

Contextual factors affecting the attainment of life satisfaction among elderly people in Zambia's North-Western province

Mubiana K Sitali-Ngoma and Emmy H Mbozi

TRANSFORMATION TOWARDS SUSTAINABILITY is a mammoth task that calls for concerted efforts from every human on planet earth. With this understanding in mind the United Nations General Assembly devised the 2030 Agenda for Sustainable Development as a platform from which children, women and men can channel their immeasurable capacities for activism into the transformation of the world, and endeavour to create a place that provides equal opportunities for all beings to fulfil their potential, enjoy prosperity, and lead lives that are free from fear and violence (UN 2015). What should be born in mind is that this transformation should go hand in hand with sustainability. In this regard, the General Assembly adopted 17 sustainable development goals (SDGs) to facilitate sustainable transformation in the world. The SDGs are designed to stimulate action up to 2030 in areas of critical importance (UN 2015).

In line with this, scholars and institutions of higher learning have a similarly mammoth task to fulfil as we have a prominent role to play in implementing the SDGs. Without North-South collaboration and the associated knowledge sharing between researchers and institutions, this task will be even more difficult. Limited funding already obstructs research initiatives, as well as their timing, quality and output. As we show in this chapter, issues related to local experiences and perspectives are also crucial if effective interventions are to be designed.

In this chapter, we report on the first two of three objectives that formed part of a larger study that took place in 2016, and looked at contextual factors influencing the attainment of life satisfaction among people aged 65 and over in the North-Western province of Zambia. The entire study was directly related to SDG 3 (good health and well-being).

The three objectives of the larger study were to:

- Establish levels of life satisfaction among elderly respondents in North-Western Zambia.
- Ascertain the factors that constrain and promote the attainment of life satisfaction among elderly respondents.
- Assess the adequacy of Zambia's national ageing policy in facilitating the attainment of a satisfying life among elderly people, and formulate guidelines as to how this might be improved.

We begin with an account of the existing literature on life satisfaction among the elderly; we then outline our objectives and explain our research design and data collection process. We present our findings and argue that research studies like this one are important in extending and challenging the general applicability of theories developed in high-income-countries where many elderly people are economically far wealthier than those in Zambia.

The literature on life satisfaction among the elderly

All human beings, if given a choice, would opt to attain life satisfaction. Those in late adulthood are no exception. Life satisfaction entails a sense of contentment and joyfulness over the span of one's lifetime. As an indicator of the quality of life (Motjuwadi 2013; Subramanien 2013), life satisfaction is considered a crucial ingredient for enhancing well-being during ageing, including mental, physical and spiritual wellness (Motjuwadi 2013; Nuehs 1990; Osborne 2009). Given its significance, gerontologists have developed various theories about its attainment. Some early ones include the activity theory of ageing, continuity theory, and disengagement theory. As summarized by Motjuwadi (2013), activity theory suggests that maintaining high levels of physical and social activity from middle age into old age brings about life satisfaction (see also Neugarten et al. 1961). Continuity theory posits that being able to continue enjoying our favourite activities into retirement will result in life satisfaction. Disengagement theory holds an opposing view, suggesting that what brings about life satisfaction in late adulthood is the ability to voluntarily reduce activity levels and social roles. The common denominator among the theories is that they all strove to identify the best possible ways of facilitating the attainment of life satisfaction among elderly people.

Since the early 2000s, research into life satisfaction in late adulthood has gained momentum. In New Zealand, Gretchen et al. (2011) undertook a study that sought to investigate ranges of life satisfaction and functioning among elderly people. Among other findings, the researchers revealed that factors that contribute to quality of life and indeed attainment of life satisfaction

relate to good health, family, spouse, friends, positive attitudes towards life and independence while detractors were found to be poor health, physical impairment, poor finances, family difficulties, and age. In Germany, Humpert (2013) found that factors that had a positive impact on life satisfaction for female respondents were sport, welfare or parental activities, while hobbies increased life satisfaction for male respondents. Political activities and union membership generally had a negative effect on life satisfaction among all respondents.

In a study of determinants of life satisfaction with daily activities among retirees aged 65 years or older in 11 European countries, Bonsang and Van Soest (2012) found that respondents were generally satisfied with their daily activities, but response scales varied significantly across countries, revealing that respondents in the northern European countries tended to be more satisfied than those in central Europe or the Mediterranean countries. The Netherlands ranked first in terms of satisfaction; Sweden and Denmark came second and third. The interpretation that Bonsang and Van Soest offered was that elderly people in the Netherlands often participate in satisfaction-enhancing activities such as voluntary or charity work, belonging to sports or social clubs, and looking after grandchildren. Interestingly, elderly people in the Netherlands seem to experience fewer health problems than respondents from any other country in the study. Poland and the Czech Republic were at the bottom end of the satisfaction scale, and these were also the countries where health problems were the most common.

In a review of various research studies conducted in different countries spanning twenty years, Wang and Hesketh (2012) identified a myriad of factors that influenced the attainment of well-being. They grouped these factors into five categories (that is: individual attributes, pre-retirement job-related factors, retirement-transition factors, post-retirement activities, and family-related factors). They then suggested that these factors all influence three aspects of well-being: fiscal, physical and psychological well-being. Thus, for example, factors such as a decline in physical health, a high number of dependents and costs related to dependent care, losing a partner, and work-related physical demands, had a negative impact on the fiscal, physical and psychological well-being of retired persons. Factors such as sound financial status and physical health, marital quality, financial literacy and healthy lifestyle choices all had a positive impact on the fiscal, physical and psychological well-being of retired persons. Meanwhile in Spain, Prieto-Flores et al. (2012) found that family, neighbourhood, finances and health had more impact on life satisfaction than participation in leisure activities.

In terms of research conducted in Africa, Fisher (1992) identified factors that influence the experience of life satisfaction in retirement as good

health, financial stability, contact with family and a general fulfilment of life expectations. In Mauritius, Subramanien (2013) established that good health, family attention and care, a reasonable income, a decent place to live and good social relations act as drivers of well-being in old age, and conversely that a lack of these detracted from the well-being of elderly persons. In South Africa, Motjuwadi (2013) found that retirees with sturdy and stable financial resources had higher levels of life satisfaction and adjusted better to retirement than their counterparts who had more limited financial resources. He also found that good health played a key role in promoting an experience of life satisfaction.

Although the studies reviewed above have contributed significantly to the field of gerontology, they almost all used quantitative methods to measure life-satisfaction levels. We decided to include a qualitative aspect to our study. Thus, rather than establishing purely quantitative relationships between variables, we made space for respondents to describe in their own words the factors that enhance and detract from their experience of satisfaction. The use of qualitative and quantitative methods facilitated the triangulation of our results.

In terms of existing literature on Zambia specifically, studies we identified focused on the social impact of the ageing population (Mapoma 2013), care for the elderly (Changala 2015) and attitudes towards the elderly Finch (2014). As far as we are aware, no other studies have investigated the contextual factors related to the attainment of life satisfaction among elderly people.

Why understanding life satisfaction among the elderly is important

While it is fairly obvious that social, cultural and economic differences between countries will influence the ways in which elderly persons experience life satisfaction (Bonsang and Van Soest 2012), identifying and analysing factors that detract or promote quality of life in specific contexts is vital for the effective design and efficient implementation of national ageing policies. At the time of writing, Zambia's National Ageing Policy policy was still in its infancy, having been launched in 2015 (Republic of Zambia 2015). A well-designed and implemented policy on ageing can promote well-being and this, in turn, can promote good health. According to the World Health Organization (WHO 2002) if more individuals reached old age in good health, the rising costs of pensions and welfare payments as well as costs related to medical and social care would be offset by the fact that more of these individuals would be fit and willing to work.

Research design

We opted for a descriptive research design that allows for mixed methods of data collection. Quantitative data were derived from the use of the Satisfaction

with Life Scale (SWLS) and semi-structured questionnaires. Qualitative data were gathered via a combination of text and narratives (from interviews and semi-structured questionnaires). Our assumption was that collecting diverse types of data would offer us the best possible chance of understanding of the research problem (Creswell 2003).

Population sample and sampling technique

The population for the study comprised persons aged 65 years and over living in the Solwezi District. We settled on the age of 65 because this is the usual retirement age in Zambia, and our sample included both male and female subjects, regardless of whether or not they were actually retired from formal or informal employment. Since the local social worker is responsible for the welfare of the vulnerable, including the old, he was asked to provide information regarding the social welfare scheme and social security system. Staff from the National Pension Scheme Authority (NAPSA) in the North-Western Province were asked to help provide information related to pensioners and the district medical officer for Solwezi was consulted because he was in a position to provide health-elated information regarding the aged. This provided us with information on social security in Zambia.

The sample thus comprised 101 elderly people, one staff member from NAPSA, one from the local social welfare scheme and the district medical officer for Solwezi. Purposive sampling¹ techniques were used to select the elderly respondents from the total population. The distribution of elderly respondents in terms sex and age categories is shown in Table 11.1.

TABLE 11.1 Sex and age-groups of respondents

Sex	Aged 65–75	Aged 76–85	Aged 85 and over	Total
Male	29	15	3	47
Female	31	18	5	54
Total (n)	60	33	8	101

Data collection instruments

Data were collected and assessed via four instruments: the SWLS, a semi-structured questionnaire, interviews, and observation. The SWLS was triangulated with the semi-structured questionnaire. Triangulation was used to check the results on life-satisfaction levels among elderly respondents as

well as to mitigate the inadequacies of both instruments. For instance, the SWLS does not allow respondents to explain their reasons for satisfaction or dissatisfaction with life, but the semi-structured questionnaire did allow respondents to give reasons.

The SWLS was developed by Diener et al. (1985; see also Pavot et al. 1991). The assumption behind the scale is that individuals are the best judges of their present and past life satisfaction (see Neugarten et al. 1961). In this study, the SWLS was translated into the two commonly spoken languages in the study area, Ki-Kaonde and Ki-Lunda. All protocols that go with translation of scales from the original into other languages were followed.

A questionnaire comprised of structured and unstructured questions was used to collect data on life satisfaction as well as data on factors that affected attainment of life satisfaction. The questionnaire asked questions such as, 'Are you satisfied with your life?' Then respondents were asked to give reasons for their answers. From this, the researchers were able to establish the factors that detract from and those that promote life satisfaction.

Finally, we used basic observation to collect data on the adequacy of housing, including latrines. Facilities were considered to be inadequate if rooves were damaged or absent, if windows were too few or too small to allow enough light to see by and if doors were not lockable. The widespread inadequacy of the housing we saw helped increase our understanding of respondents' living conditions.

Training data collectors and collecting data

Prior to data collection, five data-collection assistants were trained to administer the SWLS, the semi-structured questionnaires and in how to collect observations. The research assistants were selected on the basis that they were fluent in English and in the local languages spoken in the study area. During the training, the research assistants were first asked to establish their own level of life satisfaction using the SWLS. This helped them understand the usefulness of the survey. The assistants were then asked to administer the instrument to one another, which help them develop a deeper understanding of the statements on the scale. A similar process occurred with the questionnaire; the research assistants pretested the instruments on each other. This helped us standardise the questions and ensure that the translations remained consistent with the original questions in the English version.

Apart from the literature review, all the other data were collected in the respondents' homes. Ethics clearance was sought and given, and in line with this, the researchers and data-collection assistants explained the purpose of the

study and obtained consent from respondents with regard to their participation in the study. Permission to take pictures for use in the report was also sought from respondents. Respondents were assured of confidentiality and their names were not recorded. Once consent was obtained, the age of respondents was confirmed through the national registration cards that all Zambians carry.

Respondents were asked if they preferred to complete a self-administered SWLS or if they would like the researcher to read out the statements and record their responses. Similarly, the respondents were asked to choose to respond in English, Ki-Kaonde or Ki-Lunda. The SWLS and the questionnaire were then administered in the respondents' language of choice. Respondents were encouraged to be honest in their responses and were informed that the aim of the study was to obtain and collate valuable information in a way that might benefit them in future.

Data analysis and limitations of the study

Commensurate with the research design, the quantitative data were analysed using SPSS Statistics software. Qualitative data from the interviews were transcribed and analysed by identifying key themes that recurred throughout the data. Respondents' reasons for the non-attainment of life satisfaction were grouped into categories that facilitated the presentation and interpretation of findings in relation to the study's objectives.

The fact that the study leaned more towards qualitative research, especially in terms of choice of population, sample and sampling techniques, poses something of a challenge when it comes to generalising the results. Researcher subjectivity is inherent in qualitative research as it heavily relies on the thinking and choices of the researcher that can lead to bias (Subramanien 2013). Researcher reactivity is another possible limitation of the study. This occurs when interviewees are torn between giving genuine answers and saying what they think the researchers want to hear (Subramanien 2013). For these reasons, the generalisation of the results obtained from this study are offered with caution.

Problems encountered in data collection

Two main challenges were encountered in the data-collection process. First, as mentioned, some respondents seemed to be torn between telling the researcher what they thought the researcher wanted to hear and what they really felt about themselves or their situation. Second, some respondents who were in the care of family members seemed torn between giving answers that they thought would either please or displease their care-givers and saying what they were really experiencing. This problem was especially

pronounced regarding the life-satisfaction measurement. Responses to questions such as: ‘are you satisfied with your life?’ and to statements such as: ‘the conditions of your life are excellent’; ‘in most ways, your life is close to your ideal’; ‘you are satisfied with your life’ proved a little difficult to elicit. On noticing the respondents’ predicament, the researchers and all the research assistants insisted that interviews take place out of hearing range of respondents’ caregivers. Caregivers were informed that the questionnaire was aimed at the elderly people only, and that the respondents’ honest responses were more likely to ensure that the results of the study would benefit both themselves and their elderly relatives. Respondents and caregivers were also assured that their personal information would not be divulged to anyone, and that the exercise was not a test in which they should attempt to either attain a high or low score. This intervention helped the researchers to collect information that was to some extent more bias-free.

Findings and discussion

The major finding from the SWLS was that 59 per cent of the elderly respondents were on the dissatisfied side of the scale; 37 per cent were found to be on the satisfied side. Details on levels of life satisfaction are shown in Table 11.2.

Similarly, the major finding from the semi-structured questionnaire was that the majority of respondents were not experiencing life satisfaction. See Table 11.3.

TABLE 11.2 SWLS findings on life-satisfaction among respondents, by sex

Sex	Extremely satisfied	Satisfied	Slightly satisfied	Neutral	Slightly dis-satisfied	Dis-satisfied	Extremely dis-satisfied	Total
Male	1	9	10	2	8	7	10	47
Female	0	5	12	3	9	16	9	54
Sub-total	1	14	22	5	17	23	19	101
Total (n)	37			5	59			101

TABLE 11.3 Semi-structured questionnaire results on respondents experiencing life satisfaction, by sex

Sex	Satisfied	Not satisfied	Total
Male	13	34	47
Female	9	45	54
Total (n)	22	79	101

The finding that more people were not experiencing life satisfaction than those that were is not unique to this study. What is unique, however, is the high percentage of dissatisfied respondents. By contrast, in Mauritius, Subramanien (2013) found that 45 per cent of the respondents were not experiencing life satisfaction.

We grouped the factors reported by the elderly respondents as promoting or driving life satisfaction into four categories: economic, independence, family, and age (see Table 11.4). The factors reported as detracting from or constraining the attainment of life-satisfaction were sorted into eight categories (see Table 11.5).

TABLE 11.4 Contextual factors promoting life satisfaction among elderly respondents

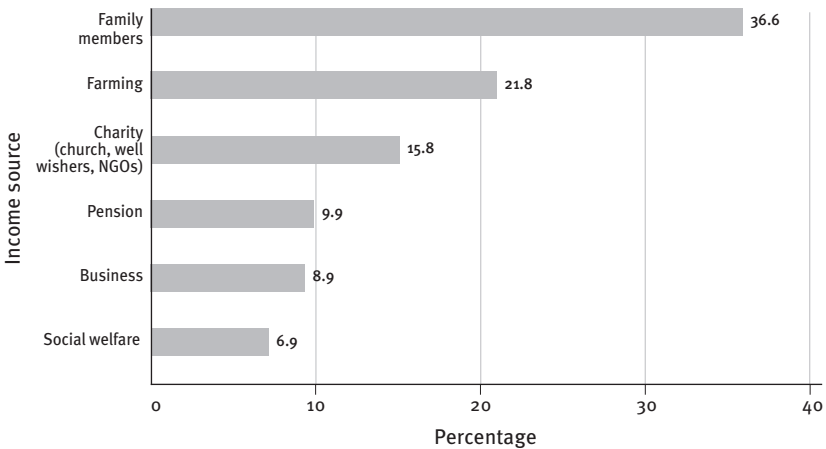
Factors	Promotors/drivers
Economic status	Ability to afford to eat three meals a day Enough income to live a decent life Ability to afford to feed oneself Ability to meet most of life's challenges Not worrying about what to eat tomorrow Not having to go to sleep hungry Not starving Success gained from hard work
Independence	Ability to take care of oneself Ability to meet most of life's challenges
Family ties	Having well-behaved children Having educated one's children Being cared for by one's children and extended family members Having family who are employed Having successful children
Impact of age	Proud of living into old age

TABLE 11.5 Contextual factors constraining life satisfaction

Factor	Constraints
Economic status	Having no option but to work regardless of age Limited resources The inability to satisfy basic needs Inability to afford essential commodities Lack of money, too little money Inability to afford three meals a day Economic hardship High cost of living Rising price of commodities Inability to buy good things for self and family Inability to carry out plans due to insignificant funds Inability to make decisions due to lack of money Transport problems due to lack of money Difficult life Lack of money as a factor in all activities No income of one's own
Unmet wants and needs	Not having achieved things one wanted to Not having lived the life one wanted
Health status	High blood pressure Tiredness Weakness due to heart problems Joint pains especially when walking Inability to engage in desired activities Lack of physical fitness
Impact of age	Lack of strength Inability to engage in desired activities Inability to do what one wants due to age Lack of physical fitness
Functionality	Inability to walk without a walking aid Inability to provide own meals
Bereavement	Loss of husband Loss of wife Loss of children
Dependency	No own income Having to ask for everything one needs and waiting a long time for it to come Inability to provide own meals
Depression	Seeing nothing worth enjoying in life

The findings of this study are consistent with those of previous research; specifically, our findings on economic-related factors are consistent with Wang and Hesketh et al. (2012), Fisher (1992), Subramnaien (2013) and Motjuwadi (2013). The key point is that poor economic status detracts heavily from the experience of life-satisfaction. In this study, the majority of respondents were very poor. Their major sources of income are shown in Figure 11.1.

FIGURE 11.1: Respondents’ sources of income



Most respondents reported that their income was insufficient. For instance, at the time of the study in 2016, the average monthly pension for respondents was K390 (approximately US\$39). However, some individual respondents were receiving as little as K57 (US\$5.7) per month. To provide some context for these amounts, a bag of mealie meal, which is the staple food in Zambia, cost K114 (US\$11.4).

One partial explanation for this could be that the Zambian state pension system is insensitive to inflation and only a small percentage of elderly Zambians receive pensions. In this study, only 10 per cent of respondents had pensions and just 7 per cent received social welfare payments. The reason why so few elderly persons receive pensions is that very few were ever formally employed. Our findings on those who benefit from social welfare assistance are consistent with the findings by Mukuka et al. (2002), who reported that the social security coverage in Zambia is insignificant, echoing the finding of

the ILO (2001), which estimated that only 5 to 10 per cent of the working population in sub-Saharan Africa had access to social security. The ILO study noted that the majority of African countries spent an average of only 4.3 per cent of their (already low) GDP on social security, as compared to 16.6 per cent of GDP spent by high-income countries, which also have social security coverage of close to a hundred per cent (ILO 2001). Between 1994 and 2006, Zambia allocated as little as 1 per cent of budget funding to social welfare (Kaputo 2010).

A massive 93 per cent of respondents in our study revealed that income they might receive from family members was neither sufficient nor consistent. The implication is that many elderly persons experience periods in which they have access to no income at all. This poses many challenges to their survival, and completely undermines their ability to make and carry out plans. Kamwengo (2004) attributed the unsatisfactory nature and level of families' support for their aged relatives to the weakening of the family bonds due to the strains of urbanisation, mass education and Zambia's deteriorating economy. In a study focused on India, Brijnath (2011) blamed the weakening of the extended family on Westernisation which heavily encourages the values of individualism and nuclear families.

While these factors are certainly applicable, in our view, the poverty experienced by family members themselves largely accounts for this state of affairs. As Mapoma (2013) argued, families are unable to financially support their aged relatives fully due to their own poor economic status. Mapoma pointed out that respect for one's elders is an indelible aspect of Zambian culture, and where resources are available, families would endeavour to take care of their elderly relatives. The results of Zambia's 2010 national population census also testified to the fact that poverty levels are high, with over half (61 per cent) of the Zambian population living below the poverty datum line and 42 per cent of the population considered to be extremely poor (CSS 2012).

The majority (58 per cent) of these extremely poor people live in the rural areas (Rasmussen et al. 2014), and as noted, our study was conducted in a rural area. Our observations were consistent with the census report (CSS 2012) and Rasmussen et al. (2014). Extreme poverty was evident in the inadequacy of housing and latrine facilities, particularly in the informal settlements in Zambia. The photographs in Figure 11.2 were taken in an informal settlement within the study area, and are an example of the facilities that many elderly people in these areas have access to.

FIGURE 11.2: Home and latrine facility of a retired teacher and respondent in our study



As regards health-related factors, our findings were also consistent with previous research. Wang and Hesketh (2012) showed how physical health positively affects the physical, psychological and fiscal well-being of retired or elderly persons while a decline in physical health has a negative impact in all the same aspects of life. Bonsang and Van Soest (2012) found that people with fewer health problems enjoyed higher levels of life satisfaction than those with a lot of health problems. In our study, respondents were asked to indicate if they suffered from any of four chronic diseases, namely: diabetes, high blood pressure, tuberculosis, and general body pains. A shocking 99 per cent of respondents reported that they suffered from one or more of the four ailments; this was true for both male and female respondents irrespective of age.

Our findings on functional disability as detracting from life satisfaction are consistent with those by Good et al. (2011) who conducted a study in New Zealand. Similarly, our finding that unsatisfied wants and needs impact negatively on life satisfaction in late adulthood was in line with the work of Yirmibesoglu and Berköz (2014) in Turkey. The finding that aging itself detracts from life satisfaction is consistent with those of Gretchen et al. (2011) who show that the diminishing reserves of energy that ageing adults have access to causes them to cease to engage in activities they have previously engaged in and enjoyed or received some positive feedback for. The resulting discord between what a person can do and what they might desire creates dissatisfaction. Our findings related to depression echoed the work of Dhara and Jogsan (2013) who assert that the many challenges faced by people as they enter old age may contribute to their risk of depression. Depression is treatable but in communities where geriatric support services are non-existent, as they are in our study area, depression in elderly people often goes unnoticed.

As noted, older children and extended family members often provide material and financial support to ageing parents or relatives. For this reason, the loss of adult children represents a loss of social security. This is true in our study area, and indeed in the whole of Zambia and most of Africa. The high prevalence of diseases such as HIV and Aids, tuberculosis and malaria, means that a large number of elderly people suffer the loss of children, grandchildren and other young relatives.

Summary and conclusions

Our major finding was that a greater number of elderly adults in our study were dissatisfied with their lives than those who were satisfied. In addition, our findings are consistent with previous research in terms of the factors or categories that promote or constrain life satisfaction (income levels, general health, independence, functionality, etc.). However, the *experiences* linked to these factors reflect the specificity of the Zambian context and, we suggest, might highlight the vulnerability of elderly populations in other African and other low-income countries.

Constraints such as having no option but to work in old age, the inability to plan or make decisions due to lack of money, having no independent source of income, being unable to access sufficient food, and not seeing anything worth enjoying in life are clear indicators of this vulnerability. However, the experiences that our respondents mentioned as drivers of life satisfaction are similarly revealing of the fragility of their support systems: being able to afford to eat three meals in a day, not having to go to sleep hungry, having well-behaved and well-educated children, being cared for by family members, etc.

As indicated in the introduction, the activity theory of ageing suggests that maintaining high levels of physical and social activities into old age brings about life satisfaction, continuity theory posits that being able to continue enjoying our favourite activities into retirement will result in life satisfaction and disengagement theory suggests that what brings about life satisfaction in late adulthood is the ability to voluntarily reduce activity levels and social roles. However, in this study, apart from one finding that supported activity theory – loss of loved ones as a detractor from attainment of life satisfaction – our findings are inconsistent with these three theories of ageing. For many respondents, the factors that detract most from life satisfaction are related to their economic status, and their need to have to work into old age in order to make ends meet.

It seems possible that the developers of the activity theory of ageing did not have elderly people in low-income countries such as Zambia in mind. Zambia, like many other countries, is socially, culturally and economically

vastly different from the US, where the activity theory of ageing originated. The majority of elderly Zambians, whether they have retired from formal employment or not, are struggling to fulfil their basic needs for food and shelter. In view of this, we propose that a theory of ageing is required, which takes into account the differing social, cultural and economic status of elderly persons in different contexts.

The implementation of SDG 3 requires governments and other stakeholders to put in place interventions that promote the well-being of all ages. Our findings offer insights that are crucial to the design of appropriate interventions to both counter factors that constrain the attainment of life satisfaction and enhance the well-being of elderly persons in a range of different contexts. In our view, North–South collaboration between researchers and institutions will be critical to the development of a theory of ageing that is more inclusive.

In addition, North–South collaboration between scholars and/or institutions would not only facilitate the execution of research that is critical to the successful implementation of all 17 SDGs, but also bring about a deeper understanding of issues within and between different countries so that interventions devised are similarly more inclusive of different realities and more appropriate to the conditions they aim to address. As the old adage says, this would be like ‘killing two birds with one stone’. But this can only be achieved with adequate material and financial support. Many research projects that could have made valuable contributions have had to be abandoned halfway due to lack of resources.

It is also worth mentioning that the contextual factors that affect the attainment of life satisfaction and well-being are varied and many. Consequently, we recommend that more research on the life satisfaction of elderly populations in different contexts within and outside Zambia be undertaken.

Note

- 1 Two types of purposive sampling were used in this study – namely, sampling to achieve representativeness and sequential sampling. More specifically, homogenous sampling and snowball sampling (Biernacki and Waldorf 1981) were used.

References

- Biernacki P and D Waldorf (1981) ‘Snowball sampling: Problems and techniques of chain referral sampling’ *Journal of Sociological Methods and Research* 10 (4): 141–163.

- Bonsang E and A van Soest (2012) *Satisfaction with Daily Activities after Retirement in Europe*. Netspar Discussion paper 35, Network for Studies on Pension, Ageing and Retirement. Available online.
- Brijnath B (2011) 'Why does institutionalization care not appeal to Indian families? Legislative and social answers from urban India' *Journal of Ageing and Society* 32 (4): 697–717.
- Changala M (2015) *Caring for the Aged in Old People's Homes in Zambia: Implications for Adult Education Programmes*, PhD thesis, University of Zambia.
- CSS (Central Statistical Office, Zambia) (2012) *Zambia 2010 Census of Population and Housing National Analytical Report*. Lusaka.
- Dhara RD and YA Jogsan (2013) 'Depression and psychological well-being in old age' *Journal of Psychology and Psychotherapy* 3: 117. Available online.
- Diener E, RA Emmons, RJ Larsen and S Griffin (1985) 'The satisfaction with life scale' *Journal of Personality Assessment* 49: 71–75.
- Finch F (2014) *An Assessment of the Knowledge, Attitudes and Practices in Lusaka Urban District of Zambia Towards the Aged: The Case of Chipata and N'gombe Compounds*, master's dissertation, University of Zambia.
- Fisher BJ (1992) 'Successful aging and life satisfaction: A pilot study for conceptual clarification' *Journal of Aging Studies* 6 (2): 191–202.
- Good GA, S LaGrow and F Alpass (2011) 'A study of older adults: Observation of ranges of life satisfaction and functioning' *New Zealand Journal of Psychology* 40 (3): 96–102.
- Humpert S (2013) *Gender Differences in Life Satisfaction and Social Participation*, Working Paper 276, Institute of Economics, University of Lüneburg, Germany.
- ILO (International Labour Organization) (2001) *Social Security: Issues, Challenges and Prospects*. Proceedings of the 89th International Labour Conference, Geneva.
- Kamwengo MM (2001) *Ageing and the Elderly in Zambia: Perspectives and Issues*. New Delhi: Sterling.
- Kamwengo MM (2004) *Growing Old in Zambia: Old and New Perspectives*. New Delhi: Sterling.
- Kaputo C (2010) *Assessing Administrative Capacity and Costs of Cash Transfer Schemes in Zambia: Implications for Rollout*. Brasilia: International Policy Centre for Inclusive Growth.
- Mapoma CC (2013) *Population Ageing in Zambia: Magnitude, Challenges and Determinants*, PhD thesis, University of Zambia.
- Motjuwadi CL (2013) *Life Satisfaction and Adjustment of Retired Migrant Workers*, PhD thesis, University of South Africa.
- Mukuka L, W Kalikiti and DK Musenge (2002) 'Social security systems in Zambia' *Journal of Social Development in Africa* 17 (2). Available online.
- Neugarten BL, RJ Havighurst and SS Tobin (1961) 'The measurement of life satisfaction' *Journal of Gerontology* 16: 134–143.

- Nuehs HP (1990) 'Retirement self-efficacy: The effects of socioeconomic status, life satisfaction, health and readiness for retirement' *Journal of the New York State Nurses Association* 21 (1): 15–20.
- Osborne JW (2009) *Essential Retirement: Psychological Concerns*. Possum.
- Pavot W, E Diener, CR Colvin and E Sandvik (1991) 'Further validation of the satisfaction with life scale: Evidence for the cross-method convergence of well-being measures' *Journal of Personality Assessment* 57 (1): 149–161.
- Prieto-Flores M-E, A Moreno-Jiménez, G Fernandez-Mayoralas, F Rojo-Perez and MJ Forjaz (2012) 'The relative contribution of health status and quality of life domains in subjective health in old age' *Social Indicators Research*: 106, 27–39.
- Rasmussen PE, K Munkoni and G Lwanda (2014). 'Zambia' in African Economic Outlook 2014. Available online.
- Republic of Zambia (2015) *National Ageing Policy: Ageing with Dignity*. Lusaka: Ministry of Community Development, Mother and Child Health.
- Subramanien S (2013) Enhancing the Well-being of Older People in Mauritius, PhD thesis, Tilburg University, Germany. Available online.
- UN (2015) *Transforming our world: The 2030 agenda for sustainable development*. Resolution 70/1 adopted by the UN General Assembly, 25 September 2015. Available online.
- Wang M and B Hesketh B (2012) *Achieving Well-being in Retirement: Recommendations From 20 Years' Research*. Bowling Green, OH: Society for Industrial and Organizational Psychology. Available online.
- World Health Organization (2002) *The Impact of Aids on Older Persons in Africa*. Geneva.
- Yirmibesoglu F and L Berkoz (2014) Social and physical activity and life satisfaction among Turkish elderly women *International Journal of Business, Humanities and Technology* 4 (4): 146–154.