are associated with positive outcomes for care recipients. But they are quick to adjourn that it is unclear if this closeness is a risk or protective factor for the health and psychological wellbeing of caregivers. This means therefore that although close relationship, caregivers are helpful to influence the closeness with the quality of service. According to the researcher this may be true because gradually, the elderly person's needs become dependent on the caregiver and therefore their level of preference is controlled.

However, in the current study, the caregivers raised critical concerns relating to imminent cultural role conflicts which indicated conflicting values between what is expected and elderly person's need –showing respect to the cared elderly persons. For example, in the case where the caregivers are relatives or have close ties, values like respect created a key barrier to wholly open caregiving due to the hindrances of attitudes towards the caregiver by the elderly. In their study Addo, et al, (2018) reiterated that there are also indications of substantial burden experienced by caregivers especially in sub-Saharan Africa. Perception towards caregiving has shown that household socio-cultural background and relationship influence caregiving appraisal and psychosocial resources and with such, these factors explain psychological distress outcomes among caregivers (Soskolne, Halevy-Levin & Cohen, 2007). To this effect, the researcher opines that even though there is need for caregivers to individuate as a way of competence in view of Bowen's theory, within the African context, values are very essential in enhancing wellbeing among caregivers. The researcher therefore views programmes aimed at enhancing caregivers' wellbeing to require integration with value laden principles.

According to Fassbender, Leyendecker (2018) found that low SES were a risk factor for more daily hassles and for a reduced life satisfaction. However of significance in the study is the fact that both income and education were found likely to impact well-being (Barger et al., 2009) meaning that a higher education and financial resources enhance the level of SES and subsequently increase the psychological well-being in various respects. The researcher considers this to imply that basically household caregiver's education and financial resources have a direct influence on the level of psychological wellbeing and on the contrast low SES is likely to have a negative impact on well-being.

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In addition, Wang, Schmitz, and Dewa, (2010) in a study among a representative Canadian sample of immigrants and non-immigrants identified a low level of education and financial strain as risk factors for depression in working individuals. In other words, when the caregiver's level of education or income is low, they are more predisposed to psychological disturbances. Both income and education are therefore likely to impact well-being (Barger et al., 2009), such that a higher education, higher financial resources, and thus, a higher SES increase psychological well-being in various respects is likely to enhance psychological wellbeing. In contrast, a low SES is likely to have a negative impact on well-being. For a representative Canadian sample of immigrants and non-immigrants, Wang et al. (2010) identified a low level of education and financial strain as risk factors for depression in working individuals. Zimmerman and Katon (2005) also outline a robust association of financial strain (as assessed with a debts-to-assets ratio) with depressive symptoms. The authors used a US National Survey sample in which the CES-D (Eaton et al., 2004) was applied to assess depression. They also found unemployment to be a risk factor for depression.

A study comparing Moroccan and Turkish immigrants in the Netherlands (Gokdemir and Dumludag, 2012), found different associations between income and life satisfaction in the two immigrant groups. In the Moroccan sample, life satisfaction was dependent on absolute income. In the Turkish sample however, the relative income, i.e. their position in the Dutch society, was the key their life satisfaction. This is explained by the better socioeconomic position of Turkish immigrants when compared to Moroccan immigrants in the Netherlands, and suggests that the fulfillment of aspirations (here to receive enough money to live vs. to gain a good position in society which reflects the social aspect of SES) is the key to life satisfaction. In another sample of Turkish immigrants in the Netherlands, Emmen et al. (2013) found higher SES to be correlated with less acculturation stress and less psychological distress. We can thus summarize that a higher SES assessed by means of income and education is likely to have a positive influence on life-satisfaction and psychological well-being, whereas a lower SES can be a risk factor and increases the risk for depression. This relation seems to be independent of the immigrant population and the host country.

Nonetheless, the writer is of the opinion that though the socio-economic status indicators like education have an influence of the level of psychological wellbeing, some of the respondents who were uneducated rated better indices of psychological wellbeing. To some extent therefore, it could appear that often, more than the expected socio-economic status attributes are not the only likely influences of psychological wellbeing. For instance, even though religion emphasizes on selfless sacrifice for others, it often requires more than this doctrine for a caregiver to provide care to the elderly. The writer wishes to link this with developmental tasks in which once individuals despite age for instance, attain a time in their life that they are tasked with responsibility at the home, will feel obliged to assist others who are in a certain plight. Critically however, the writer opines that this humanness of concern for others has not been clearly defined in the context of caregiving to the elderly and requires more analyses that are culturally sensitive, and this is part of what this study seeks to establish.

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Conflict of Interest

The author declared no conflict of interest.

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