

**Addis Ababa University**  
**College of Education and Behavioral Studies**  
**School of Psychology**

**Social well-being of Institutionalized Elderly People: The Case of Sewasew**  
**Genet Charity and Development Organization**

**By: Addisu Hordofa**

**Submitted to: Abebaw Minaye (PhD)**

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**Addis Ababa**

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Approval by the Board of Examiners

Approved By:

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Chair person, Department Graduate Committee	Signature	Date
_____	_____	_____
Advisor	Signature	Date
_____	_____	_____
Examiner, Internal	Signature	Date
_____	_____	_____
Examiner, External	Signature	Date

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## **Acronyms**

ANOVA	Analysis of Variance
DV	Dependent Variables
HAI	Help Age International
IV	Independent Variables
KSWBQ	Keys Social Well-being Questionnaires
KSWBS	Keys Social Well-being Scale
MOLSA	Ministry of Labors and Social Affairs
NGO	None Governmental Organization
SWB	Social Well-being
SWSGCDO	Sewasew Genet Charity and Development Organization
UN	United Nation
WHO	World Health Organization

## Abstract

*The purpose of this study was to investigate the social well-being of institutionalized elderly people in terms of social integration, social acceptance, social coherence, social contribution and social actualization. The study site was Sewasew Genet Charity and Development Organization which is found in Oromia Regional state, North Showa Zone, Girar Jarso woreda. Cross-sectional descriptive survey research design was used. Data were collected through Keyes Social Well-Being Scale and interview guide prepared for this purpose. Stratified sampling techniques were used to select participants. Data were collected from 81 male and 107 female participants whose age was 60 years and above using Keyes Social Well-Being and interview guides. Three participants were purposively selected and participated in the interview session, because they were communicating with the researcher accordingly. Independent t-test and One-way ANOVA were employed to analyze the quantitative data. The result of the study depicted that using the midpoint of the social well-being scale; the institutionalized elderly people were socially well which is 157 (83.51%) participants, were one standard deviation above the mean score (81). Independent t-test shows that there is no statistically significant difference between male and female participants, (male  $M=110.9381$ ,  $SD=17.79391$ ) and female ( $M=107.1122$ ,  $SD=17.64262$ ) and ( $t = 2.5345$ ,  $df = 186$ ,  $p=.826$ ). On the other hand the one way ANOVA also revealed that there is no statistically significant difference among elderly people of different age groups and duration of stay in terms of social well-being. The findings of qualitative data showed that the participants were experiencing wellness in their social life than before (before joined the institutional care). Therefore, the study revealed, that institutional care has no negative impact on the social well-being of elders. Because the finding showed that there is no significant difference in terms of sex, age and duration of stay which is  $p=.826$ ,  $p= .886$  and  $p=.799$  respectively. Therefore, elders who are living alone with several social and psychological problems in different parts of the country are encouraged to join institutional care giving centers.*

**KEY WORDS:** *Social well-being, Social integration, Social acceptance, Social coherence, Social contribution, Social actualization, and elderly people.*

# CHAPTER ONE

## Introduction

### 1.1. Background of the Study

The term well-being is defined as the absence of negative conditions and feelings, whose outcome is adjustment and adaptation to a hazardous world (Keyes 1998). He also expressed well-being as something experienced by everyone that includes feeling happy, healthy, being purposeful and socially connected. Well-being is the broad concept which holds the concepts like psychological well-being, social well-being, and physical well-being. Of these concepts, social well-being which is the focus of this study is defined as a sense of belonging to a community and participating in the society (Keyes 1998). Being able to interact with people, depicting sense of belongingness, respecting others, being empathetic and tolerant for others and ability to manage one's emotion to suit situations are key indicators of social wellness (Keyes 1998).

Keyes (1998) described social well-being as the prediction of one's level of social standard and participation in a given society. Social well-being is described in different ways (social integration, social acceptance, social contribution, social actualization and social coherence). Social wellness is associated with longer life and stress management. People with good social well-being who are good in social relationships and have strong social network and tend to live longer life and easily respond to stress and engage in reduction of stress and anxiety related with biological system (Ivankina & Ivanova, 2015).

Social well-being is also described as individual's or group's pleasure with one's own social status, welfare, living standard and quality of life. So social well-being is defined as the extent to which a person sees him/herself in his/her social life. Ivankina and Ivanova (2015) defined social well-being as an individual's or group's satisfaction in relation to one's own social status, standard of living and quality of life. The general satisfaction with the condition and activities somebody is involved in reflects social well-being (Ivankina & Ivanova 2015). So, these general satisfactions are related to economic, social, and health conditions of someone. However, previous studies documented that institutionalized elderly people do not experience a conducive economic, social and health condition.

There are many factors that affect the social well-being of individual's including mental illness, substance abuse, unemployment, violence and poverty. In many developing countries the reason behind elderly peoples' institutionalization is directly or indirectly related with the issues of substance abuse, illness and poverty. Volunteer work and engagement in social and community based activities are the leading positive factors that contributed to the social well-being of elderly people (Dastjerdi & Mardukhi 2015).

In Ethiopia to define older people different indicators are used. These are historical incidents such as war, political revolution, famine and drought are used to determine their age. The retirement age in Ethiopia is 60 according to Ministry of Labors and Social Affairs (MOLSA 2009) which partly marks old age. The general consensus is that, old age is the age where one needs essential support and attention. According to Saxena (2006) as cited in (Ayana 2012) traditionally mothers and fathers look after their children until they become independent and the vice versa is true. But in contemporary society the reciprocal relationship between parents and children is decreasing because of different factors including work conditions, education, internal or external immigration and so on.

Older persons play a key role in contributing to the social and economic development of the family. There are many challenges older persons are facing in achieving household security as a result of limited income, livelihood problems, lack of diversified livelihood opportunities, and absence of social and health services. A combination of livelihood strategies including working, accessing NGO support, donations from children and other family members, and begging are necessary for survival of older person. Reliance on a single economic coping strategy did not enable older persons to have a sustainable livelihood (HAI 2011). Similarly Gebremariam and Adamek (2015), described the problems of elderly people by saying that, changes in social and demographic features in Ethiopia will come up with many questions related to the quality of life of older people. The well-being of elders in Ethiopia is at risk, because the family supports are waning due to migration and poverty (HAI 2011).

In similar ways Luppá & Tobias 2009 cited in (Zikarge 2017) also described how the elderly people joining institutions are being cared by saying most elderly people prefer to remain in their homes where they are able to maintain the integrity of their social network, preserve environmental landmarks and enjoy a higher quality of life. However, due to complex socio-

economic and political circumstances elderly people lose their independent livings. Joining institutional care by itself is not a problem; however, other problems follow the institutional lives, like loss of psychological and social well-beings.

In Ethiopia there are many nonprofit institutions that provide different basic need services such as food, clothes and shelter. However, these institutions are not taking into consideration the psychological and social wellness of the elderly people. As World Health Organization (WHO 2005) stated, social well-being is a central component of individuals' overall health. Similarly Naser, Dadkhah, Shamshiri, Mohammadi, Nayeri (2014) described social well-being as one of the important aspects of individual's health.

The researcher in this study spent more than two months in the Sewasewe Genet Charity and Development Organization to accomplish a practicum course. The researcher observed the services provided to the elderly people and their overall living conditions. The organization mainly strived to achieve the basic needs of this group of people. In fact, the activities of the organization cannot be undermined, but providing only basic needs will not satisfy the well-being of elderly people. Therefore, the intention of the researcher in this study is to assess the status of institutionalized elderly people's social well-being. Regarding this issue there is lack of prior study in the case of Ethiopia.

## **1.2. Statement of the Problem**

During its establishment the elderly people institutionalized in this center were 30 in number. But now it is increased to 356. So, the researcher is interested to understand the status of their social well-being. Since they are separated from their previous community members may face social problems. According to Help Age International (HAI, 2011) elderly people living in Ethiopia have many challenges including unreliable sources of income, instability in their livelihoods and limited access to social and health services. Similarly Walaa, El-Halim, Ahmed and Mostafa (2017) described that "institutionalized elderly people had higher levels of anxiety, loneliness, and depression than non-institutionalized elderly people and this was a major problem".

Elderly people are institutionalized to satisfy their needs. Mekonnen (2018) stated that older people need to live in a suitable situation. Many elderly people highly need the provision of

social services. Social welfare is any of the various professional activities used in providing social services and especially with treatment and material aid for the economically, physically, mentally, or socially disadvantaged (Melloan 2016).

Some scholars argue that institutionalization influences negatively the quality of life of the elderly people (de Medeiros, Carletti & Magno 2020). Institutionalized people experience psychological and social problems. Older people have negative feelings as a result of being institutional care recipient. Most institutionalized people encountered such feelings as hopelessness, depression, loneliness, sleeplessness, despair and grievance (Sibuh 2015). Various donation and supports are highly focused on satisfying biological needs but satisfying physiological alone does not achieve the overall well-being of an individual.

Murphy, Oshea and Ireland (2007) stated that institutionalized people in developing countries lacked personal privacy and independence, residents felt that they were not allowed to do things that they were competent instead things were being done for them. Similarly, Kimondo (2012) added that even though living in institutions offers benefits to the elderly people, there are many challenges that residents have to encounter. So, they recommended that it is important to think ways and means of improving conditions in institutions and also find means of improving social lives of those elderly people who are living in the institutions.

The researcher was informed by the coordinator of the organization that the number of elderly people who are institutionalized is increasing from time to time at Sewasew Genet Charity and Development Organization. The researcher got the chance to observe the institutionalized elderly people during his practicum work. The organization has no social workers and counselors. This implies that great emphasis is not given to psychological and social issues. So, the researcher became interested to study the social well-being of elderly people. In the selected study area elders are supported or served in their living class room and always seat alone in front of their room. George (2021) defined social health as our ability to interact and form meaningful relationships with others. Social relationships have impact on our mental health, physical health and foster mortality risk if they are in worst shape. Both the quality and quantity of social interactions can contribute short and long term impact on mental and physical well-being.

As the number of elderly people who are deserving services from the institution increase the psychological and social problems to be addressed also increases. According to Runcan (2012) feeling sad, being pessimistic, depicting feelings of failure, loss of satisfaction, feeling guilty, facing difficulties while working, losing sleep and weight are among the poor social well-being symptoms of institutionalized elderly people. For an individual, social well-being can include elements like social acceptance, actualization, contribution, coherence and integration. Health is the full physical, mental and social wellbeing not merely the absence of disease and currently there is a multidisciplinary approach to the concept of health, in relation to the quality of life (Sfeatcu 2014).

Many studies focused on the psychological well-being of elders which is more individual aspects, rather than social well-being which is inversely social aspects of human health. However, the institutionalized elderly people experience social problems since they are separated from the previous social life or living conditions, cultures, and environments. Social isolation and loneliness are common among older people and can be negatively associated with both mental and physical problems (Wiley 2015). Even if they are separated from their previous living areas because of various factors still they need social lives in the institution since they are human beings.

The reason behind the concern of the study about elderly people's social well-being is its close connection to their health state. Even if there are few researches conducted so far in our country concerning the issue, they have not touched this topic directly. The motivation of the researcher is to identify the status of social well-being of these institutionalized elderly people in Sewasew Genet Charity and Development Organization using the standardized scale of social well-being so as to fill the knowledge gap in the area.

### **1.3. Objectives of the Study**

The general objective of this study was to investigate the social well-being of institutionalized elderly people at Sewasew Genet Charity and Development organization.

The specific objectives of the study are to:

1. Identify the level of social wellbeing among elderly institutionalized people.

2. Identify if there is statistically significant difference between male and female elderly people in relation to their social well-being.
3. Identify if there is statistically significant difference between different age groups of elderly people in relation to their social well-being.
4. Identify if there is statistically significant difference among institutionalized peoples' social well-being based on their duration of stay.
5. Describe how elderly people explain being institutionalized.

### **1.5. Significance of the Study**

Conducting a research on the social well-being of institutionalized elderly people is important because of the following reasons: First, it will serve as a source for interested researchers to study further on the issue at a country level (Ethiopia) in general and at Sewasewe Genet Charity and Development Organization level in particular. Second, it will give insight about the social well-being of the institutionalized elderly people and what they are experiencing to the concerned bodies (the institution) and it will contribute to expand the knowledge to the community so that the society will develop its understanding of this social problem. Finally the study will depict the status of social well-being the institutionalized elderly people are experiencing, so the organization will take a measure to keep it up or to take a correction.

### **1.6. Delimitation of the Study**

The study is delimited in terms of the subject to be selected, the area to be covered and the problem to be studied for making research to achieve the research objectives. So this study is confined to the social well-being of elderly people of those who are supported by Sewasewe Genet Charity and Development Organization which is found in Oromia Regional State, North showa Zone, Girar Jarso Wereda. The variables of this study were also limited to sex, age & duration of stay in the institution

### **1.7. Operational Definition of Terms**

The terms those used in the study, can be defined operationally as follows:

- Social wellbeing: is a sense of belonging to a community and making a contribution to society which have five dimensions (Keyes, 1998) including, social integration, social acceptance, social coherence, social contribution and social actualization.

- Social integration: is one dimension of (Keyes's, 1998) social well-being defined as the degree to which somebody feel they have something in common with other people.
- Social acceptance: is one dimension of (Keyes's, 1998) social well-being which is described as having positive views of human beings and feeling comfortable with others.
- Social coherence: it is (Keyes's, 1998) part of social well-being defined as one's feeling of considering him/herself as meaningful and coherent.
- Social contribution: it is one dimension of social well-being (Keyes, 1998) which is defined as one's belief as being good member of community, with something of value to contribute to others.
- Social actualization: Keyes, (1998) part of social well-being which implies being hopeful about community's future and recognizing community's potential.
- Elderly people: people whose age are older than 60 years
- Institutionalization: the process of placing a group of people in an institution to provide support.

### **1.8. Limitation of the Study**

The age level of the participants was 60 years old and above. So, the study was not including institutionalized people whose age below 60 years old including youths and adolescent. But life experience such as economic background, educational status, job experience, marital status, and their religion were not studied. They were not able to write down an answer by themselves. And also they were not interested to blame the organization, because blaming and criticizing is a sin in view of their religion.

The research participants were not willing to discuss a long period of time because they were asked and interviewed many times about their life. So, many of them are not considering conducting a research about them as useful.

### **1.9. Organization of the Study**

This research is organized in five chapters. The first chapter introduces the background, statement of the problem, objectives of the study, significance of the study, delimitation, and operational definition of terms. The second chapter deals with review of the related literature that is related to the subject under study mainly on institutionalization, elderly people and social well-

being. The third chapter deals with the research method which consists of research design, selection of the study site, population and sampling, data collection instruments, data collection procedures, data analysis procedures and ethical considerations. The result of the study and discussion were presented under chapter four and chapter five deals with summary, conclusion and recommendations.

## **CHAPTER TWO**

### **Review of the Related Literature**

#### **Chapter Overview**

In this chapter the issues related to institutionalization, elderly people and social well-beings are discussed. The definition of institutionalization, elderly people in Ethiopia, institutionalization and elderly people, types of elderly institutional care, sociological theories of aging and elderly institutional care and social well-being (social integration, social acceptance, social contribution, social coherence and social actualization) were the main topics discussed in this chapter.

#### **2.1. Definitions of “Elderly” or Older person**

The term 'elderly' or older person has different meaning in different countries. It is mainly explained and is related to chronological age, functional age as well as retirement age. According to the United Nation definition for Ethiopian older persons are those people whose age is 60 years and over (MoLSA 2006). The definition has gained acceptance in Ethiopian context as it coincides with the country's official retirement age.

According to Help Age International (2011) cited in (Ayalew 2019) the definition of old age related with gray hair, failing eyesight, physical deterioration, and inability to produce and becoming a grandparent. However, these factors are not indicates old age all the time. Elderly person is defined by the UN as a person who is over 60 years of age. However, community members often use other socio-cultural indicators to define age, including family status (grandparents), physical appearance, or age-related health conditions. Aging refers a normal biological process which is time dependent, changes that lead to loss of functional capacity after some point of maturity.

Bhattacharyya (1995), as cited in (Pathath 2017) stated that elderly people are categorized in to two groups. First those who are retired from work and taking pensions. These groups of elders have no financial problems but they are in need of social support. Second those who are poor and continue to work up to time where their physical capacities are lost. Sense of insecurity and helplessness manifested from this group of people. This group of elderly people experience

personal, economic and social security problems. The increase in the elderly population in a particular country results a series of personal, social and economic consequences (Soares, 2014).

## **2.2. Context of Ethiopian Elderly people**

Older persons living in Ethiopia have many challenges in achieving household security because of unreliable sources of income, instability in their livelihoods, lack of diversified livelihoods opportunities, and limited access to social and health services (IHA 2011). So many older people in Ethiopia obligated to need the assistance of donations from their children, other family members, NGO and even begging as a last alternative. The finding of (IHA 2011) showed that Food insecurity for older persons is serious and a majority of destitute older persons are not meeting minimum daily food needs in Ethiopia.

As the age increases social, psychological, economic and physical problems also enhances among elders. Poverty become more serious among older persons in Ethiopia because once they are exposed to poverty, it is much more difficult for them to come out of it (MOLSA 2006). The factors related to poverty of elderly people in Ethiopia are as (MOLSA 2006) reported Health problems, lack of balanced diet, shelter, unsuitable residential areas, absence of family and community support, absence of social welfare coverage and limited social security service. So these factors finally push those elderly people to engage in begging or be institutionalized or fall in the hands somebody or some institutions.

According to (Ayele 2017), the primary challenge of older people is financial problems which can lead to institutional life. In different parts of the country elders are challenged with physiological needs like shelter, food and clothing, and lack of money for medical and educational purpose. Property and moral violation is also another challenges, of elderly people in different parts of the country. In addition to material challenges psychological and social problems are the main issue that challenges Ethiopian elders. These problems enforce those people to enjoy institutional care centers.

Fentie (2010) also stated that socio-economic factors such as loss of income, disease, divorce, death of family members, lack of institutional support, retirement, etc. are the major challenges of elderly people. Shorter of food, shelter and clothing and poor social interaction, dependence, loss of respect, were found to be the main social problems. The main reasons behind

institutionalization in Ethiopia are multidirectional like social, economic and emotional. The elders are not joining institutional care center in Ethiopia for luxury life rather for survival. The last alternative for survival of Ethiopian elders' is joining institutional care.

### **2.3. Institutionalization and Elderly People**

The main purpose of institutionalization is to support and reduce the multidimensional problems that many disadvantaged groups of people are experiencing. Institutionalization is all in all not full of strength but also it is come up with a lot of drawbacks. According to Runcan (2012) stated institutionalization of the elderly people leads them to some psychological and social problems (loneliness, isolation, and depression). When a person obligated to change the former living environment, because of various reasons to a new living place, the elderly people are extensively challenged to test their own limits.

Institutionalizing the elderly people, may be sometimes even necessary in many cases. The inability of family members to care for the elderly, particularly those seniors who are immobilized or mentally unfit are among the causes for institutionalization. Economic and health cases are sound among the causes. Sometimes the responsibility of giving care for the person is too great to handle at home or an elderly person may even pose a danger to others within the home.

According to Ashenafi (2015) in the countries like Ethiopia, elders are not institutionalized for the sake of additional comfort but, institutionalized when alternatives for living are lost. However, in developed countries elderly peoples are institutionalized when they are reached a point either physically, mentally or financially where institutionalization needs to be considered. In this case even if they are living independently, either with spouse or alone there is the probability to be institutionalized.

Separation from adapted environment and losing the adjusted living condition may be associated with social and psychological problems. Individuals who have been institutionalized for long periods suffer from increased fragility in psychological structure, becoming more vulnerable and at risk as a direct consequence of the treatment they receive in such institution (Ligia & Patricia 2004). Even if institutionalization contributes in satisfying the basic needs of at risk populations

it also became the causes for the social and psychological problems. Institutionalization may improve the economic or physical problems of a certain groups of people to some extent, but beside it causes various social and psychological problems.

Needing the care of institutionalization is varying from a person to person. Economic factors, social problems and health conditions are among the factors leading elderly people to the institutional care. The studies of Martikainen (2008) showed that older people who live alone (social problem) have high probability of joining institutional care. His finding depicted that the absence of social and instrumental support provided by a spouse increases the probability of seeking institutionalization care.

Similarly, Lini (2016) also justifies the reason behind institutionalization as Cognitive impairment and dependency for basic activities of daily living conditions contributes for institutionalization. Such like problems are experienced by Ethiopian elderly people. According to MOLSA (2006), there is no provision for programs of social security or other financial support for the elderly. Many elderly people are unable to work because of illness or age. These elderly are unable to care for themselves and they are enforced to join institutional care.

According to Ashenafi (2015) the life after retirement is highly challenging and they have difficulty of adjusting themselves to the environment. They are unadjusted to the decreased income, the loss of job and weakened social ties due to retirement. Deterioration and lack of social connection are the results produced because of social isolation. Most of Ethiopian elderly people experience feeling of demoralized because they could not practice their wisdom in their right time.

According to Martikainen (2008), never-married, widowed, and divorced older persons have been shown to have a higher probability of institutionalization than their married counterparts. Therefore, the need for institutionalization is high among elderly people because of many reasons. Even if the institutionalized elderly people satisfy their biological needs like food and shelter they are highly experience social problems. In many cases the institutionalization of the elderly leads to loneliness, isolation, and eventually to depression (Runcan 2012). In contrast to this the study conducted in Ethiopia concerning institutionalized elderly people stated various merits of institutional care.

Zikarge (2017) Stated that the advantage of institutional care as “the service of the institution (MEKODONIA) has changed the life situation of the elders”. He explained the residents, who have been forgotten by the society and obligated to live in the streets for long period of time, driven out of their families, and living helplessly were found enjoying their institutional life. Their life was radically changed because of joining institutional care center. These elders were rehabilitated in all direction of their life. So institutionalizing is more advantageous in Ethiopian context.

## **2.4. Types of Elderly Institutional Care**

### **A. Family Provided and In-Home Care**

The provision of family care can be divided in two ways. The first way is elder’s remains in their own home with family members providing them with assistance, or elders move into the home of a family member. In this type of institutional care the elderly peoples are not enforced to move to the same were the relatives are not found. The second type of institutional care is the way in which elders are treated some were with their family members found out of their own home.

### **B. Adult Day Programs**

These types of program offer elders through supervision and care in a structured setting during daytime hours. In this type of program elders have the opportunity to participate in structured social and personal activities. In addition to this elders will receive basic services like medical and social services, or take part in educational programs. There are programs that emphasize social interaction, and separately, programs that exist to fulfill medical needs. Most all day programs are based on community and generally available only during regular working hours, Monday through Friday. They accepted elders who take part in programs one or more days each week. This type of day programs are a good option for elders who do not need round-the-clock care, but whom, for whatever reason, are also not safe remaining at home all day alone. They offer relief or rest for families and for themselves an elder living with them, but need to work during the day. In Ethiopian context such like institutional program is not known.

### **C. Independent Living Facilities**

Independent living facilities offer elders the opportunity to rent or purchase an apartment or condominium within a complex or campus offering recreational and social activities, and

sometimes transportation services. Residents live independently while being part of a community of others in similar circumstances. The main aim of this type of institutional care is to get independent life. But in our county (Ethiopia) elders are institutionalized to satisfy their basic needs rather than seeking independent life which is considered as luxury life for us (Ethiopian). Recreational and social opportunities they are joined is the primary benefit of independent living facilities. For this type of institutional care no special health care services or assistance with activities of daily living are offered.

#### D. Assisted Living Facilities

Assisted living facilities are sometimes referred to as board and care, residential care, community-based retirement care, personal care, or adult foster care facilities. They offer residents comprehensive help with activities of daily living, but also feature an essentially independent living arrangement. Elders generally will occupy their own unit or apartment within the facility from which they can come and go as necessary. They will also have access to personal care workers as necessary to assist with their care needs. Skilled nursing services are not available on-site, by and large, but basic health services may be offered. Recreational and social activities are also made available to residents.

#### E. Nursing Homes

Nursing homes provide care for elders requiring constant, "round the clock" care. Care is provided by licensed health professionals, including registered nurses, licensed practical nurses, and nurses' aides. Elder nursing home residents will reside in a room within the facility that may or may not be private. Housekeeping and linen services, meals, and care from the medical staff and a social worker are included. Elders may also be offered on-site social and recreational activities.

There are three varieties of nursing homes: basic care, skilled care, and sub-acute care. Additional therapists, including speech therapists, occupational therapists, and physical therapists are likely to be available as well. Sub-acute facilities offer the most comprehensive level of care, including daily or weekly medical treatments and care reviews performed by medical staff.

Costs for nursing home care vary based on the degree of care residents require, and on the area of the country the facility is located in. Nursing homes are federally regulated, and also licensed at the state level, often by state departments of public health. Residents may be Medicare eligible, and fees for nursing home services are often paid with funds provided by the elder, the elder's family, and Medicare or other third party insurers.

#### F. Continuum of Care Facilities

Continuum of care facilities offers elder residents the widest range of care options. Private independent living arrangements are the basic feature of such facilities, with services added in a la carte fashion to assist residents as necessary, from basic assistance with daily living activities through skilled nursing services usually only available from sub-acute nursing homes. Assistance with activities of daily living, including cleaning and laundry services, meals served in a common area, grounds maintenance, and security services are offered, as are social and recreational programs.

The wide range of services available in a continuum of care facility makes them particularly suited to elders with progressive conditions that will cause them to decline over time, require increasing levels of care. The continuum of care facility offers the most flexible combination of independent living and care as residents' care needs increase over time. By offering a full range of care in one place, these facilities lessen the total number of times elder residents must move as their care needs increase.

#### G. Home care

This type of elderly institutional care allows older people to stay in their homes while receiving the assistance they need. It involves providing assistance with Activities of Daily Living like bathing, dressing and food preparation or Instrumental Activities of Daily Living such as transportation, paying bills, making appointments and simply being there to provide companionship and emotional support.

## **2.5. Sociological theories of Aging and Elderly Institutional Care**

Aging is a social problem and is often studied from the point of view of different basic perspectives. The biological, psychological, and social processes combined together and enforce the people as they grow older. However, these factors are differing within and across the cultures (DeLiema & Bengtson 2015). These theories or perspective tried to express their viewpoints in different ways.

### **1. Activity theory**

The activity theory proposes that successful ageing occurs when older adults stay active and maintain social interactions. It takes the view that the aging process is delayed and the quality of life is promoted when old people remain socially active. The activity theory is developed to oppose or to response to the viewpoint of disengagement theory. This psychosocial theory of aging tries to explain the individual and social life situations that enhance a high level of satisfaction and happiness while the individuals adjust themselves to the variety of challenges of aging (Teles & Ribeiro 2019).

According to this theory, older adults are more likely to age successfully when they remain active (maintain social interactions and contributes productive roles in society). The notion of activity theory can be generalized as the older people become more active they have more life satisfaction and high self-concept. So this theory says that by making the elderly active they will be able to earn their own income and support themselves in the future.

### **2. Disengagement theory**

The disengagement theory of aging believes that it is natural and acceptable for older adults to withdraw from society and personal relationships as they age. The propaganda of this theory is that, all individuals are going to disengage (uninvolved) or detach themselves from the social norms, social values, social roles, and the ways of behaving and doing and other personal activities. This theory says it is normal for society to disappear people from their previous roles when they become old aged, thereby transforming those roles for others.

Activity and disengagement theories of aging were considered as the first theories of social science used to describe why some individuals, or parts, are more adaptive in meeting the

multiple and inevitable challenges of aging than other persons (DeLiema & Bengtson 2015). The two theories are paying attention on social, interpersonal and psychological factors in addition to the seen physiological and medical situations of aging.

### 3. Social exchange theory

Some studies (Wan a& Antonucci 2016) describe Social exchange theory as the social behavior and interactions among individuals are the product of an exchange process. According to this theory the relationship between individuals is produced by the pursuit of rewards and benefits and the avoidance of costs and punishment. And also it is the exchange of activity, weather it is seen or unseen tangible and more or less beneficiating or costly, between at least two people. So it is a social psychological and sociological viewpoint that describes social exchange and stability as a process of agreement exchanges between parties.

According to Homans (1958) cited in (Wan &Antonucci 2016) any social interaction between people exhibits costs and rewards. At the first time the word social exchange was used as social behavior. Social behavior is an exchange of material goods and non-material ones, such as the symbols of approval or prestige and later social behavior is seen as an exchange of activity, tangible or intangible, and more or less benefit or punishment, between at least two parties.

### 4. Political economy theory

The notion of the political economy theory is that an individual's social, political, and economic status contribute to one's aging experience. However political economists understand as older persons are virtually powerless to alter their social status. In this viewpoint the problem is directly associated with older people but the grass root comes from public issues. This theory contributes a great role as the state and capitalism as supports to systems of influencing and domination of older people.

### 4. Continuity theory

Continuity theory takes a life course perspective in which the aging process is the product of history, culture, and social constructs (Diggs 2008). According to this theory, continuity in aging is seen as a dynamic and evolutionary developmental process in which individuals grow, adapt, and change; however, these changes are consistent with the person's underlying

ideology and past experiences (Diggs 2008). Continuity Theory holds that, in making adaptive choices, middle-aged and older adults try to preserve and maintain existing internal and external structures; and they prefer to accomplish this objective by using strategies tied to their past experiences of themselves and their social world (Diggs 2008).

Continuity theory argues that our previous life experience determines how we are as older people. This implies that what we did during our earlier part of life has the power to shape our behaviors, values and beliefs in older age. This does not deny the capacity for change over a lifetime but values the developments made and their impact on us as older people. Without a past lifetime there will be no history and no idea of self as to continuity viewpoint.

#### 6. Functionalist theory

According to this theory aging is a problem because institutions of modern societies are not working well enough to serve the needs of the dependent aged. According to Pathath (2017) express the issues of aging, the extended families which once allowed elderly people to live out their lives among kin have been weakened by greater socio mobility and a shift to the nuclear family as the basic kinship unit.

#### 7. Interaction Theory

The view of interaction theory concerning the elderly as a stigmatizing level that suggests the older people are less valuable because they do not conform to the norms of a youth-oriented culture. Interaction theory view the elderly people as victims of ageism in the prejudice and discrimination directed at the aged even at the large by entire social institutions not only at individual levels (Pathath 2017).

#### 8. Conflict theory

Conflict theorists view the problems of the elderly as stemming from their lack of power to shape social institution to meet the needs of people who are no longer in their productive year and have not accumulated the means to preserve their economic and social independence (Pathath 2017). As to this theory there is a conflict among generations because of competition which considered as a normal part of life rather than an abnormal occurrence. In opposite to other aging theories

conflict theory concentrates on negative parts of the society. It pays more attention to things like race, gender and social classes.

## **2.6. Social Well-being**

According to (Daniel Teghe & Kathryn Rendell 2005), the idea of well-being is beyond the subjective well-being which shows the perspectives of the self which is considered as a narrow perspective. Therefore, well-being is something that goes beyond the psychological aspect of being an individual or a group. Well-being is also viewed as a social thing. Keyes (1998) was the famous prominent in the conceptualization of social well-being after the World Health Organization (WHO 1948) acknowledged a social dimension to well-being following physical and mental well-being (Susanne, Rianne, Natalia and David 2020).

According to Keyes (1998), and Keyes & Lopez 2002, cited in (Daniel & Rendell 2005), Social well-being consists of five dimensions including: accepting others as they are (social acceptance), positive comfort level with society (social actualization), a feeling that one has a contribution to make to society (social contribution), understanding the social world as predictable and comprehensible (social coherence) and feeling as a part of the community (social integration).

Social well-being is defined as having good relationships, social stability and peace. People are social creatures who are mutually dependent, relying on others for their well-being, just as they rely on us. Elderly people's well-being is highly related with their relationships, emotional state, which is largely, relay on the material part (Ivankina & Ivanova 2015). Notes that, the material part does not imply that their real income rather than their status of aspiration and vision of welfare.

Social well-being is individual's or group's satisfaction with one's own social status, welfare, living standard and life quality. Social well-being depicts an individual's overall satisfaction with the world living in; activities he/she is taking part in and possessions (Ivankina & Ivanova, 2015). People desire to stay healthy, being active and be able to cope with the challenges of the world around, achieve their goals, understanding, support and friendly attitude of other people, as well as to have confidence in the future. Therefore, we can say that social well-being is an important for people like psychological and physical well-being.

Social well-being is the ability to participate, feel valued as a member of, and feel connected to a wider social environment. For example, your local community, society as a whole, and the environment in which we live. Feeling like we can make a meaningful impact on the people and world around us improves our sense of well-being personally. It can also tangibly improve the quality of the community in which we live, creating greater societal well-being.

Social well-being is related with the issues of social relationships and a good social relationship contributes to provide affection, sense of purpose and respect. Having a network with family, friends, neighbors and community members has a numerous advantages. A casual conversation with strangers can fulfill some social needs of older adults and contribute to their well-being. Social relationships can be highly important to older adults by supporting their well-being and supports them maintain their independence. The elements used to define social well-being from individual perspectives are social actualization, contribution, coherence acceptance and integration while from community perspectives social well-being includes elements like education, health, safety, housing, food as well as fairness and peaceful living conditions (Daniel & Kathryn 2005).

Social, economic, environmental, cultural, and political conditions identified by individuals and their communities are the contributors for the existence of community well-being. Connectedness, livability, and equity are the attributes that play a great role in flourishing community well-being.

Healthy human is the pillar of development in any society (Adibisedeh 2016). The sustainable and holistic physical, mental and social well-being produces the progress and development of the society. He also stated as health and public health is the base for the social well-being and the vice versa is true. These two are so interdependent and no clear cut boundaries between them. The Individual health status in a society affects the health and emotions of others as well as social and economic indices of the society in a variety of ways (Adibisedeh 2016). Therefore, protecting the health of individuals in a society as an entity dependent on its members is very critical and useful.

Social well-being can be a base for mental, social and physical health whose wellness motivates individuals and provides them a happy spirit and leading to a refreshed and healthy society. In

fact, healthy life is the product of social interactions between the individual choices on the one hand and the social and economic environment surrounding them on the other hand. social well-being is assessment of the significantly positive and negative behaviors of individuals in relation to others and is regarded as one of the most basic health indicators for any society that will lead to effectiveness of individuals in society Larson (1993) cited in (Adibisedeh 2016).

### **2.6.1. Social Integration**

Social integration is a multidimensional construct that can be defined as the extent to which individuals participate in a variety of social relationships, including engagement in social activities or relationships and a sense of communality and identification with one's social roles (Ferguson 2008). Social integration is the process during which newcomers or minorities are incorporated into the existing social structure including values, norms, cultures and practices of the society. The institutionalized elderly peoples are come from various resident areas and they can be challenged to adapt the former social life.

According to Ferguson (2008) Social integration is the process of enhancing the inclusive values, relations and institutions that enable all people to take part in social, economic and political life on the basis of equal opportunity and dignity. Social integration describes the process of building institutions that promote a society for all on the principles of social justice (Ferguson 2008). The definition of social integration in this context excludes the process of social integration by force or that attempt to impose unitary identities on reluctant populations.

Accordingly the high level of social integration contributes to a closer social distance between groups and more consistent values and practices. Integration is a dynamic and structured process in which all members of the society participate in dialogue to achieve meaningful social interactions. Social integration is different from forced assimilation. Social integration is focused on the need to move toward a safe, stable and just society by curing situations of social disintegration, social exclusion, social fragmentation, and by broadening and strengthening situations of social integration towards peaceful social interactions of living together, collaboration and cohesion.

Integration pays attention for ethnic minorities, refugees and underprivileged parts of a society into the mainstream of societies. Social integration requires the quality of accepting common

language of the society, agreeing with the laws of the society and adaptation of the common set of values of the society. It does not require assimilation and it does not require persons to give up all of their culture, but it may require forgetting some aspects of their culture which are inconsistent with the laws and values of the new society.

### **2.6.2. Social Acceptance**

Social acceptance is among the dimension of social well-being. Social acceptance is defined as other people wish to include an individual in their groups and relationships Leary (2010), cited in (Bushman 2011). It is how focused on how much somebody accept others. Social acceptance occurs on a continuum that ranges from merely tolerating another person's presence to actively pursuing someone as a relationship partner. Examples of acceptance include being chosen for a desirable job or to take parts in the local social value like idir, equb, mahiber and the like. According to (Bushman 2011) people have a fundamental need for positive and lasting relationships.

Individuals who explain social acceptance trust others, think that others are capable of kindness, and believe that people can be industrious. Socially accepting people hold important views of human nature Wrightsman 1991, as cited in (Keyes 1998) and feel comfortable with others. A person who is feeling good about his/her personalities and accepts both the good and the bad aspects of their lives shows good mental health (Ryff 1989). He also described social acceptance as a construal of society through the character and qualities of other people as a generalized category. And also social acceptance is very seen when individual experience good feeling about other people and trusts them in being honest and diligently. This contributes to a general believe and positive view towards society. Therefore social acceptance of others might be the social counterpart to self-acceptance.

### **2.6.3. Social coherence**

Social coherence expressed as a stable and harmonious relationships that allows for the effective flow and utilization of communication needed for optimal collective cohesion and action. Socially Healthier people not only care about the kind of world in which they live, but also feel that they can understand what is happening around them. Such people consider themselves that they live in a perfect world; they have maintained or promoted the desire to make sense of life.

Psychologically, healthier individuals see their personal lives as meaningful and coherent (Ryff 1989). The sense of personal coherence, according to (Ryff 1989), may be a marker of health: individuals who have coherence attempt to maintain coherence when faced with unpredictable and traumatic life event. Social coherence is reflected when what we feel, think and behave make a cooperative alignment with others.

Age and social coherence has a positive relationship. As age becoming increasing, many changes occur in the social environment, because of retirement (loss of role), death of a spouse and family members and friends, and the onset of age-related sensory loss and mobility problems. Sometimes it said that old age is an accumulation of losses forcing older people to adapt and adjust to constantly changing physical and social environments (Koelen, Eriksson & Cattani 2017).

#### **2.6.4. Social contribution**

It is one dimension of social well-being and defined as the belief that one is responsible to his or her community. This results from individuals believing that they have great roles in the community with something of value to give to the world. Social contribution represents the concepts of efficacy and responsibility. Self-efficacy is the belief that one can perform certain behaviors and can accomplish specific objectives. Social responsibility is the designation of personal obligations that ostensibly contribute to society.

Social contribution reflects whether, and to what degree, people feel that whatever they do in the society they are living in is valued by society. Social contribution is focused on how much we are giving back to our communities. Social contribution can be expressed through providing what we have in the form of work or volunteers.

#### **2.6.5. Social actualization**

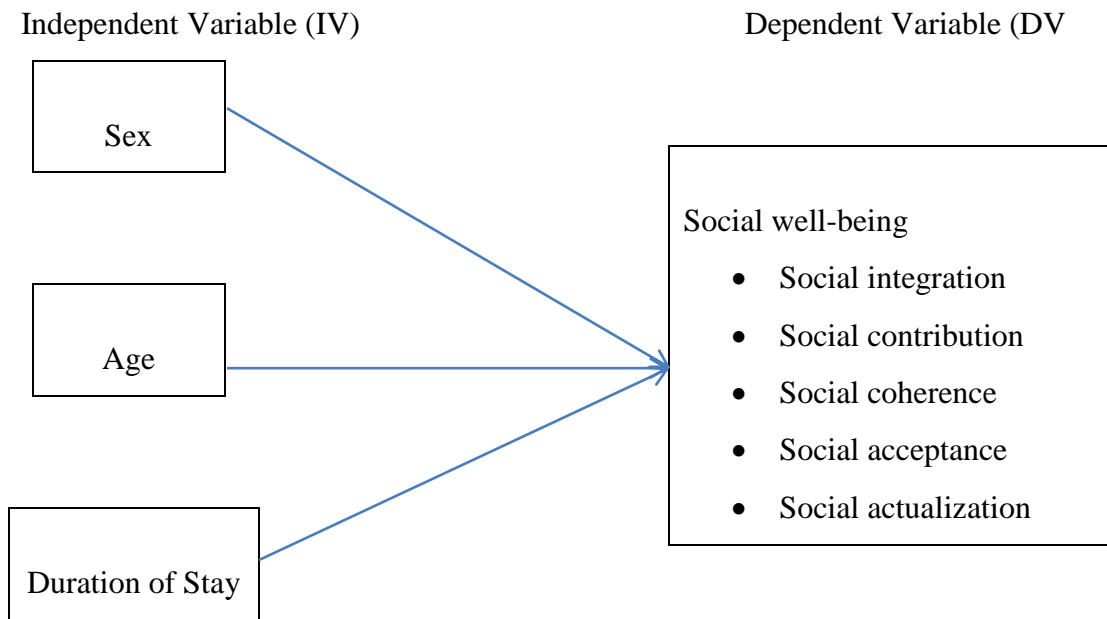
According to Maslow (1968), the attention on the realization of social ability is similar to the idea of potential and its development as self-realization. Social actualization is having once own notions in the change of community or society and the view that society has potential or the ability which is being realized through its institutions and citizens. Hopefulness is the manifestation of healthier people and takes care about the conditions and characteristics of society, and they can give recognition to community's potential. And also socially healthier

people have the hope that people like them and they are part of society. The evaluation of social change or progress is consistent with interpretation and evaluation of society's potential by the evaluation of the character of society's custodians (for example, public officials). Similarly, social actualization resembles fatalism and powerlessness (Seeman 1991). Similar to self-determination, social actualization is the concept that society controls its destiny.

## 2.7. Conceptual Framework

The following conceptual framework is set to analyze and understand the relationship between different factors which contribute to the variation in the social well-being of elderly people who are being served in Sewasew Genet Charity and Development Organization.

Figure-1 Conceptual Framework of the Study



It is hypothesized that various factors are responsible to influence the social well-being of institutionalized elderly people. The socio-demographic characteristics of institutionalized elderly people's such as sex, age and duration of stay (the amount of time in years elders stayed in the institution) are supposed to bring variations in the social well-being of institutionalized elderly people.

In general, social well-being is one component of human well-being. Among the problems of elderly people social well-being problem is included. Elderly people are facing a lot of problems which are leading them to social well-being problem. There are various institutions which are

providing social services to elderly people. Elders are joined institutional care giving center to satisfy their biological needs basically. However, satisfying only biological needs can't determine the wellness of human being.

## **CHAPTER THREE**

### **Methodology**

This section dealt with the research design, selection of the study site, or description of the study setting, population of the study, sample and sampling techniques, data collection instruments, data collection procedures including administration and scoring, data analysis methods and ethical issues considered in the study.

#### **3.1. Research Design**

Cross-sectional descriptive survey research design was used in order to assess social well-being of institutionalized elderly people. In this study a cross-sectional survey which involved the collection of data at a single point in time from a sample drawn from a specified population is carried out. This design is most often used to document the prevalence of particular characteristics in a population rather than determining cause and effect relationships between variables and also used to describe what is happening at the present moment.

For example, cross-sectional surveys are routinely conducted to assess the frequency with which people perform certain behaviors or the number of people who hold particular attitudes or beliefs. Cross-sectional surveys do offer the chance to assess relations between variables and differences between subgroups in a population. So, this research design was employed to examine if there is difference across age, sex and duration of stay in institutionalized elderly people in relation to their social well-being.

Cross-sectional research design used to provide contextual responses to understand the status or level of social well-being contextually. The researcher discussed with the selected three participants on how they describe their previous life (before institutionalization) in comparison with being institutionalized. According to Baxter and Jack (2008) the researcher can employ this type of research design when it is needed to answer the questions “how” they describe their previous and current life in relation to social well-being and when it is necessary to discover the issues contextually. So, the motives of the researcher behind using this research design was to investigate what the participants feel or perceive about their social condition before and after institutional case and why they develop such feeling.

### **3.2. Selection of the Study Site**

The researcher in this study observed elderly people who are supported by Sewasew Genet Charity and Development Organization which is located at Girar Jarso woreda of North Shewa Zone in Oromia Regional State. Sewasew Genet Charity and Development Organization is a non-profit organization which is providing social support to elderly people.

Before deciding where to conduct the study, the researcher was assigned to the particular organization for the completion of a course, field attachment in organization and community settings, in the form of practicum. In addition to this, the researcher's work place is also nearest to the study site. So that, the researcher have got the chance to understand the organization under study very well and gave a conducive situation to collect the data effectively through involving 10 data collectors. So, the researcher selected this research area and accomplished this study without time, distance and unfamiliarity constraints.

### **3.3. Population of the study**

The study was conducted on elderly people who are institutionalized in Sewasewe Genet Charity and Development Organization in Oromia Regional State, Girar Jarso Wereda to identify the status of social well-being of elderly people. The total population of this study was 356 elderly people (153 male and 203 female). However, participants who were not voluntary to take part in this study and those who are mentally not ready or those who have thinking (mental) problem (22 in numbers) were excluded from the study. So, the target population of the study was elderly people whose age is above 60 and who were physically ready to participate in this study.

### **3.4. Sample and Sampling Techniques**

Probability sampling technique, particularly, stratified sampling was used to select participants from the total population. Considering male group and female group as the study population the study has two groups, and the study has three groups considering age and duration of stay 60-69, 70-79, above 80 and 1-5 years, 6-10 years and above 10 years respectively. Proportional sample was calculated using sample size determination formula (Yamane's, 1967 formula) which is  $n = \frac{N}{1 + Ne^2}$ . So  $n = \frac{356}{1 + 356 * 0.0025} = 188$

$n$  = Number of samples,  $N$  = Total population and  $e$  = Error tolerance (level). This technique helps to provide adequate data to represent and analyze sub groups and to increase the efficiency

of the sample size. To select the 188 participants out of the 356 population proportional stratified random sampling technique was implemented, because stratification was considered sex. So, sample size of strata = size of entire sample / population size \* layer size. Sample size of strata =  $188/356*203 = 107$  for female and Sample size of strata =  $188/356*153 = 81$  for male.

To select the sample, the participants are also grouped based on age. According to (Elsevier, 2014) old age is classified in to three such as early old age (60- 69), middle old age (70-79) and late old age (above 80) years. So based on this, the researcher grouped the participants as early old age (60- 69), middle old age (70-79) and late old age (above 80) years old. Purposive sampling technique was used to select three participants for qualitative data. These three respondents (the interviewees) participated on both interview session and questionnaire. These three participants were selected from different sex (one female and two male), age groups (67, 73 and 80 old age) and duration of stay in the organization (3, 7 and 13 years) respectively. The selected respondents were physically and psychologically active and they had the ability to speak and understand the conversation.

### **3.5. Data Collection Instruments**

Demographic questionnaire was used to collect information on the socio-demographic variables age, sex, and duration of stay of the participants. The Keyes social well-being Scale standardized scale was used to assess social well-being among institutionalized elderly people (Keyes, 1998). First the translation was made by language experts and was reviewed by other language experts. All translated items were reformulated and rewritten using the first person's translation. The KSWBS measures five dimensions of social well-being, namely social integration, social acceptance, social contribution, social cohesion and social actualization. It is a self-report scale measuring the person's social well-being at a particular time in each of these dimensions.

The scale consists of a total of 33 items. Items number 1 to 7 measure social integration, items 8 to 14 measure social acceptance, and item numbers 15 to 20 measures social contribution. Item numbered 21 to 27 measure social actualization and finally items 28 to 33 measures social coherence. Respondents rate how strongly they agree or disagree with 33 statements using a 5 point scale (1 = strongly disagree, 2=disagree, 3= undecided, 4= agree and 5= strongly agree). Of the 33 items 19 items are reversely scored (item number 1,6,8,10,11,12,13,17,18,20,21,22,23,26,28,29,30,31 and33).

KSWB scales, which are adopted, were translated to Afan Oromo and Amharic language. The language equivalency of the translated questionnaires was checked with the original scale through forward and backward translation. First the instruments were translated in to Afan Oromo and Amharic language and then back to English by two instructors of Fiche Teachers Education College who are language teachers and both of them are MA holders. The data were collected from 61 participants in Afan Oromo language and from 127 participants in Amharic language.

For the qualitative study, semi-structured interview was prepared by the researcher. The interview guide contains ideas related to how the participants describe their relationship with others, how the participants are satisfied with their contribution in the community (in the institution) and how they accept others and how they perceive themselves in terms of acceptance by others. The purposive conversations created between the researcher and interviewee lasted from 35-45 minutes each.

### **3.6. Pilot Test**

Pilot study was conducted to reduce difficulties in wording and phrasing of the questions, to solve the ambiguity (conceptual clarity and language), to check validity, reliability and cross cultural similarities and to evaluate the time needed for completion of the questionnaire. A pilot study is a small-scale study that helps to examine the practicality and feasibility of the methods to be used in a subsequent larger and more comprehensive investigation (Viechtbauer and Smits, 2015). These authors also suggested that a sample size of 10%-20% of the sample size for the actual study is a researchable number of participants to consider in the pilot. As such 37 (20%) 16 male and 21 female participants were selected and participated in the pilot study in the same institution. These participants were not part of the part of final study.

To check the content validity of the instrument the instruments were translated in to Amharic and Afan Oromo language by the language teachers concerning the conformity on both forward and backward translations. In addition to this, the suggestions and comments of two Scholars from social psychology were considered.

The comments by language teachers were considered in both language versions. The internal consistence of the instruments was calculated using Cronbach's Alpha from the collected data.

Alpha coefficient for the five dimensions of Social well-being is: Social integration ( $\alpha = .84$ ), Social acceptance ( $\alpha=.86$ ), Social contribution ( $\alpha=.71$ ), Social coherence ( $\alpha=.67$ ) and Social actualization ( $\alpha=.76$ ). The total social well-being score is ( $\alpha=.77$ ). The original figures of the alpha coefficient was Social integration ( $\alpha = .80$ ), Social acceptance ( $\alpha=.86$ ), Social contribution ( $\alpha=.70$ ), Social coherence ( $\alpha=.60$ ), Social actualization ( $\alpha=.76$ ) and social well-being ( $\alpha=.74$ ).

The result shows that the internal reliability of both social well-being and its subscales indicates an acceptable level of reliability. Based on the pilot test experience the researcher decided to fill the questionnaire by him-self and assistants rather than giving it to the participants to be filled by themselves because there is reading and writing difficulties among participants. In addition to this some difficult words and sophisticated/complicated statements were carefully replaced. For example, the concepts of “society” are replaced by “community”, because the issue is about their social well-being within the institution.

### **3.7. Data Collection Procedures**

#### **3.7.1. Administration**

The researcher was able to write the application letter to Addis Ababa University School of psychology to get the letter of support that confirm the researcher will conduct the study for the academic purpose. The school wrote a letter of support to Sewasew Genet Charity and Development Organization.

Next to this the researcher discussed the research issues together with concerned bodies of the organization. So, officers in the organization got full information and understood the purpose of the research and allowed the researcher to collect data.

Due to the fact that all participants were above 60 years old and they have reading and writing difficulties and the researcher trained 10 individuals to read the questionnaires and write down what the participants responded. This is why 10 data collectors take part in the data collection process. The data was collected in one day. Ten data collectors participated because the participant elderly people were not responding to the questions quickly and actively.

**Conducting interview:** In the process of obtaining the required information, interview questions were carefully prepared by the researcher and interpreted to Amharic language by language teacher (MA holder in Amharic). At the time of conducting interview, conversations and

greetings were made between the interviewer and research participants. The conducive place for interview session was identified (under tree) which had no sound pollution. The researcher asked a single question at one time. The researcher became neutral from showing sign of support and ignorance during the respondent's response. The interview took 35 to 45 minutes. Sound recording was used to record the respondent's response, to assist the interviewer and to save time.

### **3.7.2. Scoring**

According to Naser, Dadkhah, Shamschiri, Mohammadi, Nayeri (2014) the status of social well-being is determined by using the mid point of the scale and then through calculating one standard deviation unit above and below the mid point. Based on this, the researcher took the mid value of the scale which is 99. The possible score ranges from 81 to 117.

The researcher also took one standard deviation unit above and below (17.72) the mean value which is 81 and 117 to identify not well, well, and socially very well. In other words, scores 117 and above on the scale were classified as socially very well (high level), scores 81 and below on the scale were classified as socially not well (low level) and the scores between 81 and 117 on the scale were classified as socially well (average level).

### **3.8 Data Analysis**

After data were collected and checked, the data were organized and analyzed in line with the stated objectives. The data was entered and analyzed using SPSS version 16 software. The negatively stated statements were reversed to positive according to Keyes 1998 scale procedures. The internal consistency (Cronbach's alpha) of the scales was calculated. Socio-demographic data such as age, sex and educational level were analyzed through descriptive statistics (mean, standard deviation and frequency distribution).

Independent sample t- test was used to measure the mean difference score of social well-being between males and females respondents. One way ANOVA was employed to examine the mean difference in social wellbeing score among different age groups, and duration of stay of the institutionalized elderly people.

Qualitative data was collected using sound recording and transcribed through listening repeatedly. The interview guides were first typed and recorded in Amharic language directly translated in to English language with its original concept. Then the researcher read and re-read the transcripts until understanding the social well-being of institutionalized elderly people in line with its concept and definition. The researcher goes to coding after understood the idea of all data through reading repeatedly. Finally the researcher presented the information in to readable and understandable manner.

### **3.9 Ethical Considerations**

To conduct this research the researcher requested the willingness of the participants and all participants were informed about the purpose of the study. The researcher oriented the research participants that the information they gave will be kept confidential and their names and other personal information will not be exposed to others. Even after the information is used for the intended purpose the collected data will be burnt after few months.

The participant's dignity, right and freedom were respected (means all activities during data collection were accomplished politely and respectfully). The researcher provided the participants an opportunity to ask any questions about the research aims if it is unclear. In fact they were told that they have full right to withdraw from the participation at any time and also have the right to stops the researcher not to use the information provided so far. The information obtained and data collected from respondents were kept confidentially until it was coded and entered to the SPSS software. No data were collected from terminally ill elders.

## **CHAPTER FOUR**

### **Result and Discussion**

#### **4.1. Result**

Totally, 188 institutionalized elderly people participated in this study, of which 107 (56.91%) are female and 81 (43.09%) are male. The findings were presented step by steps based on the objectives of the study which was stated in the first chapter.

The major objective of the study was to assess the social wellbeing of institutionalized elderly people at Sewasew Genet Charity and Development Organization. In order to meet the intended objective, the collected data were organized in four major parts. The first part deals with the demographic characteristics of the respondents which include sex, age, and duration of stay in the organization which is described in table-1. The second part deals with the social well-being of institutionalized elderly people in terms of five dimensions and the third part deals with the comparison of social well-being status between male and female groups. The qualitative data was also described based on participant's contextual response. The fourth part deals on the social well-being of elderly people of different of institutionalized elderly people. The results of the study about social well-being, in terms of duration of stay in the institution are also described.

The mean of the participants' total score of KSWBQ was 109.0252, SD (17.72). The means and the standard deviations of each dimensions of social well-being are shown in Table 2. The results showed that there was no significant difference between male and female institutionalized elderly people of Sewasew Genet Charity and Development Organization. In table -3 independent t-test Comparison of Male and Female institutionalized elderly people on the overall and each component of social well-being computed and the results depict that the mean difference of social integration is high, whereas that of social contribution shows low mean difference. Table 4, 5, and 6 are deal with level of social well-being across sex, age groups and duration of stay respectively. One way ANOVA was also computed to identify the significant difference among different age groups and duration of stay.

#### 4.1.1. Socio-demographic data of respondents

In this section the background information of the research participants' such as age, sex, and duration of stay are presented. In this study, the demographic characteristics of the research participants' are considered as independent variable that can affect the dependent variable which is social well-being. So, understanding the research participant's background is essential.

Table 1: Sex, age, and duration of stay of participants in the organization (N=188)

No	Variabes	Status	Frequency	Percent
1	Sex	Male	81	43.09
		Female	107	56.91
		Total	188	100
2	Age	60-69	74	39.36
		70-79	83	44.15
		>80	31	16.49
		Total	188	100
3	Duration of stay	1-5years	58	30.85
		5-10 years	94	50
		Above 10years	36	19.15
		Total	188	100

As described in Table 1, among the 188 participants, selected who were institutionalized at Sewaswe Genet Charity and Developmental Organization, 81 (43.09%) were male and 107 (56.91%) were female. In terms of age from the 188 participants, 74 (39.36%) of them were 60-69 years old, 83 (44.15%) were 70-79 years old and 31 (16.49%) were above 80 years old. When we look at the duration of stay in the organization 58 (30.85%) stayed for 1 to 5 years and 94 (50%) of the participants stayed in the organization for 5-10 years. Of the total participants 36 (19.15%) of them stayed more than 10 years.

#### 4.1.2. Social well-being of male and female institutionalized elderly people

Table 2: Descriptive statistics of social wellbeing scores of institutionalized peoples (n=188)

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Variables	No. of item	M	SD	Min	Max
Social Integration	7	24.65104	4.5805	14.00	35.00
Social acceptance	7	23.65894	3.753215	16.00	35.00
Social contribution	6	18.03392	4.1539154	10.00	27.00
Social actualization	7	22.24772	3.08854	13.00	31.00
Social coherence	6	20.4336	2.142095	17.00	26.00
<b>Social Well-being</b>	33	109.0252	17.71827	70	154

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Table 2 indicates that there is a relatively higher score in social integration (M = 24.65104, SD = 4.5805) followed by social acceptance (M=23.65894, SD=3.753215). Respondents reported the scores in social actualization (M= 22.24772, SD= 3.08854) and social coherence has reported scores of (M=20.4336, SD= 2.142095). Respondents reported the least scores in social contribution (M=18.03392, SD=4.1539154). The mean and standard deviation of the total social well-being score is 109.0252 and 17.71827 respectively.

#### 4.1.3. Gender difference on social well-being

The independent sample t-test was used to test mean difference in social well-being scores between male and female groups. Independent sample t-test was used when the researcher wants to test the mean difference in certain variables of two independent groups. There are assumptions

that should be met while conducting independent sample t-test, including: variance of the two groups should be equal, the two samples must be independent, samples should be randomly selected from their respective population and the data should follow the normal distribution. So in this study samples were randomly selected and the two samples are independent.

Table 3: Independent t-test Comparison of Male and Female Institutionalized Elderly people

Variables	Male		Female		T	P
	N=81		N=107			
	M	SD	M	SD		
Social Integration	25.0123	4.58665	24.2897	4.57435	1.071	.350
Social acceptance	24.6543	3.52548	22.6636	3.98095	3.595	.883
Social contribution	17.7407	4.34390	18.3271	3.96393	-.9575	.120
Social actualization	22.6543	3.13911	21.8411	3.03797	1.7875	.628
Social coherence	20.8765	2.19877	19.9907	2.08542	2.807	.600
Social Well-being	110.9381	17.79391	107.1122	17.64262	2.5345	.826

*Equal variance assumed,  $p > 0.05$   $N=81$  for male and  $N=107$  for female.*

An independent sample test was computed to compare mean difference between institutionalized male and female elderly people in terms of their social wellbeing across the five dimensions (social integration, social acceptance, social contribution, social actualization and social coherence). As indicated in table three, the mean difference of social wellbeing between male (M=110.9381, SD=17.79391) and female (M=107.1122, SD=17.64262) participants is not statistically significant ( $t = 2.5345$ ,  $df = 186$ ,  $p=0.826$ ). It is possible to say sex difference has no significant impact on the social well-being of institutionalized elderly people.

Regarding the components of social well-being, the t-test value shows that there is no statistically significance difference between male and female institutionalized elderly people on all of five components of social well-being across sex.

#### 4.1.4. Level of social well-being of male and female institutionalized elderly peoples

In order to describe the prevalence of social wellbeing of male and female institutionalized elderly people, percentage values are used.

Table 4: Status of social wellbeing of male and female institutionalized elderly people

Variables (sex)	Level of Social wellbeing					
	Not well (less than or equal to 81)		Well (between 81 &117)		Very well (117 & above)	
	N	%	N	%	N	%
Male	-	-	64	79.01	17	20.99
Female	-	-	93	86.92	14	13.08
Total			157	83.51	31	16.49

The above table 4 shows that there are no male and female institutionalized elderly people who are not well in their social wellbeing. However, in the case of being well and very well the proportions of institutionalized elderly peoples who are male is higher than those female participants. The above table depicts that of the total participants 157 (83.51) were socially well whereas 31 (16.49%) of the participants were socially very well. This result indicates that the elderly peoples are socially well or they have no social well-being problem. This table shows that both male and female elderly institutionalized people experienced average social well-being.

#### 4.1.5 Case presentation

The qualitative data collected from participants also strengths this result. This section contains the case stories of institutionalized elderly people. The data for this section was used from interview.

##### Individual -1

*I<sub>1</sub>* is a 67 years old man and stayed for 7 years in institution. He had five family members. But none of them are living with him. Before he came to this institutionalization, his life was on a good truck. After he lost his spouse by death, he had faced many challenges. After a lot of challenges he has got a chance to join Sewasew Genet Charity and Development Organization.

Before his current institutional life, he has the mentality of “*nobody considers him as human beings*”. When he was asked to describe his previous social life experience, he replied that “*it was bad*”. For I<sub>1</sub> social relationship was broken before, but cured right now. This person was living relatively a “normal” life with his wife and his social relationship was good. But, after his spouse passed he was affected with economic and social problems. He expressed as follows:

*Thanks to God! After I came here, we are peacefully living together. We greet each other and play together as we are sitting in sun shine as well as at our living room. In the past time, I didn't have anybody to whom I express my idea, but now, glory is to almighty God, I do have people to whom we care one another.*

It can be concluded that, there is a good interpersonal relationship among the institutionalized elderly people. The institutionalized elderly people put describe their life in three phases. The first phase was before they were not face with different social and economic problems. The second one is their lives between previous “normal” and the institutional life which is very harsh. So, they prefer and feeling happy by comparing with their second phase of life.

## **Individual -2**

I<sub>2</sub> is an old woman who is 73 years old and stayed for 3 years in the institution. She is widowed. She started living around Entoto after the death of her first husband and she was remarried there and she had no children still. After two years she was divorced and started collecting fire wood for sale. After a time being, she was unable to continue collecting wood because of health problem. Finally, after she has faced with social and psychological problems, she was taken to Sewasew Genet Charity and Development organization. Now a day she had good social relationships with others. I<sub>2</sub> replied that she has a positive relationship with others. She reflected as follows:

*We do not have families and other relatives. Our families and relatives are ourselves. When I express myself, I do have good relationship. We do not have anything on which we upset each other. Something good is to greet each other in the name of God. If there is something to chat on it, we talk to each other, and then went to our bed. Gratitude to God! Everything is peaceful. There is no problem (difficulty) among us.*

### **Individual -3**

The third individual also expressed a consistent view with the ideas of the two participants and the findings of the qualitative data. For individual three there is respect, tolerance and love which are the good ingredients for social well-beings at the institution. They support and appreciate each other's. The third person reported his ideas as follows:

*What makes us hate each other? God loved and permit us live here. He (God) said to us love each other. That is why he loved us so as to save us from ordinary places. Thus, what is the reason for us not to love each other? We love each other immaculately. Personally, I approach (positively) to all people.*

Therefore, the results from interview depict that the elderly institutionalized people have a good relationship with one other, which is the part of social well-being measurement. The responses from these three participants show that they are good in social well-being such as social integration and social coherence. They have good relationships with each other and respect one another. All of them are not recognizing their previous social relationships, but now nobody blame the institutional social life (social relationships). All of them were facing different challenges at the time and now they are on rest. They explained how they were satisfied with their contribution to the community as follows:

*I<sub>1</sub>. I am interested in helping people. There are people that have less ability than I am. For example I take to sun shine those visually impaired. Helping them gives satisfaction. Chatting with people is great. I myself, enjoy very much to have a chat with people.*

Individual -1 believes in helping others and chatting with people. According to individual -1 the source for individual satisfaction is having interpersonal relationship. He has positive relationship which enables him to be happy. So, this person is good in interpersonal relationships in the institutional care center. For individual -1 talking and joking is one part of helping others.

*I<sub>2</sub>. All of us cannot help each other. What can I help people? But do for people anything that I know and able to. Even though I do not have ability, I do not regret as much as I perform based on my ability.*

Individual -2 believes in helping others, but she doubts her ability to help others. She experienced feeling of regression and she is showing feeling of sadness for not being able to help others accordingly. Even if she shows feeling of sadness, she has no problem of basic needs (food and shelter). Her sadness is towards her chance to the services and living conditions she is experiencing in the institution.

*I<sub>3</sub>. I am very happy. I forgot sadness about my families here. I buried four people. It was very painful. Nothing was done except God said. But now, thanks to God! Even I advise people and I am very happy when I inspire those people whose heart was broken like my own life in the past.*

Individual -3 described his previous life as not good, and he prefers his institutional life. He had broken heart before but he rehabilitated after his institutional life. This individual is satisfied in institutional life not only for his life changed, but also for the activities he is taking parts in helping others. His ideas can be concluded as institutional life is better than that of the previous one. Living in institutional care is good chance for him, because in the previous life not helping others helping him is unexpected.

#### 4.1.6. Level of social well-being across age group

Table 5: Status of social wellbeing in terms of age of institutionalized elderly peoples

Variables (age)	Level of Social wellbeing					
	Not well		Well		Very well	
	(less than or equal to 81)		(between 81 & 117)		(117 & above)	
	N	%	N	%	N	%
60-69 years			58	78.38	16	21.62
70-70 years			74	89.16	9	10.84
Above 80 years			26	83.87	5	16.13
Total			157	83.51	31	16.49

Considering the mid value score, 157 institutionalized elderly peoples, 58 (78.38 %) of those 60-69 years, 74 (89.16%) of those in the age group of 70-79 and 26 (83.87) of those above 80 years were socially well, whereas 31 institutionalized elderly peoples, 16 (21.62%) in the age range 60-69 years, 9 (10.84%) of those in the age range 70-79 and 5 (16.13%) of those who are above 80 years were socially very well.

There is no one elderly people in each group who were not socially well. However, in the case of being well the proportions of institutionalized elderly peoples whose age range from 70-79 were in socially well category than (89.16%) and those in the age range of 60-69 age were relatively very well in social well-being. The result of this study shows that as the age increases their level of social well-being in terms of high level decreases.

#### 4.1.7 Level of social well-being based on duration of stay in the institution

Table 6: Status of social wellbeing across duration of stay of institutionalized elderly people

Variables (duration of stay)	Level of Social wellbeing					
	Not well (less than or equal to 81)		Well (between 81 & 117)		Very well (117 & above)	
	N	%	N	%	N	%
1-5 years			49	84.48	9	15.52
6-10 years			81	86.17	13	13.83
Above 10 years			27	75.00	9	25.00
Total			157	83.51	31	16.49

Of the total sample of 188 institutionalized elderly people, 58 (30.85%) of them stayed 1-5 years in the institutions, 94 (50.00%) of them stayed for 6-10 years and 36 (19.15%) of the participants stayed for more than 10 years. Considering the mid value score, 157 (83.51%) and 31 (16.49%) were socially well and very well respectively. As the result shows those participants who stayed for more than 10 years proportionally show very well social well-being 9 (25%). In contrast to this those who stayed for 1-5 years and 6-10 years depicts relatively similar average. Even if it needs additional investigations staying in the institutional care don't matter on the social well-being of institutionalized elderly people.

#### 4.1.8. Difference in Social Wellbeing of Institutionalized Elderly People across Different Age Groups.

One way ANOVA used to compare the mean difference between different age groups (young old age (60-69 years), middle old age (70-79 years) and old age (above 80 years).

Table 7: Descriptive score across age level

DV	Age group (IV)	N	M	SD
SW	60-69	74	109.6757	16.22653
	70-79	83	107.5904	19.5577
	>80	31	109.7096	19.43639
	Total	188	108.9919	18.22062

Note: *SW*=Social Well-being, *DV*=Dependent Variable, *IV*=Independent Variable, *N*=Number, *M*=Mean and *SD*=Standard Deviation.

As indicated in table 7 the result depicts that the mean difference in social well-being between 60-69 year old groups ( $N = 74$ ,  $M = 109.6757$ ,  $SD = 16.22653$ ), 70-79 year old groups ( $N = 83$ ,  $M = 107.5904$ ,  $SD = 19.5577$ ), and above 80 years group ( $N = 31$ ,  $M = 109.7096$ ,  $SD = 19.43639$ ). The mean score of the three age groups are relatively similar to each other. However, the mean score of 70-79 years age groups is slightly less than the two age groups with ( $M = 107.5904$ ,  $SD = 19.5577$ ).

**Table 8: ANOVA results of Social Well-being**

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	203.553	2	101.777	.921	.400
Within Groups	20442.676	185	110.501		
Total	20646.229	187			

As presented in table 8, the computed one way ANOVA shows that there is no statistically significant difference in Social wellbeing ( $F=0.921$ ,  $df = 187$ ,  $p>0.05$ ) among different age groups. Therefore, age group cannot be considered as the determinant factors for difference in institutionalized elderly people's level of social wellbeing. The elders in almost all age groups are in socially well status.

#### 4.1.9. Social Wellbeing of Institutionalized Elderly People across Duration of Stay

Table 9: Descriptive result in terms of duration of stay

DV	Duration of stay in Year (IV)	N	M	SD
SW	1-5	58	109.2759	18.4501
	6-10	94	108.2447	17.29294
	>10	36	109.2778	18.36853
	Total	188	108.9328	18.0372

Table nine shows the mean score of social well-being across duration of stay from 1-5 years ( $N = 58$ ,  $M = 109.2759$ ,  $SD = 18.4501$ ), from 6-10 years ( $N = 94$ ,  $M = 108.2447$ ,  $SD = 17.29294$ ), and above 10 years ( $N = 36$ ,  $M = 109.2778$ ,  $SD = 18.36853$ ). The total mean scores are relatively close to each other. Moreover, the mean scores of 1-5 and above 10 are closer to each other. The result shows that the mean score of total based on duration of stay in year is ( $M = 108.9328$ ,

SD=18.0372). So, no significant difference is observed in social well-being among institutionalized elderly people across their duration of stay in the institution.

Table 10: ANOVA results of Social Well-being

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	50.048	2	25.024	.225	.799
Within Groups	20596.181	185	111.331		
Total	20640.229	187			

As table 10, indicates the computed one way ANOVA does not reveal statistically significant difference in social wellbeing ( $F=0.225$ ,  $df =187$ ,  $p>0.05$ ) considering duration of stay in the institution. So, duration of stay cannot be determinant to the social well-being level of institutionalized elderly people. Almost all elders who have the different history of stay in the institution exhibit well social well-being status.

## 4.2 Discussion

The main purpose of this study was to assess social well-being of institutionalized elderly people. It examined the mean difference in social well-being among different age groups and in terms of duration of stay in the institution applying one-way ANOVA. It also tested difference between sex group (male and female) by applying independent sample t-test. The mean SWB score of the institutionalized elderly people was 109.02515 (17.72) which is well.

Based on Naser, Dadkhah, Shamshiri, Mohammadi, Nayeri (2014) classification of social well-being status, 157 institutionalized elderly people, 64 (79.01%) males and 93 (86.92%) females were socially well, and 31 institutionalized elderly people, 17 (20.99%) male and 14 (13.08%) female were socially very well. In this classification the midpoint is 99, below one standard deviation 81, above one standardized deviation 117 and standard deviation is 17.72.

The total number of research participants of the study was 188, which is composed of 107 (56.91%) females and 81 (43.09%) males. It depicted that the number of female respondents were more than the number of male participants.

#### **4.2.1 The status of psychological wellbeing**

Social well-being scale of Keyes (1998) was employed to determine the level of institutionalized elderly people's social well-being. It was designed to measure five dimensions of social well-being which are deducted from different disciplines such as philosophy, social psychological theory and cultural analysis, reflecting the individual's integration in the community, acceptance of diverse characters and feeling comfortable with others, perceived contribution to the community, belief in the community's progress and feeling about communities evolution (actualization) and feeling that they can perceive positively what is occurring around them (coherence).

As indicated in the result 83.51% (79.01% male and 86.92% female) in terms of sex are socially well. The result of the study shows that elderly institutionalized people's social well-being is not negatively affected by institutional care. In relation to this study, the finding of Chumakova, Zhukova, Kornilov, Golovanova, Davydova et al (2020) also concluded that there is no evidence of lower psychological, social and emotional well-being of adults and elders with a history of institutionalization.

The finding of Lindsay-Smith, Sullivan, Eime, et al. (2018) stated that being a part of a community member like institutional care giving center, may improve social well-being in elderly people. In this study the participants were experiencing good social well-being. In Ethiopia almost all institutionalized elderly people are collected from unsafe life to rehabilitate them. The concept of aging is connected with tiredness, respect, loss of acceptance, exclusion, isolation and depression (Mekonnen M., S & Mekonnen M., A, 2018).

The concern of elderly people about their well-being is highly connected to their health state. So every institution which provides care for elders in institutional care giving centers are paying attention to their physical, social and psychological wellness than before their institutional life. In many developing countries like Ethiopia elderly people are institutionalized when they lost alternatives to survive. So, it can be said that, elderly people's well-being (social, psychological

and physical) can be improved in institutional care giving center than before. Because the main aim of institutionalizing is to cure from the problems they face with (rehabilitating).

The result of this study similar with the finding of Ivankina and Ivanova (2015) which says “Elderly people’s social well-being is mainly connected with their disposition, emotional state and largely based on material parts such as food and shelter”. In the institution there is conversations and discussions with their partners. They have no basic need problems, loneliness problem and depression problem. Help Age International, 2001, Ministry of Labor and Social Affairs, MoLSA (2006) stated that many elderly people cannot meet their physiological needs, face health problems, and lack conducive caregivers. With the same idea Mekonnen M., S, and Mekonnen M., A, (2018) evidenced that the psychosocial well-beings of Ethiopian elderly people were unaddressed. In developed countries elderly people are institutionalized when they reach the maximum age for better treatment. But in Ethiopia elders are institutionalized to save their life after they face diversified problems, like social, emotional and physical or health problems.

However, the finding of this study is not consistent with the finding of Naser ,et al (2014) which found males mean SWB score was significantly higher than females. But the study indicated that female participants are very well than male participants, but high number of male participants were socially well than female participants.

The qualitative data from interview revealed that institutionalized elderly people prefer being institutionalized. The finding of this study indicated that they were challenged with diversified problems in their past life. Institutionalized elderly people described being institutionalized as a good chance. According to the data from interview they passed two phases of life and they are on the third phase which they described as the phase from down to top. At the first phase they passed through “*normal*” life relatively. The second phase was the phase of social, economic, health and emotional crisis, but now they are on the reemergence of social, emotional and physical well-beings. The study of Kavya, (2020) stated that, elders living alone face some challenges, particularly when the age comes to increase; they face various limitations including hurting themselves, psychological and social problems (depression, anxiety, living alone, and forgetting).

#### **4.2.2 Gender and Social well-being**

No statistically significant difference was found between male and female institutionalized elderly people in their social wellbeing. When we look at the existing academic literatures as Ivankina & Ivanova, (2015) stated, Elderly people's social well-being is mainly connected with their disposition and emotional state rather than their sex and age differences. According to different literatures social well-being is highly depend on the material part. This finding is in line with the previous studies which clearly indicated that being male or female does not have significant effect on the social wellbeing of elderly people. However the finding of this study contradicted with the study of (Keyes, 1998) who examined the social well-being like psychological well-being related to sex difference even if that is not the case of all dimensions.

The result of this indicated that, except in social contribution with others, male institutionalized elderly people reported higher mean score of social well-being, but the difference was not statistically significant. Female respondents mean score was higher than mean score of male in social contribution. This result agrees with the finding of (Keyes 1998) which described some aspect of social well-being that increased while others decreased in relation to sex difference.

#### **4.2.3. Age and Social Well-being**

The result indicated that the mean difference in social well-being among 60-69 years old group (M=109.6757), 70-79 years old group (M=107.5904) and >80 age group (M=109.7096) were not statistically significant, ( $p = 0.886$ ). So, in this research age was not found to have negative impact on social well-being of institutionalized elderly people or no significant difference among age groups concerning their social well-being. This current study contradicted with the finding of (Susan and Laurs , 2014) which shows all physiological and biological across adult life span indicates age related decline and also aging connected to a decreased interpersonal relationships. Their finding (Susan and Laurs , 2014) revealed that social and emotional functioning associated with age, which means as age increases their social and emotional well being decreases inversily. However, the current study depicts that no social well-being difference was found because of age difference. In Ethiopian context elderly people need to talk, discuss and listening to each other. Participating in different social activities like “*shimgilina*” are fostering the social relationships. But, when they become alone and losses the chance to take parts in social activities, elders may be comfused. According to UNDESA (2013) a number of elderly people experienced age-based

disabilities because of inappropriate health care. And the disabilities can be related to interpersonal relationship problems. So, in institutional care centers the emphasis is given to health issues as to social one. In Ethiopia the elderly people are hosted in institutional care giving centers from the street. Because of this it can be considered as institutionalized elderly people reemerge their social life in the institutional center.

#### **4.2.4. Duration of stay in the institution and social well-being**

The duration of stay in the institution was seen in five years intervals (1-5 years, 6-10 years and above 10 years). As such there is no significant difference in the social well-being of institutionalized elderly people across difference in duration of stay. Almost all participants experienced similar level of social well-being. In this study duration of stay in the institutional care center does not matter the social well-being of institutionalized elderly people.

## **CHAPTER FIVE**

### **Summary, Conclusion and Recommendation**

#### **5.1. Summary**

The study was conducted to investigate the status of social well-being of Sewasew Genet Charity and Development Organization institutionalized elderly peoples. In addition to this, identifying if there is statistically significant difference between male and female was the objective of the study. Another objective of the study was discussing how elderly people describe being institutionalized.

Cross-sectional descriptive survey was the research design employed in this study. The population of the study was 356 (203 female and 153 male) elderly people. Relevant information was collected from 188 participants whose were selected using stratified sampling techniques. Keyes Social Well-being Questionnaire which consists of 33 items was used to collect data. These items were rated from 1 to 5, to investigate their status of social well-being. Semi-structured interview was used to collect the quantitative data from three purposively selected respondents.

For analytic purposes, the researcher divided research participants into different groups based on sex (male and female), age group (60-69 years old, 70-79 years old and above 80 years old) and duration of stay in the institution in years (1-5 years, 6-10 years and above 10 years). As regards to the different categories of old age, the early-old are those in aged 60-69 (39.4%), the middle-old are those aged 70-79 (44.1%) and the late-old are aged 80 years and over (16.5%). The finding indicated that the majority of research participants were middle old age and early old age respectively. Regarding sex and duration of stay female participants and elders who stayed for 5-6 years are more in number than their comparison group.

The data collected were analyzed using frequency, percentage, mean and standard deviation which are descriptive statistics and inferential statistics (independent t-test and one way ANOVA). The finding of the study revealed that the social well-being of institutionalized elderly people of Sewasew Genet Charity and Development Organization was well. Results on sex difference on social well-being depicted that, the mean value of both sex research participants have no significant difference in terms of their social well-being. On the other hand, the findings

of age difference in social well-being also showed that there is no statistically significant difference. Regarding duration of stay in the institution the findings showed that there is no statistically significant difference in terms of social well-being.

## **5.2. Conclusion**

Living in institutions is supposed to offer benefits to residents but at the same time there are many challenges that residents encounter which is reflected clearly from the reviewed literature.

This study shows that elderly institutionalized people are socially well whereby respondents reported to have high mean score in almost all dimensions of social well-being. The results also indicated that there was no significant mean difference in social well-being score between male and female participants. This happened due to the fact that all institution members share the same environment, guided by the same rules and provided with the same services by the institution. In addition to this institutionalized elderly people are joined institutional care center from various challenges. The aim of joining the institutional care center is to rehabilitate from the previous challenges.

The study also showed that age difference has not brought a significant difference on the social well-being of institutionalized elderly people. This study also depicts that the duration of stay in the institution has not showed significant difference on the social well-being of institutionalized elderly people. Institutionalized elderly people described being institutionalized as the way of fostering social well-being. The study showed that the social relationships and sense of helping others reemerged in institutional care.

### **Implication**

Therefore, the finding of this study encouraging that placing elderly people in institutional care giving center, because the level of their social well-being is high. The study indicated that, sex difference, age variation and duration of stay in the institution do not affect the social well-being of institutionalized elderly people. According to the finding of this study it is better to place elderly people who are facing the psychological and social problems on the street in different parts of our country (Ethiopia). Institutionalizing elderly people not only satisfying elder's physiological needs, but also enhance their social well-being.

### 5.3. Recommendation

The number of elderly populations is increasing in all countries of the world including Ethiopia. Accordingly paying attention for the elderly population is increasing in most developing countries including Ethiopia and some parts of this elderly population are living in institutions. The finding of different studies are showing that living in institutional care center have many negative impacts. However, in this study evidences showed that living in institutional care center is connected with good social well-beings

The researcher recommends the following elements based on the findings of this research.

- The institution should employ health workers, counselors and social workers to keep up and improve the overall wellness of institutionalized elderly people which in turn enhance their social well-being.
- Community based organizations like idir, mahiber and others will be arranged by the institution administration to enhance elder's social wellness.
- The government should expand the Community based support for elderly people since it fosters elderly peoples' social well-being.
- The researcher recommends the MOLSA to establish and organize additional care giving centers and as to create awareness for those who are on the street to join the center.
- Therefore, other researchers can conduct further study on the areas missed in this study and qualitative research needs to be conducted on social wellbeing of elderly people so that their individual narrative could be presented to communicate their actual experience.

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## **Appendices**

### **Appendix-A: English version**

Addis Ababa University

College of Education and Behavioral Studies

School of psychology

The purpose of this questionnaire is to gather information regarding to the social well-being of elderly people in SGCD. This questionnaire has two parts: the first part has demographic questions about the respondents; the second part has Keyes 1998 Scale of social Wellbeing. The information you provide has a very important input in the direction and completion of this study, so please try to be honest, and careful. There is no one to judge you because there is not right or wrong answer for the questions. The information will be kept confidential and be only applied for the study purpose. Yours right information helps to reach the goals of the study.

Thank you for investing your time and honestly completing this questionnaire.

#### **Part-I: Background Information of Elderly people**

Age in year: 60-69 year-----70-79year----- Above 80year-----

Sex: Male: \_\_\_\_\_Female: \_\_\_\_\_

Length of stay in the institution in year-----

#### **Part-II: Scale of Keyes 1998 used to measure social well-being Social Wellbeing**

The following set of statements deals with how you might feel about yourself and your life. Please indicate your degree of agreement to the following sentences.

Put  $\surd$  mark that best describes the degree to which you agree or disagree with each statement

No	Content	Strongly Disagree (1)	Disagree (2)	Undecided (3)	Agree (4)	Strongly Agree (5)
1	I don't feel I belong to anything I 'd call a community					
2	I feel like I am an important part of my community					
3	If I had something to say, I believe people in my community would listen to me					
4	I feel close to other people in my community					
5	I see my community as a source of comfort					
6	If I had something to say, I don't think my community would take me seriously					
7	I believe other people in community value me as a person					
8	I think that other people are unreliable					
9	I believe that people are kind					
10	I believe that people are self-centered					
11	I feel that people are not trustworthy					
12	I think that people live only for themselves					
13	I believe that people are more and more dishonest these days					
14	I think that people care about other people's problems					
15	I behavior has some impact on other people in my community					
16	I think I have something valuable to give to the world					

No	Content	Strongly Disagree (1)	Disagree (2)	Undecided (3)	Agree (4)	Strongly Agree (5)
17	My daily activities do not produce anything worthwhile for my community					
18	I don't have the time or energy to give anything to my community					
19	I think that my participation provides an important role for the product of society					
20	I feel that I have nothing important contribute to community					
21	I believe that society has stopped making progress					
22	Society isn't improving for people like me					
23	I don't think social institutions like law and government make my life better					
24	I see society as continually evolving					
25	I think our society is a productive place for people to live in					
26	For me there's no such thing as social progress					
27	I think the world is becoming a better place for everyone					
28	The world is too complex for me					
29	Scientists are the only people who can understand how the world works					
30	I cannot make sense of what's going on in the world					
31	Most cultures are so strange that I cannot understand them					
32	I think it's worthwhile to understand the world I live in					
33	I find it is hard to predict what will happen next in society					

Thank you!

## Appendix -B: Amharic version

አዲስ አበባ ዩኒቨርሲቲ

### የሳይኮሎጂ ትምህርት ክፍል

የዚህ መጠይቅ ዋና አላማ በሰዎች ዘመን አረጋውያን መርጃ ድርጅት ውስጥ ያሉ አረጋውያን ማህበራዊ ደህንነት (Social well-being) መጠንን ለመለካት ነው። ይህ መጠይቅ ሁለት ዋና ዋና ክፍሎች አሉት። የመጀመሪያው ክፍል አጠቃላይ በጥናቱ ተሳታፊዎች የግል መረጃን የሚመለከቱ ጥያቄዎች ሲሆኑ ሁለተኛው ክፍል ደግሞ ማህበራዊ ደህንነትን (Social well-being) በተመለከተ የቀረቡ ጥያቄዎች ናቸው። የጥናቱ ተሳታፊዎች የሚሰጡት መረጃ የጥናቱን አቅጣጫ የሚመራና ጥናቱን ለማጠናቀቅ የሚረዳ ስለሆነ ለጥናቱ ትልቅ ግብአት መሆኑን ተገንዝበዉ በጥንቃቄና በታማኝነት እንዲሞሉ በትህትና እጠይቃለሁ።

በምትሰጡት መልስ ይዘት በማንኛውም አካል የማትገመገሙ መሆኑን የማረጋገጥላችሁ ሲሆን የእርስዎን መረጃ ሚስጥራዊነት ለመጠበቅ ያስችል ዘንድ ስምዎን እና አድራሻዎን መጥቀስ አያስፈልግዎትም። መረጃዉ ለጥናቱ አላማ ብቻ የሚዉል መሆኑን በተጨማሪም የምትሰጡት መረጃ ሚስጥራዊ እና ማን እንደሞላዉ ሊታወቅ የሚችልባቸዉ ሁኔታዎች አለመኖራቸዉን ልገልፅ እዉዳለሁ።

ይህን መጠይቅ በመሙላት ለምትሰጡኝ መረጃና ለምታደርጉልኝ ትብብር በቅድሚያ ከልብ አመሠግናለሁ!

### ክፍል አንድ : አረጋውያንን በተመለከተ ጠቅላላ መረጃ

መመሪያ፤ መልሳችሁን በባዶ መስመር ላይ የ(✓) ምልክት በማድረግ ያስቀምጡ።

እድሜ በዓመት፤ ከ60-69 ዓመት----- ከ70-79 ዓመት-----ከ80 ዓመት በላይ-----

የታ፤ ወንድ-----ሴት-----

በድርጅቱ የቆየህበት/ችበት ጊዜ በዓመት-----

በፀሐይ (1998) በሥነ ሕይወት (Social Wellbeing) የሚከተሉት አረፍተ ነገሮች እናንተ ስለራሳችሁ እና ስለ ሕይወታችሁ በሚሰማችሁ ስሜት ላይ ስያወጡጉጉ ለየትኛውም ጥያቄ ትክክል ወይም ትክክል ያልሆነ መልስ አለመኖሩን ተገንዝባችሁ የሚከተሉት ዐ/ነገሮች በምንያህል መጠን መስማማታችሁን ወይም አለመስማማታችሁን ይህን (✓) ምልክት በማስቀመጥ ይግለጹ።

ቁጥር	ይዘት	በፍጣም	አልስማማም(1)	አልስማማም(2)	መካከኛ አልችልም(3)	እስማማለሁ(4)	በጣም እስማማለሁ(5)
1	የምኖርበት ህብረተሰብ አካል እንዳልሆንኩ ይሰማኛል						
2	የምኖርበት ህብረተሰብ አካል እንደሆንኩ ይሰማኛል						
3	በምናገርበት ጊዜ የምናገረውን ነገር ህብረተሰቡ ይረዳኛል ብዬ አምናለሁ						
4	በምኖርበት ህብረተሰብ ውስጥ ከሰዎች ጋር ቅርብ እንዳለኝ ይሰማኛል						
5	ህብረተሰቤን የምችቱ ምንጭ አድርጌ እየዋለሁ						
6	ስናገር ህብረተሰቤን የማስቀደም መስሎ ይታየኛል						
7	በምኖርበት ህብረተሰብ ውስጥ ዋጋ/ቦታ እንዳለኝ ይሰማኛል						
8	ሌሎች ሰዎች የማያስተማምኑ አድርጌ አስባለሁ						
9	ሰዎች ጥሩ ናቸው ብዬ አምናለሁ						
10	ሰዎች ራስ ወዳድ ናቸው ብዬ አምናለሁ						
11	ሰዎች ታማኝ እንዳልሆኑ ይሰማኛል						
12	ሰዎች ለራሳቸው ብቻ ይኖራሉ ብዬ አስባለሁ						
13	ሰዎች በአሁኑ ጊዜ በጣም የማይታማኑ እየሁኑ ነው ብዬ አምናለሁ						
14	ሰዎች ስለ ሌሎች ሰዎች ደህንነት/ችግር ያስባሉ ብዬ አምናለሁ						
15	በሚኖርበት ህብረተሰብ ውስጥ የኔ ፀባይ በሌሎች ሰዎች ላይ ተፅዕኖ ይኖረዋል						
16	ለምኖርባት ዓለም ዋጋ አለኝ ብዬ አስባለሁ						

ቁጥር	ይዘት	በፍጣም አልስማማም(1)	አልስማማም(2)	መወሰን አልችልም(3)	አስማማለሁ(4)	በጣም አስማማለሁ(5)
17	በየቀኑ የምሰራቸዉ ስራዎች ለሕብረተሰቡ ምንም አስተዋፅኦ የለዉም ብዩ አስባለሁ					
18	ለሕብረተሰብ የምሰጠዉ ጊዜ እና አቅም የላኝም					
19	የኔ ስራ/ተሳትፎ ለሕብረተሰቡ እንደሚጠቅም አስባለሁ					
20	ለሁብረተሰቤ ምንም አስተዋፅኦ እንዳላበረከትኩ ይሰማኛል					
21	የምኖርበት ሕብረተሰብ መሻሻል እንዳላሳየ ይሰማኛል					
22	እንደ እኔ ላሉ ሰዎች ሁብረተሰቡ መሻሻል አያሳይም					
23	ማህበራዊ ተቋማትና ሐጎች ለእኔ ኑሮ መሻሻል አይረዳኝም ብዬ አስባለሁ					
24	የምኖርበት ሁብረተሰብ እየተሸሻለ እንደምሄድ ተስፋ አደርጋለሁ					
25	ሁብረተሰባችን ለሚኖሩበት ሰዎች ምቹ ማህበረሰብ እንደሆነ አስባለሁ					
26	በእኔ አስተሳሰብ ከሕብረተሰብ መሻሻል የሚበልጥ ሌላ መሻሻል የለም					
27	ይህቹ ዓለም ለሁሉም ሰዎች ምቹ ትሆናለች ብዬ አስባለሁ					
28	ዓለም ለእኔ እጅግ አስቸጋሪ ናች					
29	ይህችን ዓለም መረዳት የሚችሉት ሳይንቲስቶች ብቻ ናቸዉ ብዩ አስባለሁ					
30	በዓለም ላይ የሚከሰቱ ነገሮች ግድ አይሰጡኝም					
31	ብዙ ባህልና ልማዶች ለእኔ እንግዳ/አድስ/ ስለሆኑ ለመረዳት ይቸግረኛል					
32	ስለምኖርበት ዓለም ማወቅ ይረዳኛል ብዬ አስባለሁ					
33	በሁብረተሰብ ዉስጥ በቀጣይ ሊፈጠር ስለሚችል ነገር መገመት ይከብደኛል					

አመሰግናለሁ!

## Appendix -C: Afan Oromo version

Universiitii Finfinnee

Koolleejjii Barnootaa fi Amalaa

M/B Saayikoolojii

Kaayyoon gaafannoo kanaa odeeffannoo dhimma fayyaa hawaasummaa maanguddootaa (social well-being) ilaalchisee jiraattota dhaabbata deeggarsaa daa'immanii fi maanguddootaa Sawasawu irraa fudhachuudha. Gaafannoon kun kutaa lama qaba: kutaan jalqabaa gaafannoo odeeffannoo walii galaa nama dhuunfaa yoo ta'u, inni lammaffaa safartuu idilaawaa fayyaa hawaasummaa kan Keyes (1998) ta'a. Qorannoo kana milkeessuf odeeffannoon isin nuuf kennitan galtee kan nuuf ta'uu fi kallattii kan nu qabsiisu ta'a. Deebii kennitaniin walqabatee qaamni isin qeequ hin jiraatu. Sababni isaas gaaffilee kanneenif deebii sirrii ykn dogongoraa jedhamee kan lafa kaa'ame hin jiru waan ta'eef. Icciiitin odeeffannoo kennamuu kan eeggamuu fi qo'annoo kanaaf qofa kan dhimma itti bahamu ta'a. Odeeffannoo sirriin isin nuuf kennitan galma gahinsa qo'annoo kanaaf gumaacha guddaa qabaata.

Yeroo keessan qaalii aarsaa gootanii amanamummaadhan gaafannoo kana waan nuuf guuttaniif gamanumaa galatoomaa.

Kutaa-I: Odeeffannoo seen duubee maanguddootaa

Qajeelfama: Deebii keessan iddoo duwwaa kenname irratti mallattoo ( $\surd$ ) kaa'un argisiisaa

Umrii waggaadhan: Waggaa 60-69----- Waggaa 70-79----- Waggaa 80 fi isaa ol

Saala: Dhiira: -----Dubara: -----

Yeroo turtii dhaabbatica keessa waggaadhan: -----

**Kutaa-II: Iskeelii Keyes 1998 Fayyummaa Hawaasaa safaruuf gargaaru.**

Himoonni armaan gadii gaaffilee safartuu Keyes 1998 fayyaa hawaasummaa safaruuf itti fayyadameedha. Iddoo saanduqa keessatti argissifametti mallattoo (√) kaa'udhaan sadarkaalee jiran keessaa isa irra caalaa na ibsa jettu jala kaa'i.

Lakk	Qabiyyee	Gonkumaa walii hin galu(1)	Itti Walii hin galu (2)	Murteessuu hin danda'u(3)	Ittin walii gala (4)	Bay'een itti walii gala (5)
1	Qaama hawaasa keessa jiraadhu kanaa akkan hin taanetti natti dhagahama					
2	Qaama hawaasa keessa jiraadhu kanaa akkan ta'etti natti dhagahama					
3	Yeroon dubbadhu wantan dubbadhu san namoonni na hubatu jedheen yaada					
4	Iddoon jirutti namoota waliin walitti dhufeenya gaarii akkan qabutti natti dhagahama					
5	Hawaasan keessa jiraadhu akka madda gammachuu kootittan ilaala					
6	Yeroon haasa'u haasan koo wanta namoota gaddisiisuu nattii fakkaata					
7	Bakkan jiraadhu kanatti nama bu'a/ faayidaa akkan ta'etti natti dhagahama					
8	Namoonni jiruu akka walii galaatti amansiisoo akka hin taanetti natti dhagahama					
9	Namoonni akka gaarii ta'anitti natti dhagahama					
10	Namoonni akka ofittoo ta'anittan amana					
11	Namoonni amanamoo akka hin taanetti natti dhagahama					
12	Namoonni dhuunfadhuma isaanitiif qofa jiraatu jedheetan yaada					
13	Namoota bara kanaa amanamummaan isaanii baay'ee itti hir'ata jedheetan yaada					
14	Namoonni rakkoo namoota birootif ni dhimmamu jedheetan yaada					
15	Hawaasan keessa jiraadhu keessatti amalli koo nama biro irratti dhiibbaa ni qaba					

La kk.	<b>Qabiyyee</b>	Gonkumaa walii hin galu(1)	Iitti Walii hin galu (2)	Murteessuu hin danda'u(3)	Iitin walii gala (4)	Sirriittan itti walii gala (5)
16	Addunyaan itti jiraadhu tanaaf faayidaa nan qabaadhaf jedheen amana					
17	Hojiin ani guyyaa guyyaan hojjetu hawaasa kootif bu'aa tokkollee hin qabu jedheen yaada					
18	Hawaasa keetif yeroo ykn humnan gumaachituuf hin qabu					
19	Hojiin ani hojjetu hawaasa kootif akka waa tokko gumaachuttan yaada					
20	Hawaasa kootif akkan waa takkallee gumaachuu hin dandeenyetti natti dhagahama					
21	Hawaasnin keessa jiraadhu hawaasa fooyya'insa hin agarsiifne jedheetan yaada					
22	Hawaasichi namoota akka keetitiif fooyya'aa ykn mijataa miti jedheetan yaada					
23	Dhaabbileen hawaasaa kanniin akka dhaabbata haqaa jirreenya kootirratti akka jijjiirrama hin fidnetti natti dhagahama					
24	Hawaasnin keessa jiraadhu kun akka fooyya'insa argisiisaa jiruttan ilaala					
25	Hawaasni koo namoota keessa jiraataniif hawaasa mijataadha jedheetan yaada					
26	Akka yaada kootti jijjiiramni jijjiirrama hawaasaaa caale hin jiru					
27	Addunyaan tun namoota hundaaf mijatuu ta'aa deemti jedheetan yaada					
28	Addunyaan kun anaaf rakkiftuudha					
29	Jireenya addunyaa kanaa kan hubatu beektota qofa jedheetan yaada					
30	taaten adduunyaa kanarratti ta'aa jiru ani dhimma itti hin qabu					
31	Iddoo kanatti aadawwani fi barsiifanni hedduun anaaf haaraa waan ta'aniif hin hubadhu					
32	Adunyaan keessa jiraadhu kana hubachuun barbaachisaadha jedheetan yaada					
33	Waan gara fuulduraatti hawaasa keessatti ta'uuf jiru tilmaamun na rakkisa					

Galatoomaa!

**Appendix –D: Interview guide**

Addis Ababa University

College of Education and Behavioral Studies

School of psychology

This interview is designed to gather the necessary information/data/ from the elderly people of Sewasew Genet Charity and Development Organization. The information you provide is a very important input in the direction and completion of this study, so please try to be honest, and careful. Thank you in advance!

Starting time -----

Ending time -----

Sex-----

Age-----

Duration of stay-----

1. How did you describe the relationship you have with other in this institution? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Do you have satisfaction with your contribution in the community?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Explain how you accept others and others accept you in this institution.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Declaration**

I, the undersigned MA candidate in Social Psychology declare that this thesis is my original work, has not been submitted for a degree in any university and that all sources of materials used for the thesis have been acknowledged duly.

Addisu Hordofa

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Date

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